

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>DRUMMOND COMPANY, INC. REVISED PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DRUMMOND COMPANY, INC.</u></p> <p style="font-size: x-small; margin-top: 10px;"><u>P.O. BOX 10246</u> <u>BIRMINGHAM, AL 35202</u></p>	<p>1c Effective date of plan <u>04/01/1978</u></p> <p>2b Employer Identification Number (EIN) <u>63-0653224</u></p> <p>2c Plan Sponsor's telephone number <u>205-945-6300</u></p> <p>2d Business code (see instructions) <u>212110</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	KENNETH DORTCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	KENNETH DORTCH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor DRUMMOND COMPANY, INC. PENSION PLAN COMMITTEE P.O. BOX 10246 BIRMINGHAM, AL 35202	3b Administrator's EIN 63-0653224 3c Administrator's telephone number 205-945-6300
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1162
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	269
6a(2) Total number of active participants at the end of the plan year	6a(2)	252
b Retired or separated participants receiving benefits	6b	569
c Other retired or separated participants entitled to future benefits	6c	162
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	983
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	149
f Total. Add lines 6d and 6e	6f	1132
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>DRUMMOND COMPANY, INC. REVISED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DRUMMOND COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>63-0653224</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>203545327</u>
	b Actuarial value	2b	<u>208918543</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>712</u>	<u>101659166</u>
	b For terminated vested participants	<u>181</u>	<u>12456262</u>
	c For active participants	<u>269</u>	<u>39871911</u>
	d Total	<u>1162</u>	<u>153987339</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.10 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>3181487</u>
	b Expected plan-related expenses	6b	<u>200000</u>
	c Target normal cost	6c	<u>3381487</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>NANCY TEAGUE LEE</u> Type or print name of actuary <u>NWPS</u> Firm name <u>160 W. SANTA CLARA STREET</u> <u>SUITE 1550</u> <u>SAN JOSE, CA 95113</u> Address of the firm	<u>09/30/2025</u> Date <u>23-07500</u> Most recent enrollment number <u>206-713-3801</u> Telephone number (including area code)
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Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	30401892
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	30401892
10	Interest on line 9 using prior year's actual return of <u>16.60</u> %	0	5046714
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	35448606

Part III		Funding Percentages	
14	Funding target attainment percentage	14	112.25 %
15	Adjusted funding target attainment percentage	15	135.20 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	3381487	
b Excess assets, if applicable, but not greater than line 31a	31b	3381487	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan DRUMMOND COMPANY, INC. REVISED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DRUMMOND COMPANY, INC.	D Employer Identification Number (EIN) 63-0653224	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIRST STATE TRUST COMPANY

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 21		36749	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

STONEGATE INVESTMENT GROUP

86-3675511

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		308260	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

AXA EQUITABLE

13-5570651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23		15166	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BLACK & PINCKARD

26-0079381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		11000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

NWPS

94-2614826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		46135	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BLACKROCK

32-0174431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		159964	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MADISON

39-1194160

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		123760	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ZEIGLAR CAPITAL MANAGEMENT, LLC

27-2347044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28		254207	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DRUMMOND COMPANY, INC. REVISED PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DRUMMOND COMPANY, INC.	D Employer Identification Number (EIN) 63-0653224

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	499083
		468172
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5150507
(2) U.S. Government securities	1c(2)	22699756
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	17875501
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	144871058
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	618067
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	12449422
		12597209

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	203545327	221541457
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	203545327	221541457

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	739288	
(B) U.S. Government securities.....	2b(1)(B)	14723	
(C) Corporate debt instruments.....	2b(1)(C)	685622	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1439633
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2279186	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2279186
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	84719262	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	82106772	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		2612490
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	22785453	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		22785453

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		29116762

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10165391	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10165391
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	764070	
(6) Bank or trust company trustee/custodial fees	2i(6)	36749	
(7) Actuarial fees	2i(7)	46135	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	108287	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		955241
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11120632

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17996130
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BLACK & PINCKARD**

(2) EIN: **26-0079381**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560163.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>DRUMMOND COMPANY, INC. REVISED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DRUMMOND COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>63-0653224</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	4

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 63.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 33.0 %
 High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 3.0 % Other: 1.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**Drummond Company, Inc.
Revised Pension Plan**

Financial Statements and Supplemental Schedules

*As of and for the years ended December 31, 2024 and 2023
with Report of Independent Auditors*

Drummond Company, Inc.
Revised Pension Plan

Financial Statements and Supplemental Schedules

As of and for the years ended December 31, 2024 and 2023

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Independent Auditor's Report

Plan Sponsor
Drummond Company, Inc. Revised Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Drummond Company, Inc. Revised Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (an ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are issued. Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information. In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Black + Pinckard LLC

Hoover, Alabama
October 6, 2025

Drummond Company, Inc.
Revised Pension Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets		
Investments, at fair value:		
Common stock	\$ 163,281,994	\$ 144,871,058
Exchange traded fund	618,067	-
US Government securities	18,894,231	20,654,351
US Government asset and mortgage backed securities	2,114,200	2,045,405
Non government obligations	20,244,191	17,875,501
Hedge fund	10,679,272	10,361,061
Cash equivalent	3,323,393	5,150,507
Total investments, at fair value	219,155,348	200,957,883
Investments, at contract value:		
Immediate participation guarantee contract	1,917,937	2,088,361
Total investments	221,073,285	203,046,244
Interest and dividends receivable	468,172	499,083
Net assets available for benefits	\$ 221,541,457	\$ 203,545,327

See accompanying notes.

Drummond Company, Inc.
Revised Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31,	
	2024	2023
Additions		
Investment income:		
Interest and dividends	\$ 3,718,819	\$ 3,575,948
Net appreciation in fair value of investments	25,397,943	26,854,785
Total investment income	29,116,762	30,430,733
 Deductions		
Distributions to participants and beneficiaries	10,165,391	9,906,683
Investment expenses	764,070	743,323
Administrative expenses	191,171	161,539
Total deductions	11,120,632	10,811,545
 Net increase	17,996,130	19,619,188
 Net assets available for benefits:		
Beginning of year	203,545,327	183,926,139
End of year	\$ 221,541,457	\$ 203,545,327

See accompanying notes.

Drummond Company, Inc.
Revised Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

The following description of Drummond Company, Inc. Revised Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan was established to provide retirement benefits to eligible employees of Drummond Company, Inc. and certain of its subsidiaries (collectively, the Company). It is a non-contributory defined benefit plan, which covers substantially all non-union employees hired or rehired prior to April 15, 2020, who are 21 years of age and have completed one year of service with a minimum of 1,000 hours. The Plan provides for retirement, disability and death benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age as defined in the Plan document. The Plan permits early retirement at ages 55 through 64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity, single life annuity, or other optional forms of payment as described in the Plan document. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Employees may elect to receive the vested value of their accumulated plan benefits, as defined in the Plan document, as a single sum amount upon retirement or termination, if the present value of the benefit is less than \$25,000. In the event of death or disability prior to retirement, the participant or the participant's beneficiary is entitled to the vested portion of the participant's accrued benefit as of the date of death or disability.

