

<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: 2em; font-weight: bold; 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>RETIREMENT PLAN FOR SALARIED EMPLOYEES OF INTERNATIONAL MILL SERVICE, INC.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>009</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>TMS INTERNATIONAL, LLC</u></p> <p><u>1155 BUSINESS CENTER DRIVE</u> <u>HORSHAM, PA 19044-3454</u></p>	<p>1c Effective date of plan <u>02/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>20-0221662</u></p> <p>2c Plan Sponsor's telephone number <u>215-956-5500</u></p> <p>2d Business code (see instructions) <u>561900</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.	10/13/2025	KIRK PETERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">RETIREMENT PLAN COMMITTEE</p> <p style="color: blue;">1155 BUSINESS CENTER DRIVE HORSHAM, PA 19044-3454</p>	<p>3b Administrator's EIN 38-3765555</p> <p>3c Administrator's telephone number 215-956-5500</p>
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<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	142
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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).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	11
a(2) Total number of active participants at the end of the plan year	6a(2)	10
b Retired or separated participants receiving benefits.....	6b	26
c Other retired or separated participants entitled to future benefits	6c	42
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	78
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	10
f Total. Add lines 6d and 6e	6f	88
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 1C 1I 3H

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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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)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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>RETIREMENT PLAN FOR SALARIED EMPLOYEES OF INTERNATIONAL MILL SERVICE, INC.</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TMS INTERNATIONAL, LLC</u>	D Employer Identification Number (EIN) <u>20-0221662</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 checked="" type="checkbox"/> 101-500 <input 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>8315698</u>	
b Actuarial value	2b	<u>8315698</u>	
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	<u>74</u>	<u>6048169</u>	<u>6048169</u>
b For terminated vested participants	<u>57</u>	<u>2891018</u>	<u>2891018</u>
c For active participants	<u>11</u>	<u>1245475</u>	<u>1245475</u>
d Total	<u>142</u>	<u>10184662</u>	<u>10184662</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>4.97</u> %	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>190000</u>	
c Target normal cost	6c	<u>190000</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>10/07/2025</u> Date
	<u>MONA AUJI</u> Type or print name of actuary	<u>23-08935</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>610-230-0849</u> Telephone number (including area code)
	<u>MSC# 17833 AON P.O. BOX 7505 FORT WASHINGTON, PA 19034</u> 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

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.97</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		11
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>5.08</u> %		1
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		12
d	Portion of (c) to be added to prefunding balance		0
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.64 %
15	Adjusted funding target attainment percentage	15	81.64 %
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	76.31 %
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
04/15/2024	115814	0			
07/15/2024	86756	0			
10/15/2024	86756	0			
01/15/2025	86756	0			
09/11/2025	22627	0			
			Totals ▶	18(b)	398709
				18(c)	0

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	385591

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes 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
0	0	0	0

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 type="checkbox"/> Yes <input checked="" 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 190000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1868964		195580	
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 385580
	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 385580
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 385591
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 11
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 type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" 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 RETIREMENT PLAN FOR SALARIED EMPLOYEES OF INTERNATIONAL MILL SERVICE, INC.	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 TMS INTERNATIONAL, LLC	D Employer Identification Number (EIN) 20-0221662	

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

ARTISAN PARTNERS FUND	P.O. BOX 219322 KANSAS CITY, MO 64121-9322
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BARROW HANLEY GLOBAL INVESTORS	2200 ROSS AVENUE 31ST FLOOR DALLAS, TX 75201
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK INVSETMENTS LLC	1 UNIVERSITY SQUARE DRIVE PRINCETON, NJ 08540
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BROWN ADVISORY FUNDS	P.O. BOX 701 MILWAUKEE, WI 53201-0701
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS FUNDS

P.O. BOX 06050
CHICAGO, IL 60606-6306

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

GRANDEUR PEAK FUNDS

P.O. BOX 13664
DENVER, CO 80201

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

LEGG MASON FUNDS

4400 COMPUTER DRIVE
WESTBOROUGH, MA 01581

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

SEAFARER OVERSEAS

P.O. BOX 219623
KANSAS CITY, MO 64121-9623

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

SIMPLIFY EXCHANGE TRADED FUNDS

222 BROADWAY 22 FLOOR
NEW YORK, NY 10038

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

TOUCHSTONE INVESTMENTS

303 BROADWAY
SUITE 1100
CINCINNATI, OH 45202-4203

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

TRANSAMERICA FUNDS

1801 CALIFORNIA STREET
SUITE 5200
DENVER, CO 80202

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

VANGUARD

P.O. BOX 1101
VALLEY FORGE, PA 19482-1101

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)

AON CONSULTING

22-2232264

(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 17 50	NONE	143712	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILL CREEK CAPITAL ADVISORS, LLC

41-2212501

(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 50	NONE	30371	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KREISCHER MILLER

23-1980475

(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 50	NONE	18065	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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)

MATRIX TRUST COMPANY

75-3182674

(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?
18 21 50	NONE	8916	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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"/>