Administrative Expenses

Certain administrative expenses have been paid by the Company. Participant initiated distribution fees are deducted from the benefit payment. All other administrative expenses (including trustee, custodial, accounting and actuarial fees) and investment transaction fees (including investment-related expenses which are included in net appreciation in fair value of investments) are paid by the Plan.

Drummond Company, Inc.
Revised Pension Plan

Notes to Financial Statements (continued)

December 31, 2024 and 2023

1. Description of the Plan (continued)

Contributions

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the initial past service cost plus interest over a period of 30 years. The Plan has met the minimum funding requirements of ERISA for the year ended December 31, 2024.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefit will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the immediate participation guarantee contract (IPG) which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the IPG contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus interest, less administrative expenses and participant withdrawals. Management of the Company determines the Plan's valuation policies utilizing information provided by the investment advisers, the trustee, and the custodian. See Notes 4 and 5 for discussion of fair and contract value measurements.

Drummond Company, Inc.
Revised Pension Plan

Notes to Financial Statements (continued)

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year and any investment-related expenses.

Accumulated Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 6) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees hired prior to April 15, 2020. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their last five highest consecutive years of compensation out of the ten credited service years preceding termination. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Basis of Presentation

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Drummond Company, Inc.
Revised Pension Plan

Notes to Financial Statements (continued)

December 31, 2024 and 2023

3. Investment Information

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the years then ended, was obtained or derived from information provided to the Company and certified as complete and accurate by First State Trust Company and Equitable, the trustee and custodian, respectively.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2024 and 2023.

Drummond Company, Inc.
Revised Pension Plan

Notes to Financial Statements (continued)

December 31, 2024 and 2023

4. Fair Value Measurements (continued)

Cash equivalent: stated at cost, which approximates fair value as the Plan considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

Common stock: stated at fair value, based on quoted market prices.

Exchange traded fund: stated at fair value, based on quoted market prices.

US Government securities: these include treasury debt and are valued using dealer quotes in an active market.

US Government asset and mortgage backed securities: these include government-backed mortgage funds which are valued utilizing an income approach that includes various valuation techniques and sources such as discounted cash flow models, benchmark yields and securities, reported trades, issuer trades and/or other applicable data.

Non government obligations: these include corporate bonds and certain corporate asset backed securities that are denominated in the U.S. dollar and are investment-grade securities. Valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Hedge fund: these include investments via long or short positions in securities (stocks or fixed income) of companies involved in corporate actions or events, primarily mergers and acquisitions, and may include related derivatives and utilization of leverage.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level and investment category, within the fair value hierarchy, the Plan's assets at fair value:

Drummond Company, Inc.
Revised Pension Plan

Notes to Financial Statements (continued)

December 31, 2024 and 2023

4. Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 163,281,994	\$ -	\$ -	\$ 163,281,994
Exchange traded fund	618,067			618,067
US Government securities	18,894,231	-	-	18,894,231
US Government asset and mortgage backed securities	-	2,114,200	-	2,114,200
Non government obligations	-	20,244,191	-	20,244,191
Hedge fund	-	10,679,272	-	10,679,272
Cash equivalent	3,323,393	-	-	3,323,393
Total assets at fair value	\$ 186,117,685	\$ 33,037,663	\$ -	\$ 219,155,348

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 144,871,058	\$ -	\$ -	\$ 144,871,058
US Government securities	20,654,351	-	-	20,654,351
US Government asset and mortgage backed securities	-	2,045,405	-	2,045,405
Non government obligations	-	17,875,501	-	17,875,501
Hedge fund	-	10,361,061	-	10,361,061
Cash equivalent	5,150,507	-	-	5,150,507
Total assets at fair value	\$ 170,675,916	\$ 30,281,967	\$ -	\$ 200,957,883

5. Contract with Insurance Company

In accordance with ASC 960-325-35, *Reporting by Defined Benefit Pension Plans of Investment Contracts*, the IPG contract is valued at contract value at the reporting date as determined by Equitable. Contract value represents the book value of assets transferred from group annuity contracts, plus interest on the assets, less funds used to pay retirement benefits and related administrative expenses.

Under the IPG contract with Equitable, assets have been set aside as reserves for guaranteed retirement benefits and the individual annuities not canceled under the Plan.

Drummond Company, Inc.
Revised Pension Plan

Notes to Financial Statements (continued)

December 31, 2024 and 2023

5. Contract with Insurance Company (continued)

These retirement benefits and annuities will continue to be insured by Equitable with the Plan fully participating in the contract's actuarial experience.

Actuarial experience related to annuity commitments under the IPG contract is based upon the results obtained each year with respect to investments, mortality, and expenses. Such experience is reflected directly, or "immediately," in the contract assets rather than through Equitable's declaration of dividends over time, which was the case under predecessor contracts.

The IPG contract contains various types of investments, including fixed income securities and real estate, within a pooled general account.

6. Accumulated Plan Benefits

An independent actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations at January 1, 2024 and 2023 are as follows:

Actuarial cost method	Projected Unit Credit Method
Discount rate	7.00% compounded annually
Mortality	Non-disabled: 2024 IRS Generational Mortality Table and 2023 IRS Generational Mortality Table, respectively. Disabled: Rev. Rul. 96-7 post-1994 Disabilities
Retirement age	Age 65 or attained age if greater

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The accumulated plan benefit information as of the beginning of each Plan year is as follows:

Drummond Company, Inc.
Revised Pension Plan

Notes to Financial Statements (continued)

December 31, 2024 and 2023

6. Accumulated Plan Benefits (continued)

	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 87,918,952	\$ 88,340,164
Other participants	41,305,339	42,245,451
	129,224,291	130,585,615
Non-vested benefits	522,521	451,150
	\$ 129,746,812	\$ 131,036,765

The increase in the present value of accumulated plan benefits from January 1, 2023 is attributable to interest of \$8,831,704, and benefits accumulated and actuarial experience of \$1,313,902. The decrease in the present value of accumulated plan benefits from January 1, 2023, is attributable to benefits paid of \$9,906,683 and a decrease due to mortality table assumption changes of \$1,528,876.

7. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated September 28, 2015, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan administration believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change.