(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 RETIREMENT PLAN FOR SALARIED EMPLOYEES OF INTERNATIONAL MILL SERVICE, INC.	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 TMS INTERNATIONAL, LLC	D Employer Identification Number (EIN) 20-0221662

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)	206552	109383
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16110	10584
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1091472	645395
(2) U.S. Government securities	1c(2)	1286439	875017
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1141565	672375
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1072722	1167065
(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)	3504849	1754262
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	8319709	5234081
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	57048	42438
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	57048	42438
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8262661	5191643

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)	398709	
(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)		398709
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	52736	
(B) U.S. Government securities.....	2b(1)(B)	42454	
(C) Corporate debt instruments.....	2b(1)(C)	42127	
(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)		137317
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	75011	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		75011
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1855122	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1828503	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		26619
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	53217	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		310473
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1001346

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1179793	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	2581724	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3761517
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)	18065	
(5) Investment advisory and investment management fees	2i(5)	33252	
(6) Bank or trust company trustee/custodial fees	2i(6)	8916	
(7) Actuarial fees	2i(7)	143712	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	106902	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		310847
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4072364

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3071018
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: **KREISCHER MILLER**

(2) EIN: **23-1980475**

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.)			
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 550229.

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>RETIREMENT PLAN FOR SALARIED EMPLOYEES OF INTERNATIONAL MILL SERVICE, INC.</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TMS INTERNATIONAL, LLC</u>	D Employer Identification Number (EIN) <u>20-0221662</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	0
---	---	---

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): 36-0304603

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	6
--	---	---

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Financial Statements

December 31, 2024 and 2023

**Retirement Plan for Salaried Employees of
International Mill Service, Inc.
December 31, 2024 and 2023**

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Independent Auditors' Report

The Savings Plan Administrative and Investment Committees
International Mill Service, Inc.
Pittsburgh, Pennsylvania

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

We have performed audits of the financial statements of Retirement Plan for Salaried Employees of International Mill Service, Inc. (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) (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 Plan's 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 6 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 Auditors' 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 Auditors' 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 that 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.

Auditors' 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 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 auditors' 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 audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended 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 audits 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, are 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 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).

Kreischer Miller

Horsham, Pennsylvania
October 8, 2025

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value	\$ 5,114,114	\$ 8,097,047
Receivables:		
Employer contributions	109,383	206,552
Interest income	10,584	16,110
	5,234,081	8,319,709
Liabilities:		
Accrued expenses	42,438	57,048
Net assets available for benefits	<u>\$ 5,191,643</u>	<u>\$ 8,262,661</u>

See accompanying notes to financial statements.

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 390,309	\$ 621,074
Interest	97,384	118,513
Dividends	114,944	84,986
	<u>602,637</u>	<u>824,573</u>
Employer contributions	398,709	484,271
	<u>1,001,346</u>	<u>1,308,844</u>
Total additions		
Deductions from net assets attributed to:		
Benefits paid to participants	1,179,793	886,263
Payments to insurance carrier for the provision of benefits (Note 1)	2,581,724	-
Administrative fees and expenses	310,847	225,804
	<u>4,072,364</u>	<u>1,112,067</u>
Total deductions		
Net (decrease) increase	(3,071,018)	196,777
Net assets available for benefits:		
Beginning of year	8,262,661	8,065,884
	<u>8,262,661</u>	<u>8,065,884</u>
End of year	\$ 5,191,643	\$ 8,262,661
	<u>\$ 5,191,643</u>	<u>\$ 8,262,661</u>

See accompanying notes to financial statements.

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Notes to Financial Statements December 31, 2024 and 2023

(1) Description of Plan

The following is a general description of the Retirement Plan for Salaried Employees of International Mill Service, Inc. (the Plan). Participants should refer to the plan document for a more complete description of its provisions. The Savings Plan Administrative and Investment Committees are responsible for the oversight of the Plan, determine the appropriateness of the Plan's investment offerings and monitor investment performance.

General

The Plan is a defined benefit plan which provides retirement benefits to substantially all salaried, nonunion employees of International Mill Service, Inc. (the Company) who were participants in the Plan on June 30, 1990. No other employees are eligible for participation in the Plan, except for participants of a plan of an affiliated company, if it were merged with and into the Plan. Such participants, for whom net assets are transferred, become participants of the Plan as of the date of such merger. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Purchase of Group Annuity Contract

In October 2024, the Company entered into group annuity contracts (Contracts) with an annuity provider. Under the Contracts, the Plan deposited a one-time premium of \$2,581,724 in October 2024 to purchase a separate annuity for certain retired participants, commencing with their January 2025 payment. The purchased annuities are contracts under which the insurance company is obligated to pay benefits to named participants and their beneficiaries. The Plan and participants have no right to share in the earnings of the insurance company.

Participant Accounts

Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The accounts are allocated investment credits at the end of each month. The amount of the investment credit is based on an interest rate that is the lesser of (a) 7.25% or (b) the interest rate on 30-year treasury securities equal to the adjusted first, second, and third rate segments applied under rules similar to the rules of Section 430(h)(2)(c) of the Internal Revenue Code (IRC). The rates for 2024 and 2023 were 4.26% and 3.67%, respectively.