Drummond Company, Inc.
Revised Pension Plan

Notes to Financial Statements (continued)

December 31, 2024 and 2023

8. Risks and Uncertainties (continued)

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

9. Subsequent Events

Management of the Company evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through, October 6, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock:				
	Abbott Labs	Common stock	\$ 1,360,063	\$ 1,357,320
	Adobe Systems Inc	Common stock	1,371,936	2,134,464
	Air Products & Chemicals Inc	Common stock	1,312,652	1,328,383
	Alphabet Inc	Common stock	1,001,667	8,253,480
	Amazon.com Inc	Common stock	1,546,931	7,459,260
	American Electric Power Inc	Common stock	291,458	323,635
	American International Group	Common stock	574,753	1,077,877
	Apple Computer Inc	Common stock	693,284	5,391,042
	AT&T Inc	Common stock	401,402	482,041
	Autodesk Inc	Common stock	2,294,705	3,319,842
	Astrazeneca Plc	Common stock	218,501	241,965
	Baxter International Inc	Common stock	1,668,321	1,071,630
	BP Amoco Plc	Common stock	1,332,145	1,317,696
	British American Tobacco	Common stock	866,928	900,010
	Broadcom Inc	Common stock	2,048,349	2,888,958
	Cardinal Health Inc	Common stock	1,089,734	1,626,212
	Cigna Corp New	Common stock	393,476	514,725
	Cisco Systems Inc	Common stock	686,976	888,118
	Citigroup Inc	Common stock	1,597,121	1,993,163
	CNH Industrial	Common stock	268,476	264,669
	Cognizant Technology Solutions Corp	Common stock	800,853	1,005,929
	Comcast Corp	Common stock	1,157,359	1,147,555
	Constellation Brands Inc	Common stock	310,850	271,830
	Costco Wholesale Corp	Common stock	488,334	1,373,489
	Crown Castle International Corp	Common stock	717,462	628,967
	CVS Caremark Corp	Common stock	1,493,186	1,156,815
	Diageo Plc	Common stock	287,525	242,818
	Disney Walt Co	Common stock	311,665	361,999
	Dollar General Corp	Common stock	1,299,445	617,099
	Dominion Res Inc	Common stock	306,139	298,923
	Electronic Arts	Common stock	762,401	801,724
	Elevance Health Inc	Common stock	549,049	598,356
	Entergy Corp	Common stock	453,796	606,560
	Exelon Corp	Common stock	536,631	514,915
	Fidelity National Information Services Inc.	Common stock	1,036,004	923,040
	First Citizens BCSHS	Common stock	800,827	2,129,924
	FNF Group	Common stock	388,257	654,873

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock (continued):				
	Fortrea Holdings Inc	Common stock	\$ 212,804	\$ 109,475
	Fox Corp	Common stock	280,895	387,085
	Gallagher Arthur J & Co	Common stock	141,557	465,230
	General Motors Co	Common stock	707,970	1,145,625
	Hasbro Inc	Common stock	570,659	620,042
	Hess Corp	Common stock	931,411	798,060
	Hewlett Packard Enterprises Co	Common stock	318,518	371,063
	Home Depot Inc	Common stock	1,686,849	3,086,247
	Honeywell International Inc	Common stock	1,649,810	2,350,160
	HP Inc	Common stock	1,395,344	1,260,497
	Humana Inc	Common stock	707,747	440,187
	Intercontinental Exchange Inc	Common stock	668,681	843,397
	International Flavors & Fragrances	Common stock	323,082	341,582
	Interpublic Group of Companies Inc	Common stock	457,282	406,010
	Intuit	Common stock	1,759,575	2,738,374
	J P Morgan Chase & Co	Common stock	711,667	1,289,880
	Jacobs Solutions Inc	Common stock	1,118,717	1,870,680
	Johnson Controls International	Common stock	647,237	764,832
	Keurig Dr Pepper Inc	Common stock	424,264	419,808
	Kimberly Clark Corp	Common stock	602,035	558,230
	Koninklijke Phillips Electrics NV	Common stock	446,182	509,160
	Kraft Heinz Co	Common stock	1,452,412	1,150,704
	L3harris Technologies Inc	Common stock	1,400,552	1,379,437
	Laboratory Corp America Holdings	Common stock	775,030	866,830
	Lear Corp	Common stock	416,561	298,873
	Leidos Holdings Inc	Common stock	387,276	623,348
	Lily Eli & Co	Common stock	3,043,698	3,629,172
	Marriott International Inc	Common stock	1,145,114	1,952,580
	Mastercard Inc	Common stock	1,851,204	5,213,043
	Medtronic Plc	Common stock	1,499,978	1,296,772
	Meta Platforms Inc	Common stock	1,785,843	5,350,390
	Mid-America Apartment Communitys Inc	Common stock	311,030	329,234
	Micron Technology Inc	Common stock	253,645	336,640
	Microsoft Corp	Common stock	1,942,420	8,228,101
	Newell Rubbermaid Inc	Common stock	493,211	241,410

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock (continued):				
	Northrop Grumman Corp	Common stock	\$ 2,192,248	\$ 2,120,252
	Novo-Norodisk A S Spons Adr	Common stock	1,454,121	1,978,460
	Nvidia Corp	Common stock	733,053	6,693,014
	O'Reilly Automotive	Common stock	1,361,398	1,566,442
	P G & E Corp	Common stock	530,217	642,935
	Palo Alto Networks Inc	Common stock	1,772,917	3,981,285
	Pfizer Inc	Common stock	272,981	254,688
	PPG Industries Inc	Common stock	517,802	462,033
	Raytheon Technologies Corp	Common stock	675,806	1,065,550
	Sanofi-Aventis	Common stock	1,163,491	1,137,987
	Sealed Air Corp New	Common stock	1,100,382	717,805
	Sempra Energy	Common stock	751,729	898,253
	Servicenow Inc	Common stock	2,370,905	4,897,754
	Shell Plc	Common stock	994,078	1,011,171
	Sony Corp	Common stock	924,060	1,076,832
	SS&C Technologies Holdings	Common stock	1,415,180	1,636,014
	Suncor Energy Inc	Common stock	531,814	565,885
	Taiwan Semiconductors	Common stock	261,524	521,374
	Teck Resources Limited	Common stock	324,275	271,551
	Thermo Fisher Scientific Inc	Common stock	2,041,160	1,841,614
	UBS Group AG	Common stock	290,687	291,753
	Ulta Salon Cosmetics & Fragrance Inc	Common stock	1,441,924	2,059,394
	Unitedhealth Group Inc	Common stock	1,205,334	3,642,192
	Verizon Communications	Common stock	899,123	870,662
	Vertex Pharmaceuticals Inc	Common stock	1,440,174	1,428,780
	Visa Inc	Common stock	1,274,626	5,284,505
	Wabtec Corp	Common stock	405,100	457,860
	Waste Management Inc	Common stock	980,111	1,926,287
	Wells Fargo & Co	Common stock	1,471,383	2,488,603
	Williams Cos Inc.	Common stock	303,030	544,447
	Willis Towers Watson Public Ltd	Common stock	572,994	786,232
	Workday Inc	Common stock	2,378,520	2,318,916
			99,291,068	163,281,994