Vesting

All participants of the Plan are fully vested.

Notes to Financial Statements
December 31, 2024 and 2023

(1) Description of Plan, Continued

Payment of Benefits

Benefit payments commence at the participant's normal retirement date (age 65), or upon death or disability, as defined by the Plan. However, participants may elect benefits prior to their normal retirement date in accordance with the early retirement provisions applicable to the participants' benefits.

(2) Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair 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. The Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and trustee. See Note 7 for a discussion of fair value measurements.

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.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Administrative fees and expenses incurred are paid by the Plan. Investment related expenses are included in net appreciation in fair value of investments.

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Notes to Financial Statements December 31, 2024 and 2023

(2) Summary of Significant Accounting Policies, Continued

Subsequent Events

The Plan has evaluated subsequent events through October 8, 2025, the date the financial statements were available to be issued.

(3) Funding Policy

Contributions to the Plan are made by the Company and participating employers. Contributions by participants are not permitted. It is the Company's policy to make contributions to the Plan sufficient to meet the minimum funding requirements of ERISA. The Plan recorded employer contributions of \$398,709 and \$484,271 for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, the Plan meets the minimum funding requirements of ERISA.

Although it has not expressed any intention 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.

(4) Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally, to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period, would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan's provisions in effect any time during the five years preceding termination.
- Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Notes to Financial Statements December 31, 2024 and 2023

(4) Plan Termination, Continued

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

(5) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. 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 under the Plan are based on a percentage of employees' final average annual earnings multiplied by the years of credited service. 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.

The actuarial present value of accumulated plan benefits is determined by consulting actuaries as of January 1, 2024 and 2023 and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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 actuarial present value of accumulated plan benefits as of January 1, 2024 and 2023 are as follows:

	2024	2023
Vested benefits:		
Participants currently receiving payments	\$ 5,536,997	\$ 5,850,753
Other participants	3,856,879	3,831,409
Total actuarial present value of accumulated plan benefits	<u>\$ 9,393,876</u>	<u>\$ 9,682,162</u>

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Notes to Financial Statements December 31, 2024 and 2023

(5) Actuarial Present Value of Accumulated Plan Benefits, Continued

The changes in actuarial present value of accumulated plan benefits for the years ended January 1, 2024 and 2023 are as follows:

	2024	2023
Increase (decrease) attributable to:		
Benefits accumulated	\$ 4,982	\$ (1,090)
Benefits paid	(895,243)	(981,371)
Interest	600,703	517,247
Change in actuarial assumptions	1,272	(682,266)
Net decrease	(288,286)	(1,147,480)
Total actuarial present value of accumulated plan benefits, beginning of year	9,682,162	10,829,642
Total actuarial present value of accumulated plan benefits, end of year	\$ 9,393,876	\$ 9,682,162

The significant actuarial assumptions used in the valuations as of January 1, 2024 and January 1, 2023 were the (a) retirement age of participants (the earlier of age 65 or 63 with 15 years of service), (b) return on investments (6.5%), and (c) life expectancy of participants – amounts-weighted aggregate rates from the Pri-2012 Mortality Table projected generationally from 2012 with Scale MP-2021.

As a result of the changes in the return on investments and actuarial assumptions relating to life expectancy, the actuarial present value of accumulated plan benefits increased \$1,272 and decreased \$682,226 for the years ended January 1, 2024 and 2023, respectively.

The preceding actuarial amounts are based upon the assumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023.

(6) Financial Information Certified by a Qualified Institution

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, except for the limited partnership, and net appreciation in fair value of investments, and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from the information certified as complete and accurate by Matrix Trust Company (Matrix), a qualified institution.

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Notes to Financial Statements December 31, 2024 and 2023

(7) Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). 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.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2024 and 2023:

U.S. government securities and corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds, ETF's and short-term investments: Valued at the daily closing price as reported by the fund. These investments held by the Plan are open end investments that are registered with the Securities and Exchange Commission and are required to publish their daily net asset value and to transact at that price. These investments are deemed to be actively traded.

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Notes to Financial Statements December 31, 2024 and 2023

(7) Fair Value Measurements, Continued

Limited partnership: The value of the Mill Creek Enhanced Income Fund (the Fund) is based on annual audited financial information provided by the investment adviser and/or general partner. The Fund invests predominantly in third-party investment companies and is classified as level 3 in the fair value hierarchy. The Fund has no unfunded commitments and requires a ninety (90) day written notice period for withdrawals. The Fund's primary investment objective is to generate positive total returns and distribute income periodically to investors while assuming the risks of alternative investments in fixed income-like assets.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Description	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
U.S. government securities	\$ -	\$ 875,017	\$ -	\$ 875,017
Corporate debt instruments	-	672,375	-	672,375
ETFs	1,754,262	-	-	1,754,262
Short-term investments	645,395	-	-	645,395
Limited partnership	-	-	1,167,065	1,167,065
Total investments at fair value	\$ 2,399,657	\$ 1,547,392	\$ 1,167,065	\$ 5,114,114