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Exchange traded fund:				
	SPDR Bloomberg 1-3 Month T-Bill ETF	Exchange traded fund	\$ 618,959	\$ 618,067
Non government obligations:				
	Allstate Corp	1.4500% due 12/15/30	248,130	203,162
	American Express Credit Corp	3.3000% due 05/03/27	895,390	823,996
	AT&T Inc	2.3000% due 06/01/27	790,838	707,688
	Bank of America Corp	3.5000% due 04/19/26	628,938	645,813
	Bank of America Corp	5.0150% due 07/22/33	406,445	402,395
	Capital One Financial Corp	3.2000% due 02/05/25	751,732	747,332
	Caterpillar Financial Services	1.1000% due 09/14/27	753,938	688,228
	Cisco Systems Inc	4.9500% due 02/26/31	709,548	702,801
	Citigroup Inc	4.4120% due 03/31/31	709,740	719,762
	Comcast Corp	3.3750% due 08/15/25	489,560	456,074
	Costco Wholesale Corp	1.6000% due 04/20/30	912,916	789,491
	Duke Energy Corp	4.5000% due 08/15/32	473,265	476,021
	Fifth Third Bancorp	4.7720% due 07/28/30	453,025	489,939
	Fiserv Inc	3.2000% due 07/01/26	557,585	489,045
	GE Healthcare	4.8000% due 08/14/29	988,760	990,953
	Goldman Sachs Group Inc	4.2230% due 05/01/29	480,735	486,291
	Huntington Bancshares Inc	2.5500% due 02/04/30	1,107,705	1,011,469
	JP Morgan Chase & Co	1.5780% due 04/22/27	268,779	288,122
	Lowes Cos Inc	2.5000% due 04/15/26	380,008	389,983
	Lowes Cos Inc	3.3750% due 09/15/25	370,206	356,654
	Mastercard Inc	3.3500% due 03/26/30	1,018,832	892,029
	Morgan Stanley	4.2100% due 04/20/28	485,125	492,861
	Pfizer Investment Enterprise	4.7500% due 05/19/33	811,569	793,475
	PNC Financial Services Group Inc	2.6000% due 07/23/26	773,797	726,855
	Public Storage	1.9500% due 11/09/28	171,287	165,345
	Public Storage	3.3850% due 05/01/29	445,143	410,961
	Regions Financial Corp	5.7220% due 06/06/30	723,093	709,339
	Schwab Charles Corp	2.0000% due 03/20/28	697,571	641,525
	T-Mobile USA, Inc	3.8750% due 04/15/30	451,240	469,747
	US Bancorp	1.3750% due 07/22/30	754,792	618,654

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Non government obligations (continued):				
	Valero Energy Partners Lp	4.5000% due 03/15/28	\$ 973,477	\$ 887,193
	Well Tower Inc	4.2500% due 04/01/26	805,342	746,286
	Zoetis Inc	3.9000% due 08/20/28	841,879	824,702
			21,330,390	20,244,191
US Government asset and mortgage backed securities:				
	Federal Home Loan Mortgage Corp	0.3750% due 07/21/25	961,759	945,335
	Federal National Mortgage Association	0.7500% due 10/08/27	1,287,785	1,168,865
			2,249,544	2,114,200
US Government securities:				
	U.S. Treasury Notes	5.3750% due 02/15/31	268,419	262,095
	U.S. Treasury Notes	3.8750% due 11/30/29	573,824	554,418
	U.S. Treasury Notes	3.8750% due 12/31/29	854,138	839,467
	U.S. Treasury Notes	4.0000% due 10/31/29	380,783	393,404
	U.S. Treasury Notes	4.1250% due 09/30/27	447,593	448,279
	U.S. Treasury Notes	4.1250% due 11/15/32	1,299,485	1,235,335
	U.S. Treasury Notes	2.3750% due 05/15/27	1,228,494	1,139,616
	U.S. Treasury Notes	4.0000% due 02/15/34	1,140,624	1,138,063
	U.S. Treasury Notes	0.6250% due 03/31/27	1,977,835	1,815,020
	U.S. Treasury Notes	1.3750% due 11/15/31	1,045,787	891,804
	U.S. Treasury Notes	1.8750% due 02/28/29	1,680,143	1,631,731
	U.S. Treasury Notes	4.0000% due 02/28/30	1,063,881	1,030,962
	U.S. Treasury Notes	4.0000% due 02/29/28	884,861	878,106
	U.S. Treasury Notes	4.1250% due 08/31/30	550,067	541,706
	U.S. Treasury Notes	3.8750% due 08/15/33	507,951	476,131
	U.S. Treasury Notes	0.6250% due 08/15/30	366,365	365,697
	U.S. Treasury Notes	4.2500% due 02/28/31	802,066	791,248
	U.S. Treasury Notes	4.5000% due 11/15/33	470,181	448,206
	U.S. Treasury Notes	4.3750% due 11/30/30	753,753	747,482
	U.S. Treasury Notes	2.2500% due 08/15/27	582,026	570,238
	U.S. Treasury Notes	2.8750% due 08/15/28	586,901	570,800
	U.S. Treasury Notes	1.6250% due 05/15/26	779,885	723,871
	U.S. Treasury Notes	2.0000% due 08/15/25	529,181	493,047
	U.S. Treasury Notes	2.0000% due 11/15/26	643,355	608,443
	U.S. Treasury Notes	2.0000% due 02/15/25	302,392	299,062
			19,719,990	18,894,231

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Hedge fund:				
	Nineteen 77 Global Merger Arbitrage LTD	Hedge fund	\$ 8,500,000	\$ 10,679,272
Cash equivalent:				
	FDIC Bank Deposit Fund	Cash equivalent	3,323,393	3,323,393
Immediate Participation Guarantee Contract:				
	* Equitable	Guaranteed contract	1,917,937	1,917,937
			<u>\$ 156,951,281</u>	<u>\$ 221,073,285</u>

* Indicates party-in-interest to the Plan

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4j
Schedule of Reportable Transactions

December 31, 2024

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
FDIC Bank Deposit Fund	Cash equivalent	\$ 33,375,915	-	\$ 33,375,915	\$ 33,375,915	\$ -
		-	35,203,029	35,203,029	35,203,029	-

Category (iii) – Series of transactions in excess of 5% of plan assets:

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2024. Columns (e) and (f) are not presented as this information is not applicable.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan DRUMMOND COMPANY, INC. REVISED PENSION PLAN	B Three-digit plan number (PN) ▶	001
--	---	-----

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DRUMMOND COMPANY, INC.	D Employer Identification Number (EIN) 63-0653224
--	---

E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500
---	---

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:	
a Market value.....	2a 203,545,327
b Actuarial value.....	2b 208,918,543

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	712	101,659,166	101,659,166
b For terminated vested participants.....	181	12,456,262	12,456,262
c For active participants.....	269	39,871,911	40,409,896
d Total.....	1,162	153,987,339	154,525,324

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b

5 Effective interest rate..... **5** 5.10%

6 Target normal cost	
a Present value of current plan year accruals.....	6a 3,181,487
b Expected plan-related expenses.....	6b 200,000
c Target normal cost.....	6c 3,381,487

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<i>Nancy Teague Lee</i>	<u>9/30/2025</u>
	Signature of actuary	Date

NANCY TEAGUE LEE	2307500
Type or print name of actuary	Most recent enrollment number

NWPS	206-713-3801
Firm name	Telephone number (including area code)

160 W. SANTA CLARA STREET
SUITE 1550
SAN JOSE CA 95113

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	3,381,487	
b Excess assets, if applicable, but not greater than line 31a	31b	3,381,487	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
--

2024 Form 5500 Schedule SB: Part V
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

SUMMARY OF PLAN PROVISIONS

Plan Type: Qualified defined benefit plan.