Description	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
U.S. government securities	\$ -	\$ 1,286,439	\$ -	\$ 1,286,439
Corporate debt instruments	-	1,141,565	-	1,141,565
Mutual funds	907,848	-	-	907,848
ETFs	2,597,001	-	-	2,597,001
Short-term investments	1,091,472	-	-	1,091,472
Limited partnership	-	-	1,072,722	1,072,722
Total investments at fair value	\$ 4,596,321	\$ 2,428,004	\$ 1,072,722	\$ 8,097,047

There were no significant transfers among investment levels during the years ended December 31, 2024 and 2023.

(8) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated July 21, 2021, that the Plan is designed in accordance with the applicable sections of the IRC. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Notes to Financial Statements December 31, 2024 and 2023

(8) Tax Status, Continued

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(9) Related Party Transactions and Party-In-Interest Transactions

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activities to various service providers. In addition, the Plan invests in a limited partnership managed by Mill Creek Capital Advisors, who is a service provider. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

(10) Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the financial statements.

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. Due to uncertainties inherent in the estimates 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.

SUPPLEMENTAL SCHEDULES

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Plan: 009

EIN: 20-0221662

Supplemental Schedule

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
<u>U.S. government securities:</u>				
	Fannie Mae Bq4169	2.000% Due 11-01-50	\$ 31,879	\$ 28,904
	Fannie Mae Fm1000	3.000% Due 04-01-47	30,380	28,098
	Fannie Mae Ma2833	3.000% Due 12-01-46	7,355	6,724
	Fannie Mae Ma3238	3.500% Due 01-01-48	57,871	53,650
	Fannie Mae Ma3332	3.500% Due 04-01-48	8,537	7,992
	Fannie Mae Ma3864	2.500% Due 12-01-34	24,422	23,779
	Fannie Mae Ma4100	2.000% Due 08-01-50	38,762	35,143
	Fannie Mae Ma4179	2.000% Due 11-01-35	22,920	22,088
	Fannie Mae Ma4438	2.500% Due 10-01-51	81,051	74,010
	Fannie Mae Ma4564	3.000% Due 03-01-52	56,241	51,743
	Fannie Mae Ma4600	3.500% Due 05-01-52	11,856	11,151
	Fannie Mae Ma4626	4.000% Due 06-01-52	37,025	34,752
	Fannie Mae Ma4656	4.500% Due 07-01-52	32,201	31,741
	Fannie Mae Ma4785	5.000% Due 10-01-52	7,955	7,956
	Fannie Mae Ma5070	4.500% Due 07-01-53	13,182	13,000
	Fannie Mae Ma5089	4.000% Due 07-01-53	17,873	16,889
	FNMA Umps Lng 30	4.000% Due 08-01-52	28,673	27,875
	Freddie Mac Sd8321	4.000% Due 05-01-53	17,928	16,960
	Freddie Mac Sd8365	4.500% Due 10-01-53	37,368	35,650
	Government National Mortgage A 786266	2.500% Due 03-20-52	16,535	16,160
	Government National Mortgage A Ma1375	3.500% Due 10-20-43	25,639	25,181
	Government National Mortgage A Ma8427	4.500% Due 11-20-52	21,287	20,702
	Government National Mortgage A Ma8488	4.000% Due 12-20-52	8,564	8,269
	US Treasury Note/Bond	2.375% Due 02-15-42	101,209	90,517
	US Treasury Note/Bond	1.875% Due 02-15-32	58,080	57,232
	US Treasury Note/Bond	1.250% Due 05-15-50	34,755	28,514
	US Treasury Note/Bond	2.875% Due 05-15-28	100,267	100,337
			929,815	875,017
<u>Corporate debt instruments:</u>				
	Abbvie Inc	3.200% Due 11-21-29	7,407	7,428
	Ace Ina Holdings	3.150% Due 03-15-25	4,907	4,981
	Air Products & Chemicals	2.700% Due 05-15-40	2,280	2,136
	Alabama Power Co	3.700% Due 12-01-47	2,200	2,240
	Ally Financial Inc	5.750% Due 11-20-25	9,892	10,051
	America Movil Sab De Cv	6.375% Due 03-01-35	4,569	4,218
	American Express Co	2.550% Due 03-04-27	6,522	6,700
	Ameriprise Financial Inc	3.000% Due 04-02-25	14,571	14,942
	Amgen Inc	4.663% Due 06-15-51	2,825	2,507
	Anheuser-Busch Co/Inbev	4.900% Due 02-01-46	4,752	4,555
	Anthem Inc	2.550% Due 03-15-31	3,342	3,423
	Apple Inc	4.650% Due 02-23-46	5,173	4,556
	AT&T Inc	3.550% Due 09-15-55	5,408	4,711
	Atmos Energy Corp	4.150% Due 01-15-43	4,481	4,169
	Bank 2018-Bn15 A4	4.407% Due 11-15-61	25,030	24,412
	Bank Of America Corp	3.974% Due 02-07-30	18,950	19,165
	BP Cap Markets America	4.812% Due 02-13-33	1,980	1,939
	Bristol-Myers Squibb Co	4.250% Due 10-26-49	1,885	1,594
	British Telecom PLC	8.875% Due 12-15-30	7,544	7,263
	Brown & Brown Inc	2.375% Due 03-15-31	1,608	1,682
	Brown & Brown Inc	4.200% Due 03-17-32	6,525	6,460
	Bunge Ltd Finance Corp	2.750% Due 05-14-31	5,786	6,026
	Canadian Natl Resources	3.850% Due 06-01-27	2,868	2,936
	Canadian Natl Resources	2.050% Due 07-15-25	14,319	14,756
	Canadian Pacific Railway	7.125% Due 10-15-31	5,669	5,550
	Canadian Pacific Railway	2.900% Due 02-01-25	3,848	3,992
	Capital One Financial Co	3.200% Due 02-05-25	11,430	11,998
	Capital One Financial Co	3.750% Due 03-09-27	4,781	4,883