Plan Effective Date: April 1, 1978

Plan Year: January 1 - December 31

Latest Amendment Date: April 15, 2020

Eligibility: Exempt and non-exempt employees of the Drummond Company, Inc. and Drummond Coal Sales, Inc. (except members of a union) who have attained age 21 and completed 1,000 hours of service within an eligibility computation period and were hired prior to April 15, 2020.

Normal Retirement: Age 65.

Normal Retirement Benefit: Sum of (i) and (ii) multiplied by the number of years of credited service.

- (i) 1.00% of participant's Average Compensation.
- (ii) 0.65% of participant's Excess Compensation.

Average Compensation: Five consecutive years selected from the last ten years which produce the highest average.

Excess Compensation: The amount by which Participant's Average Compensation exceeds Covered Compensation for the plan year.

Covered Compensation: 35 year average of the Social Security Taxable Wage Base prior to participant's Social Security Retirement Age.

Normal Form of Benefit: Single Life Annuity for single participants, 50% Joint & Survivor for married participants.

Early Retirement: Age 55 and 5 years of service.

Early Retirement Benefit: Normal Retirement Benefit reduced 8% for the first 3 years, 6% for the next 4 years and 4% for the next 3 years that Early Retirement Date precedes Normal Retirement Date.

Disability Retirement: Age 50, 10 years of service, and Social Security disability award letter.

Disability Retirement Benefit: Normal Retirement Benefit.

Pre-Retirement Death: Vested and married for at least one year.

Pre-Retirement Death Benefit: The amount the spouse would have received had the participant survived to early retirement age and died on the following day having elected the 50% Joint and Survivor Annuity.

2024 Form 5500 Schedule SB: Part V
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Cost Method: Unit Credit.

Actuarial Assumptions:

Interest Discount Rate: Adjusted 2024 segment rates with lookback month September 2023, (4.75%, 4.87%, and 5.59%). Unadjusted 2024 segment rates using the same lookback month for maximum tax-deductible contribution calculations (3.62%, 4.46%, and 4.52%). 7.00% per annum for ASC 960 calculations.

Investment Return: 7.00% long term rate used for Actuarial Value of Assets calculation for plan year ending December 31, 2023 (capped at the 3rd segment rate, if less). 4.75% (1st segment rate from prior year valuation) used for investment gain/loss.

Salary Scale: Compensation rate as provided by Drummond.

Social Security Wage Base: 3.25% per annum.

Mortality: Non-disabled: 2024 IRS Generational Mortality Table.
Disabled: Rev. Rul. 96-7 post-1994 Disabilities.
ASC 960: 2024 IRS Generational Mortality Table.

Disability: 50% of Social Security disability rates from Actuarial Note No. 74.

Operational Expense: \$200,000 per year as of the beginning of the year.

2024 Form 5500 Schedule SB: Part V
 Plan Name: Drummond Company, Inc. Revised Pension Plan
 Employer ID Number: 63-0653224
 Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Turnover: Sample Rates are as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
21-25	15.0%	51-55	2.5%
26-30	15.0	56-60	2.5
31-35	10.0	61-64	1.0
36-40	10.0	65 & Over	0.0
41-45	5.0		
46-50	5.0		

Retirement Age: Probability of retiring within one year from age:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	5.0%	65	25.0%
56	5.0	66	25.0
57	5.0	67	25.0
58	5.0	68	25.0
59	5.0	69	25.0
60	5.0	70 & Over	100.0
61	5.0		
62	15.0		
63	15.0		
64	15.0		

Vested inactive participants are assumed to retire at age 65.

Form of Payment: Married participants are assumed to elect a 50% Joint & Survivor Annuity and single participants are assumed to elect a Single Life Annuity.

2024 Form 5500 Schedule SB: Part V
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Marital Status:	90% of participants are assumed to be married. Female spouse is assumed to be 4 years younger than the male spouse.
Asset Valuation:	Under the smoothing approach provided by PPA as amended by the Worker, Retiree and Employer Recovery Act of 2008, asset returns are smoothed over a two year period. The resulting value may not be less than 90% nor more than 110% of market value.
Funding Relief:	Drummond elected to apply the funding shortfall relief beginning with the January 1, 2019 plan year as well as the segment rate relief beginning with the January 1, 2020 plan year as permissible under the American Rescue Plan Act of 2021.

2024 Form 5500 Schedule SB: Line 22
 Plan Name: Drummond Company, Inc. Revised Pension Plan
 Employer ID Number: 63-0653224
 Plan Number: 001

Description of Weighted Average Retirement Age

(1) Age	(2) l(x)	(3) q(ret)(x)	(4) l(x) * q(ret)(x)	(5) = (1) * (4) / 1 (55)
55	1,000,000	0.05	50,000	2.75000
56	950,000	0.05	47,500	2.66000
57	902,500	0.05	45,125	2.57213
58	857,375	0.05	42,869	2.48639
59	814,506	0.05	40,725	2.40279
60	773,781	0.05	38,689	2.32134
61	735,092	0.05	36,755	2.24203
62	698,337	0.15	104,751	6.49453
63	593,586	0.15	89,038	5.60939
64	504,548	0.15	75,682	4.84366
65	428,866	0.25	107,217	6.96907
66	321,650	0.25	80,413	5.30723
67	241,238	0.25	60,310	4.04074
68	180,929	0.25	45,232	3.07579
69	135,697	0.25	33,924	2.34077
70	101,773	1	101,773	7.12411

Weighted Average Retirement
Age 63.240

2024 Form 5500 Schedule SB:

Line 26a

Plan Name:

Drummond Company, Inc. Revised Pension Plan

Employer ID Number:

63-0653224

Plan Number:

001

Schedule of Active Participant Data (as of January 1, 2024)

Credited Service											
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	1	0	0	0	0	0	0	0	1
30 to 34	0	2	3	1	0	0	0	0	0	0	6
35 to 39	0	4	8	6	1	0	0	0	0	0	19
40 to 44	0	2	11	6	4	0	0	0	0	0	23
45 to 49	0	4	9	4	6	1	1	0	0	0	25
50 to 54	0	6	13	13	9	8	1	1	0	0	51
55 to 59	0	7	14	10	9	4	3	6	1	0	54
60 to 64	0	5	7	5	6	10	3	2	7	2	47
65 to 69	0	3	2	7	9	7	0	2	2	3	35
70 & up	0	0	1	0	1	2	0	0	2	2	8
Total	0	33	69	52	45	32	8	11	12	7	269

2024 Form 5500 Schedule SB:
Plan Name:
Employer ID Number:
Plan Number:

Line 26b
Drummond Company, Inc. Revised Pension Plan
63-0653224
001

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	720,895	198,434	9,246,062	10,165,391
2025	1,194,663	290,053	9,573,460	11,058,176
2026	1,585,489	361,117	9,318,812	11,265,418
2027	1,991,505	411,811	9,052,952	11,456,268
2028	2,232,585	513,083	8,775,542	11,521,210
2029	2,429,426	589,959	8,486,332	11,505,717
2030	2,588,642	664,665	8,185,194	11,438,501
2031	2,737,610	693,377	7,872,119	11,303,106
2032	2,822,418	765,470	7,547,284	11,135,172
2033	2,896,017	773,742	7,211,106	10,880,865
2034	2,962,833	824,342	6,864,285	10,651,460
2035	3,009,049	939,342	6,507,814	10,456,205
2036	3,052,105	975,236	6,142,960	10,170,301
2037	3,078,322	975,068	5,771,210	9,824,600
2038	3,085,696	1,014,026	5,394,256	9,493,978
2039	3,085,555	1,004,940	5,014,013	9,104,508
2040	3,078,076	1,022,712	4,632,617	8,733,405
2041	3,055,658	1,011,062	4,252,474	8,319,194
2042	3,014,424	1,044,822	3,876,264	7,935,510
2043	2,949,499	1,069,872	3,506,914	7,526,285
2044	2,877,547	1,061,181	3,147,574	7,086,302
2045	2,798,118	1,054,331	2,801,473	6,653,922
2046	2,721,217	1,034,480	2,471,793	6,227,490
2047	2,627,891	1,013,681	2,161,438	5,803,010
2048	2,522,623	986,975	1,872,875	5,382,473
2049	2,415,119	955,529	1,608,033	4,978,681
2050	2,328,737	913,310	1,368,161	4,610,208
2051	2,227,705	871,672	1,153,802	4,253,179
2052	2,099,461	828,182	964,813	3,892,456
2053	1,972,851	786,784	800,380	3,560,015
2054	1,842,013	753,604	659,128	3,254,745
2055	1,711,208	707,805	539,271	2,958,284
2056	1,589,174	658,836	438,745	2,686,755
2057	1,467,484	610,897	355,351	2,433,732
2058	1,347,362	566,738	286,864	2,200,964
2059	1,233,013	521,627	231,108	1,985,748
2060	1,129,150	478,260	186,057	1,793,467
2061	1,027,726	436,814	149,880	1,614,420
2062	932,810	397,424	120,977	1,451,211
2063	844,369	360,206	97,980	1,302,555
2064	762,327	325,173	79,730	1,167,230
2065	686,524	292,367	65,279	1,044,170
2066	616,631	261,762	53,856	932,249
2067	552,441	233,321	44,842	830,604
2068	493,671	206,983	37,748	738,402
2069	440,012	182,690	32,175	654,877
2070	391,137	160,381	27,802	579,320
2071	346,722	139,989	24,374	511,085
2072	306,453	121,452	21,683	449,588
2073	269,993	104,699	19,568	394,260

2024 Form 5500 Schedule SB:

Line 26a

Plan Name:

Drummond Company, Inc. Revised Pension Plan

Employer ID Number:

63-0653224

Plan Number:

001

Schedule of Active Participant Data (as of January 1, 2024)

Credited Service											
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	1	0	0	0	0	0	0	0	1
30 to 34	0	2	3	1	0	0	0	0	0	0	6
35 to 39	0	4	8	6	1	0	0	0	0	0	19
40 to 44	0	2	11	6	4	0	0	0	0	0	23
45 to 49	0	4	9	4	6	1	1	0	0	0	25
50 to 54	0	6	13	13	9	8	1	1	0	0	51
55 to 59	0	7	14	10	9	4	3	6	1	0	54
60 to 64	0	5	7	5	6	10	3	2	7	2	47
65 to 69	0	3	2	7	9	7	0	2	2	3	35
70 & up	0	0	1	0	1	2	0	0	2	2	8
Total	0	33	69	52	45	32	8	11	12	7	269

2024 Form 5500 Schedule SB: Part V
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

SUMMARY OF PLAN PROVISIONS

Plan Type: Qualified defined benefit plan.

Plan Effective Date: April 1, 1978

Plan Year: January 1 - December 31

Latest Amendment Date: April 15, 2020

Eligibility: Exempt and non-exempt employees of the Drummond Company, Inc. and Drummond Coal Sales, Inc. (except members of a union) who have attained age 21 and completed 1,000 hours of service within an eligibility computation period and were hired prior to April 15, 2020.

Normal Retirement: Age 65.

Normal Retirement Benefit: Sum of (i) and (ii) multiplied by the number of years of credited service.

- (i) 1.00% of participant's Average Compensation.
- (ii) 0.65% of participant's Excess Compensation.

Average Compensation: Five consecutive years selected from the last ten years which produce the highest average.

Excess Compensation: The amount by which Participant's Average Compensation exceeds Covered Compensation for the plan year.

Covered Compensation: 35 year average of the Social Security Taxable Wage Base prior to participant's Social Security Retirement Age.

Normal Form of Benefit: Single Life Annuity for single participants, 50% Joint & Survivor for married participants.

Early Retirement: Age 55 and 5 years of service.

Early Retirement Benefit: Normal Retirement Benefit reduced 8% for the first 3 years, 6% for the next 4 years and 4% for the next 3 years that Early Retirement Date precedes Normal Retirement Date.

Disability Retirement: Age 50, 10 years of service, and Social Security disability award letter.

Disability Retirement Benefit: Normal Retirement Benefit.

Pre-Retirement Death: Vested and married for at least one year.

Pre-Retirement Death Benefit: The amount the spouse would have received had the participant survived to early retirement age and died on the following day having elected the 50% Joint and Survivor Annuity.

2024 Form 5500 Schedule SB: Part V
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Cost Method: Unit Credit.

Actuarial Assumptions:

Interest Discount Rate: Adjusted 2024 segment rates with lookback month September 2023, (4.75%, 4.87%, and 5.59%). Unadjusted 2024 segment rates using the same lookback month for maximum tax-deductible contribution calculations (3.62%, 4.46%, and 4.52%). 7.00% per annum for ASC 960 calculations.

Investment Return: 7.00% long term rate used for Actuarial Value of Assets calculation for plan year ending December 31, 2023 (capped at the 3rd segment rate, if less). 4.75% (1st segment rate from prior year valuation) used for investment gain/loss.

Salary Scale: Compensation rate as provided by Drummond.

Social Security Wage Base: 3.25% per annum.

Mortality: Non-disabled: 2024 IRS Generational Mortality Table.
Disabled: Rev. Rul. 96-7 post-1994 Disabilities.
ASC 960: 2024 IRS Generational Mortality Table.

Disability: 50% of Social Security disability rates from Actuarial Note No. 74.

Operational Expense: \$200,000 per year as of the beginning of the year.

2024 Form 5500 Schedule SB: Part V
 Plan Name: Drummond Company, Inc. Revised Pension Plan
 Employer ID Number: 63-0653224
 Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Turnover: Sample Rates are as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
21-25	15.0%	51-55	2.5%
26-30	15.0	56-60	2.5
31-35	10.0	61-64	1.0
36-40	10.0	65 & Over	0.0
41-45	5.0		
46-50	5.0		

Retirement Age: Probability of retiring within one year from age:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	5.0%	65	25.0%
56	5.0	66	25.0
57	5.0	67	25.0
58	5.0	68	25.0
59	5.0	69	25.0
60	5.0	70 & Over	100.0
61	5.0		
62	15.0		
63	15.0		
64	15.0		

Vested inactive participants are assumed to retire at age 65.