Continued...

Retirement Plan for Salaried Employees of
International Mill Service, Inc.

Plan: 009
EIN: 20-0221662

Supplemental Schedule
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
	Care Capital Properties	5.125% Due 08-15-26	9,803	9,992
	Carlisle Cos Inc	2.200% Due 03-01-32	3,991	4,058
	Charter Comm Opt LLC/Cap	2.800% Due 04-01-31	2,562	2,531
	Cheniere Energy Partners	4.500% Due 10-01-29	6,860	6,773
	Chubb Corporation	6.800% Due 11-15-31	2,218	2,199
	Citigroup Inc	4.412% Due 03-31-31	9,623	9,614
	Comcast Corp	4.650% Due 07-15-42	4,858	4,382
	Constellation Brands Inc	3.150% Due 08-01-29	5,411	5,528
	Csx Corp	6.220% Due 04-30-40	5,721	5,342
	CVS Health Corp	4.780% Due 03-25-38	2,865	2,598
	CVS Health Corp	5.250% Due 02-21-33	3,039	2,852
	Dell Int LLC / EMC Corp	4.900% Due 10-01-26	12,987	13,025
	Deutsche Telekom Int Fin	8.750% Due 06-15-30	7,450	6,953
	Devon Energy Corporation	5.600% Due 07-15-41	4,040	3,698
	Devon Energy Corporation	5.850% Due 12-15-25	4,018	4,028
	Digital Realty Trust LP	4.450% Due 07-15-28	6,850	6,865
	Dominion Resources Inc	3.900% Due 10-01-25	4,894	4,972
	DTE Energy Co	5.850% Due 06-01-34	4,044	4,105
	E.I. Du Pont De Nemours	2.300% Due 07-15-30	6,098	6,109
	Enbridge Inc	3.400% Due 08-01-51	2,251	2,006
	Enbridge Inc	2.500% Due 02-14-25	14,592	14,956
	Energy East Corp	6.750% Due 07-15-36	4,656	4,397
	Energy Transfer Operating	4.950% Due 06-15-28	5,937	5,991
	Enterprise Products Oper	4.850% Due 03-15-44	3,679	3,542
	Fedex 2020-1 Class Aa	1.875% Due 02-20-34	9,040	9,073
	Fiserv Inc	3.500% Due 07-01-29	7,308	7,506
	Ford Motor Company	3.250% Due 02-12-32	5,931	5,825
	France Telecom	8.500% Due 03-01-31	7,748	7,142
	General Motors Co	6.125% Due 10-01-25	6,195	6,043
	General Motors Finl Co	2.900% Due 02-26-25	9,514	9,966
	General Motors Finl Co	5.850% Due 04-06-30	4,978	5,107
	Gilead Sciences Inc	4.800% Due 04-01-44	2,889	2,657
	Goldman Sachs Group Inc	3.691% Due 06-05-28	11,403	11,617
	HCA Inc	5.500% Due 06-01-33	4,050	3,938
	Home Depot Inc	4.500% Due 12-06-48	3,907	3,414
	Howmet Aerospace Inc	4.850% Due 10-15-31	6,131	5,904
	Intel Corp	3.734% Due 12-08-47	4,260	3,322
	Intl Paper Co	6.000% Due 11-15-41	3,171	3,056
	JPMorgan Chase & Co	3.702% Due 05-06-30	8,425	8,525
	JPMorgan Chase & Co	2.580% Due 04-22-32	4,186	4,291
	JPMorgan Chase & Co	4.080% Due 04-26-26	9,950	9,974
	Kinder Morgan Inc	2.000% Due 02-15-31	3,200	3,348
	Lincoln National Corp	3.625% Due 12-12-26	10,707	10,771
	Lowe's Cos Inc	5.000% Due 04-15-33	5,134	4,926
	Martin Marietta Material	2.500% Due 03-15-30	5,105	5,310
	Marvell Technology Inc	2.950% Due 04-15-31	5,034	5,279
	Microchip Technology Inc	4.250% Due 09-01-25	5,907	5,976
	Microsoft Corp	2.921% Due 03-17-52	4,795	3,962
	MidAmerican Energy Holdings	6.125% Due 04-01-36	3,330	3,170
	Mohawk Industries Inc	3.625% Due 05-15-30	2,691	2,768
	Morgan Stanley	3.591% Due 07-22-28	14,432	15,427
	National Retail Prop Inc	2.500% Due 04-15-30	4,268	4,368
	National Rural Util Coop	2.400% Due 03-15-30	8,710	8,821
	Nisource Inc	5.350% Due 04-01-34	2,080	1,983
	Northrop Grumman Corp	4.030% Due 10-15-47	2,691	2,380
	Nucor Corp	2.700% Due 06-01-30	4,362	4,458
	Nutrien Ltd	2.950% Due 05-13-30	4,471	4,495
	Pfizer Investment Enter	5.110% Due 05-19-43	3,923	3,752
	PNC Financial Services	5.676% Due 01-22-35	7,034	7,084
	Principal Financial Group	3.700% Due 05-15-29	5,684	5,694