Form of Payment: Married participants are assumed to elect a 50% Joint & Survivor Annuity and single participants are assumed to elect a Single Life Annuity.

2024 Form 5500 Schedule SB: Part V
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Marital Status:	90% of participants are assumed to be married. Female spouse is assumed to be 4 years younger than the male spouse.
Asset Valuation:	Under the smoothing approach provided by PPA as amended by the Worker, Retiree and Employer Recovery Act of 2008, asset returns are smoothed over a two year period. The resulting value may not be less than 90% nor more than 110% of market value.
Funding Relief:	Drummond elected to apply the funding shortfall relief beginning with the January 1, 2019 plan year as well as the segment rate relief beginning with the January 1, 2020 plan year as permissible under the American Rescue Plan Act of 2021.

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock:				
	Abbott Labs	Common stock	\$ 1,360,063	\$ 1,357,320
	Adobe Systems Inc	Common stock	1,371,936	2,134,464
	Air Products & Chemicals Inc	Common stock	1,312,652	1,328,383
	Alphabet Inc	Common stock	1,001,667	8,253,480
	Amazon.com Inc	Common stock	1,546,931	7,459,260
	American Electric Power Inc	Common stock	291,458	323,635
	American International Group	Common stock	574,753	1,077,877
	Apple Computer Inc	Common stock	693,284	5,391,042
	AT&T Inc	Common stock	401,402	482,041
	Autodesk Inc	Common stock	2,294,705	3,319,842
	Astrazeneca Plc	Common stock	218,501	241,965
	Baxter International Inc	Common stock	1,668,321	1,071,630
	BP Amoco Plc	Common stock	1,332,145	1,317,696
	British American Tobacco	Common stock	866,928	900,010
	Broadcom Inc	Common stock	2,048,349	2,888,958
	Cardinal Health Inc	Common stock	1,089,734	1,626,212
	Cigna Corp New	Common stock	393,476	514,725
	Cisco Systems Inc	Common stock	686,976	888,118
	Citigroup Inc	Common stock	1,597,121	1,993,163
	CNH Industrial	Common stock	268,476	264,669
	Cognizant Technology Solutions Corp	Common stock	800,853	1,005,929
	Comcast Corp	Common stock	1,157,359	1,147,555
	Constellation Brands Inc	Common stock	310,850	271,830
	Costco Wholesale Corp	Common stock	488,334	1,373,489
	Crown Castle International Corp	Common stock	717,462	628,967
	CVS Caremark Corp	Common stock	1,493,186	1,156,815
	Diageo Plc	Common stock	287,525	242,818
	Disney Walt Co	Common stock	311,665	361,999
	Dollar General Corp	Common stock	1,299,445	617,099
	Dominion Res Inc	Common stock	306,139	298,923
	Electronic Arts	Common stock	762,401	801,724
	Elevance Health Inc	Common stock	549,049	598,356
	Entergy Corp	Common stock	453,796	606,560
	Exelon Corp	Common stock	536,631	514,915
	Fidelity National Information Services Inc.	Common stock	1,036,004	923,040
	First Citizens BCSHS	Common stock	800,827	2,129,924
	FNF Group	Common stock	388,257	654,873

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock (continued):				
	Fortrea Holdings Inc	Common stock	\$ 212,804	\$ 109,475
	Fox Corp	Common stock	280,895	387,085
	Gallagher Arthur J & Co	Common stock	141,557	465,230
	General Motors Co	Common stock	707,970	1,145,625
	Hasbro Inc	Common stock	570,659	620,042
	Hess Corp	Common stock	931,411	798,060
	Hewlett Packard Enterprises Co	Common stock	318,518	371,063
	Home Depot Inc	Common stock	1,686,849	3,086,247
	Honeywell International Inc	Common stock	1,649,810	2,350,160
	HP Inc	Common stock	1,395,344	1,260,497
	Humana Inc	Common stock	707,747	440,187
	Intercontinental Exchange Inc	Common stock	668,681	843,397
	International Flavors & Fragrances	Common stock	323,082	341,582
	Interpublic Group of Companies Inc	Common stock	457,282	406,010
	Intuit	Common stock	1,759,575	2,738,374
	J P Morgan Chase & Co	Common stock	711,667	1,289,880
	Jacobs Solutions Inc	Common stock	1,118,717	1,870,680
	Johnson Controls International	Common stock	647,237	764,832
	Keurig Dr Pepper Inc	Common stock	424,264	419,808
	Kimberly Clark Corp	Common stock	602,035	558,230
	Koninklijke Phillips Electrics NV	Common stock	446,182	509,160
	Kraft Heinz Co	Common stock	1,452,412	1,150,704
	L3harris Technologies Inc	Common stock	1,400,552	1,379,437
	Laboratory Corp America Holdings	Common stock	775,030	866,830
	Lear Corp	Common stock	416,561	298,873
	Leidos Holdings Inc	Common stock	387,276	623,348
	Lily Eli & Co	Common stock	3,043,698	3,629,172
	Marriott International Inc	Common stock	1,145,114	1,952,580
	Mastercard Inc	Common stock	1,851,204	5,213,043
	Medtronic Plc	Common stock	1,499,978	1,296,772
	Meta Platforms Inc	Common stock	1,785,843	5,350,390
	Mid-America Apartment Communitys Inc	Common stock	311,030	329,234
	Micron Technology Inc	Common stock	253,645	336,640
	Microsoft Corp	Common stock	1,942,420	8,228,101
	Newell Rubbermaid Inc	Common stock	493,211	241,410

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock (continued):				
	Northrop Grumman Corp	Common stock	\$ 2,192,248	\$ 2,120,252
	Novo-Norodisk A S Spons Adr	Common stock	1,454,121	1,978,460
	Nvidia Corp	Common stock	733,053	6,693,014
	O'Reilly Automotive	Common stock	1,361,398	1,566,442
	P G & E Corp	Common stock	530,217	642,935
	Palo Alto Networks Inc	Common stock	1,772,917	3,981,285
	Pfizer Inc	Common stock	272,981	254,688
	PPG Industries Inc	Common stock	517,802	462,033
	Raytheon Technologies Corp	Common stock	675,806	1,065,550
	Sanofi-Aventis	Common stock	1,163,491	1,137,987
	Sealed Air Corp New	Common stock	1,100,382	717,805
	Sempra Energy	Common stock	751,729	898,253
	Servicenow Inc	Common stock	2,370,905	4,897,754
	Shell Plc	Common stock	994,078	1,011,171
	Sony Corp	Common stock	924,060	1,076,832
	SS&C Technologies Holdings	Common stock	1,415,180	1,636,014
	Suncor Energy Inc	Common stock	531,814	565,885
	Taiwan Semiconductors	Common stock	261,524	521,374
	Teck Resources Limited	Common stock	324,275	271,551
	Thermo Fisher Scientific Inc	Common stock	2,041,160	1,841,614
	UBS Group AG	Common stock	290,687	291,753
	Ulta Salon Cosmetics & Fragrance Inc	Common stock	1,441,924	2,059,394
	Unitedhealth Group Inc	Common stock	1,205,334	3,642,192
	Verizon Communications	Common stock	899,123	870,662
	Vertex Pharmaceuticals Inc	Common stock	1,440,174	1,428,780
	Visa Inc	Common stock	1,274,626	5,284,505
	Wabtec Corp	Common stock	405,100	457,860
	Waste Management Inc	Common stock	980,111	1,926,287
	Wells Fargo & Co	Common stock	1,471,383	2,488,603
	Williams Cos Inc.	Common stock	303,030	544,447
	Willis Towers Watson Public Ltd	Common stock	572,994	786,232
	Workday Inc	Common stock	2,378,520	2,318,916
			99,291,068	163,281,994