Retirement Plan for Salaried Employees of
International Mill Service, Inc.

Plan: 009
EIN: 20-0221662

Supplemental Schedule
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
	Progress Energy Inc	6.000% Due 12-01-39	7,450	7,132
	Prudential Financial Inc	4.600% Due 05-15-44	3,846	3,487
	Relx Capital Inc	3.000% Due 05-22-30	8,110	8,139
	Roper Technologies Inc	4.900% Due 10-15-34	4,993	4,807
	Roper Technologies Inc	2.950% Due 09-15-29	1,790	1,827
	Sabra Health Care Lp	3.200% Due 12-01-31	1,604	1,718
	Safehold GI Holdings Llc	5.650% Due 01-15-35	1,980	1,949
	Shell Finance US Inc	2.750% Due 04-06-30	3,605	3,609
	Shell International Fin	6.375% Due 12-15-38	7,040	6,530
	Southern Co Gas Capital	3.250% Due 06-15-26	7,669	7,835
	Southwest Airlines Co	5.125% Due 06-15-27	6,081	6,035
	Statoil Asa	5.100% Due 08-17-40	4,141	3,822
	Steel Dynamics Inc	5.375% Due 08-15-34	5,031	4,951
	Sysco Corporation	6.000% Due 01-17-34	3,278	3,135
	T-Mobile USA Inc	5.650% Due 01-15-53	2,970	2,910
	TCI Communications Inc	7.125% Due 02-15-28	5,405	5,344
	Telefonica Emisiones Sau	7.045% Due 06-20-36	4,506	4,391
	Toyota Motor Credit Corp	3.375% Due 04-01-30	3,766	3,706
	UDR Inc	3.000% Due 08-15-31	4,321	4,393
	Unitedhealth Group Inc	4.625% Due 11-15-41	2,001	1,748
	Valero Energy Corp	6.625% Due 06-15-37	4,375	4,203
	Ventas Realty LP	5.000% Due 01-15-35	3,986	3,823
	Verizon Communications	3.400% Due 03-22-41	5,725	5,275
	Virginia Elec & Power Co	4.650% Due 08-15-43	4,855	4,410
	Warnermedia Holdings Inc	4.279% Due 03-15-32	2,607	2,642
	Wells Fargo Commercial Mortgage 2019-C50 A5	3.729% Due 05-15-52	14,314	14,048
	Wells Fargo & Company	2.879% Due 10-30-30	3,540	3,587
	Wells Fargo & Company	5.557% Due 07-25-34	5,090	4,987
	Wrkco Inc	3.375% Due 09-15-27	4,755	4,811
			680,477	672,375
	<u>ETFs:</u>			
	iShares	Agency Bond ETF	28,857	28,933
	iShares	Core Intl Stock	151,663	143,590
	iShares	Core MSCI EAFE	143,572	133,321
	iShares	Core Msci	37,538	35,823
	iShares	Core U.S.	302,832	308,045
	iShares	MBS ETF	87,445	86,179
	iShares	US Treasury Bond	95,261	95,459
	Simplify	MBS ETF	73,096	70,510
	Vanguard	Growth ETF	205,333	362,419
	Vanguard	Small -Cap Gr	24,557	26,886
	Vanguard	Small Cap	20,052	25,565
	Vanguard	Total Corporate	129,761	129,237
	Vanguard	Value ETF	179,542	308,295
			1,479,509	1,754,262
	<u>Short-term investments:</u>			
	Wilmington Trust Company	Federated Government Obligations Fund IS (goix.x)	181,641	181,641
	Wilmington Trust Company	US Gov't MM Instl	463,754	463,754
			645,395	645,395
	<u>Limited partnership:</u>			
*	Mill Creek Capital Advisors	Enhanced Income Fund	809,720	1,167,065
	Total investments		\$ 4,544,916	\$ 5,114,114