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Exchange traded fund:				
	SPDR Bloomberg 1-3 Month T-Bill ETF	Exchange traded fund	\$ 618,959	\$ 618,067
Non government obligations:				
	Allstate Corp	1.4500% due 12/15/30	248,130	203,162
	American Express Credit Corp	3.3000% due 05/03/27	895,390	823,996
	AT&T Inc	2.3000% due 06/01/27	790,838	707,688
	Bank of America Corp	3.5000% due 04/19/26	628,938	645,813
	Bank of America Corp	5.0150% due 07/22/33	406,445	402,395
	Capital One Financial Corp	3.2000% due 02/05/25	751,732	747,332
	Caterpillar Financial Services	1.1000% due 09/14/27	753,938	688,228
	Cisco Systems Inc	4.9500% due 02/26/31	709,548	702,801
	Citigroup Inc	4.4120% due 03/31/31	709,740	719,762
	Comcast Corp	3.3750% due 08/15/25	489,560	456,074
	Costco Wholesale Corp	1.6000% due 04/20/30	912,916	789,491
	Duke Energy Corp	4.5000% due 08/15/32	473,265	476,021
	Fifth Third Bancorp	4.7720% due 07/28/30	453,025	489,939
	Fiserv Inc	3.2000% due 07/01/26	557,585	489,045
	GE Healthcare	4.8000% due 08/14/29	988,760	990,953
	Goldman Sachs Group Inc	4.2230% due 05/01/29	480,735	486,291
	Huntington Bancshares Inc	2.5500% due 02/04/30	1,107,705	1,011,469
	JP Morgan Chase & Co	1.5780% due 04/22/27	268,779	288,122
	Lowes Cos Inc	2.5000% due 04/15/26	380,008	389,983
	Lowes Cos Inc	3.3750% due 09/15/25	370,206	356,654
	Mastercard Inc	3.3500% due 03/26/30	1,018,832	892,029
	Morgan Stanley	4.2100% due 04/20/28	485,125	492,861
	Pfizer Investment Enterprise	4.7500% due 05/19/33	811,569	793,475
	PNC Financial Services Group Inc	2.6000% due 07/23/26	773,797	726,855
	Public Storage	1.9500% due 11/09/28	171,287	165,345
	Public Storage	3.3850% due 05/01/29	445,143	410,961
	Regions Financial Corp	5.7220% due 06/06/30	723,093	709,339
	Schwab Charles Corp	2.0000% due 03/20/28	697,571	641,525
	T-Mobile USA, Inc	3.8750% due 04/15/30	451,240	469,747
	US Bancorp	1.3750% due 07/22/30	754,792	618,654

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Non government obligations (continued):				
	Valero Energy Partners Lp	4.5000% due 03/15/28	\$ 973,477	\$ 887,193
	Well Tower Inc	4.2500% due 04/01/26	805,342	746,286
	Zoetis Inc	3.9000% due 08/20/28	841,879	824,702
			21,330,390	20,244,191
US Government asset and mortgage backed securities:				
	Federal Home Loan Mortgage Corp	0.3750% due 07/21/25	961,759	945,335
	Federal National Mortgage Association	0.7500% due 10/08/27	1,287,785	1,168,865
			2,249,544	2,114,200
US Government securities:				
	U.S. Treasury Notes	5.3750% due 02/15/31	268,419	262,095
	U.S. Treasury Notes	3.8750% due 11/30/29	573,824	554,418
	U.S. Treasury Notes	3.8750% due 12/31/29	854,138	839,467
	U.S. Treasury Notes	4.0000% due 10/31/29	380,783	393,404
	U.S. Treasury Notes	4.1250% due 09/30/27	447,593	448,279
	U.S. Treasury Notes	4.1250% due 11/15/32	1,299,485	1,235,335
	U.S. Treasury Notes	2.3750% due 05/15/27	1,228,494	1,139,616
	U.S. Treasury Notes	4.0000% due 02/15/34	1,140,624	1,138,063
	U.S. Treasury Notes	0.6250% due 03/31/27	1,977,835	1,815,020
	U.S. Treasury Notes	1.3750% due 11/15/31	1,045,787	891,804
	U.S. Treasury Notes	1.8750% due 02/28/29	1,680,143	1,631,731
	U.S. Treasury Notes	4.0000% due 02/28/30	1,063,881	1,030,962
	U.S. Treasury Notes	4.0000% due 02/29/28	884,861	878,106
	U.S. Treasury Notes	4.1250% due 08/31/30	550,067	541,706
	U.S. Treasury Notes	3.8750% due 08/15/33	507,951	476,131
	U.S. Treasury Notes	0.6250% due 08/15/30	366,365	365,697
	U.S. Treasury Notes	4.2500% due 02/28/31	802,066	791,248
	U.S. Treasury Notes	4.5000% due 11/15/33	470,181	448,206
	U.S. Treasury Notes	4.3750% due 11/30/30	753,753	747,482
	U.S. Treasury Notes	2.2500% due 08/15/27	582,026	570,238
	U.S. Treasury Notes	2.8750% due 08/15/28	586,901	570,800
	U.S. Treasury Notes	1.6250% due 05/15/26	779,885	723,871
	U.S. Treasury Notes	2.0000% due 08/15/25	529,181	493,047
	U.S. Treasury Notes	2.0000% due 11/15/26	643,355	608,443
	U.S. Treasury Notes	2.0000% due 02/15/25	302,392	299,062
			19,719,990	18,894,231

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Hedge fund:				
	Nineteen 77 Global Merger Arbitrage LTD	Hedge fund	\$ 8,500,000	\$ 10,679,272
Cash equivalent:				
	FDIC Bank Deposit Fund	Cash equivalent	3,323,393	3,323,393
Immediate Participation Guarantee Contract:				
	* Equitable	Guaranteed contract	1,917,937	1,917,937
			<u>\$ 156,951,281</u>	<u>\$ 221,073,285</u>

* Indicates party-in-interest to the Plan

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4j
Schedule of Reportable Transactions

December 31, 2024

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
FDIC Bank Deposit Fund	Cash equivalent	\$ 33,375,915	—	\$ 33,375,915	\$ 33,375,915	\$ —
		—	35,203,029	35,203,029	35,203,029	—

Category (iii) – Series of transactions in excess of 5% of plan assets:

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2024. Columns (e) and (f) are not presented as this information is not applicable.