* Indicates party-in-interest

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Plan: 009
 EIN: 20-0221662

Supplemental Schedule
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
Vanguard	Vanguard Value ETF	(A) \$ 99,735	\$ -	\$ 99,735	\$ 99,735	\$ -
Vanguard	Vanguard Value ETF	(A) \$ -	\$ 423,478	\$ 371,968	\$ 423,478	\$ 51,509
Vanguard	Vanguard Growth ETF	(A) \$ 98,876	\$ -	\$ 98,876	\$ 98,876	\$ -
Vanguard	Vanguard Growth ETF	(A) \$ -	\$ 471,711	\$ 288,815	\$ 471,711	\$ 182,896
iShares	Core U.S. Aggregate Bond ETF	(A) \$ 50,438	\$ -	\$ 50,438	\$ 50,438	\$ -
iShares	Core U.S. Aggregate Bond ETF	(A) \$ -	\$ 436,361	\$ 415,188	\$ 436,361	\$ 21,173
Wilmington Trust Company	US Government Money MKT Instl	(A) \$ 5,582,634	\$ -	\$ 5,582,634	\$ 5,582,634	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(A) \$ -	\$ 5,608,402	\$ 5,608,402	\$ 5,608,402	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ 965,741	\$ -	\$ 965,741	\$ 965,741	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ 1,473,817	\$ -	\$ 1,473,817	\$ 1,473,817	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ 721,454	\$ -	\$ 721,454	\$ 721,454	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ 1,000,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ -	\$ 805,383	\$ 805,383	\$ 805,383	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ -	\$ 1,008,665	\$ 1,008,665	\$ 1,008,665	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ -	\$ 2,506,161	\$ 2,506,161	\$ 2,506,161	\$ -

(S) Represents a single transaction that exceeds 5% of net assets available for benefits at the beginning of the plan year

(A) Represents aggregate transactions that exceed 5% of net assets available for benefits at the beginning of the plan year

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Retirement Plan for Salaried Employees of International Mill Service,
 Inc.

EIN: 20-0221662 PN: 009

Schedule SB, line 26a — Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59										
60-64			1			4	2			
65-69					1	2	1			
70+										

N-11

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Employees of International Mill Service,
Inc.

EIN: 20-0221662 PN: 009

Schedule SB, Part V — Statement of Actuarial
Assumptions/Methods

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Cash Balance Interest Crediting Rate	ASC 715 discount rate less 125 basis points, not less than 3.25%.
Cash Balance Annuity Conversion Rate	November 2023 spot segment rates
Cash Balance Optional Payment Form Election Percentages	Single life annuity: 0% Lump sum: 100%
Retirement Age	
Active Participants	Age 63 with 15 years of service, but no later than age 65
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	None

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Employees of International Mill Service,
Inc.

EIN: 20-0221662 PN: 009

Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Valuation of Plan Assets	Market value
Trust Expenses Included in Target Normal Cost	\$190,000, based on prior year administrative expense amount, adjusted for one-time project work and expected changes in PBGC premiums, rounded to nearest \$10,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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.) [x] 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: [x] 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

1a Name of plan: RETIREMENT PLAN FOR SALARIED EMPLOYEES OF INTERNATIONAL MILL SERVICE, INC.
1b Three-digit plan number (PN): 009
1c Effective date of plan: 02/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan): TMS INTERNATIONAL, LLC
Mailing address (include room, apt., suite no. and street, or P.O. Box): 1155 BUSINESS CENTER DRIVE, HORSHAM PA 19044-3454
2b Employer Identification Number (EIN): 20-0221662
2c Plan Sponsor's telephone number: 215-956-5500
2d Business code (see instructions): 561900

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature and date Oct 13, 2025.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RETIREMENT PLAN COMMITTEE 1155 BUSINESS CENTER DRIVE HORSHAM PA 19044-3454	3b Administrator's EIN 38-3765555 3c Administrator's telephone number 215-956-5500
---	---

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
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	142
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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).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	11
a(2) Total number of active participants at the end of the plan year	6a(2)	10
b Retired or separated participants receiving benefits	6b	26
c Other retired or separated participants entitled to future benefits	6c	42
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	78
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	10
f Total. Add lines 6d and 6e	6f	88
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	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1C 1I 3H

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 checked="" 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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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 _____

Retirement Plan for Salaried Employees of International Mill Service, Inc.

Plan: 009
 EIN: 20-0221662

Supplemental Schedule
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
Vanguard	Vanguard Value ETF	(A) \$ 99,735	\$ -	\$ 99,735	\$ 99,735	\$ -
Vanguard	Vanguard Value ETF	(A) \$ -	\$ 423,478	\$ 371,968	\$ 423,478	\$ 51,509
Vanguard	Vanguard Growth ETF	(A) \$ 98,876	\$ -	\$ 98,876	\$ 98,876	\$ -
Vanguard	Vanguard Growth ETF	(A) \$ -	\$ 471,711	\$ 288,815	\$ 471,711	\$ 182,896
iShares	Core U.S. Aggregate Bond ETF	(A) \$ 50,438	\$ -	\$ 50,438	\$ 50,438	\$ -
iShares	Core U.S. Aggregate Bond ETF	(A) \$ -	\$ 436,361	\$ 415,188	\$ 436,361	\$ 21,173
Wilmington Trust Company	US Government Money MKT Instl	(A) \$ 5,582,634	\$ -	\$ 5,582,634	\$ 5,582,634	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(A) \$ -	\$ 5,608,402	\$ 5,608,402	\$ 5,608,402	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ 965,741	\$ -	\$ 965,741	\$ 965,741	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ 1,473,817	\$ -	\$ 1,473,817	\$ 1,473,817	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ 721,454	\$ -	\$ 721,454	\$ 721,454	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ 1,000,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ -	\$ 805,383	\$ 805,383	\$ 805,383	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ -	\$ 1,008,665	\$ 1,008,665	\$ 1,008,665	\$ -
Wilmington Trust Company	US Government Money MKT Instl	(S) \$ -	\$ 2,506,161	\$ 2,506,161	\$ 2,506,161	\$ -

(S) Represents a single transaction that exceeds 5% of net assets available for benefits at the beginning of the plan year

(A) Represents aggregate transactions that exceed 5% of net assets available for benefits at the beginning of the plan year

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 RETIREMENT PLAN FOR SALARIED EMPLOYEES OF INTERNATIONAL MILL SERVICE, INC.	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TMS INTERNATIONAL	D Employer Identification Number (EIN) 20-0221662	
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 checked="" type="checkbox"/> 101-500 <input 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	8,315,698	
b Actuarial value.....	2b	8,315,698	
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.....	74	6,048,169	6,048,169
b For terminated vested participants	57	2,891,018	2,891,018
c For active participants.....	11	1,245,475	1,245,475
d Total.....	142	10,184,662	10,184,662
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	4.97%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	190,000	
c Target normal cost.....	6c	190,000	

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		<u>10/7/2025</u> Date
	Signature of actuary	2308935 Most recent enrollment number
	Mona Auji Type or print name of actuary	610-230-0849 Telephone number (including area code)
	AON CONSULTING, INC. Firm name	
	MSC# 17833 Aon P.O. Box 7505 Fort Washington PA 19034 Address of the firm	

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.97%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		11
	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>5.08%</u>		1
	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.....		12
	d Portion of (c) to be added to prefunding balance		0
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	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	81.64%
15	Adjusted funding target attainment percentage.....	15	81.64%
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	76.31%
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		
04/15/2024	115,814	0					
07/15/2024	86,756	0					
10/15/2024	86,756	0					
01/15/2025	86,756	0					
09/11/2025	22,627	0					
			Totals ▶	18(b)	398,709	18(c)	0

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	385,591

20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" 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
0	0	0	0

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) Prescribed - combined Prescribed - separate 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..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes 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..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes 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	190,000
b Excess assets, if applicable, but not greater than line 31a.....	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	1,868,964	195,580
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	385,580
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....		0
36 Additional cash requirement (line 34 minus line 35).....	36	385,580
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	385,591
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36).....	38a	11
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. 2019 2020 2021

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Salaried Employees of International Mill Service,
 Inc.

EIN: 20-0221662 PN: 009

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 4.97%	Interest Adjusted Contribution
April 15, 2024	\$ 115,814	105	\$ 114,214
July 15, 2024	\$ 86,756	196	\$ 84,532
October 15, 2024	\$ 86,756	288	\$ 83,507
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Total Contribution	\$ 398,709		\$ 385,591

Schedule SB Attachment (Form 5500) —2024 Plan Year
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Schedule SB, line 22 — Description of Weighted Average
Retirement Age

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Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Employees of International Mill Service,
Inc.

EIN: 20-0221662 PN: 009

Schedule SB, Part V — Statement of Actuarial
Assumptions/Methods

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Cash Balance Interest Crediting Rate	ASC 715 discount rate less 125 basis points, not less than 3.25%.
Cash Balance Annuity Conversion Rate	November 2023 spot segment rates
Cash Balance Optional Payment Form Election Percentages	Single life annuity: 0% Lump sum: 100%
Retirement Age	
Active Participants	Age 63 with 15 years of service, but no later than age 65
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	None

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Employees of International Mill Service,
Inc.

EIN: 20-0221662 PN: 009

Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Valuation of Plan Assets	Market value
Trust Expenses Included in Target Normal Cost	\$190,000, based on prior year administrative expense amount, adjusted for one-time project work and expected changes in PBGC premiums, rounded to nearest \$10,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Employees of International Mill Service,
Inc.

EIN: 20-0221662 PN: 009

Schedule SB, Part V — Summary of Plan Provisions

General Information

Original Effective Date	February 1, 1967
Effective Date of Last Amendment	November 1, 2017
Plan Year	January 1 to December 31
Employer Fiscal Year	January 1 to December 31
Employer ID Number	20-0221662
Plan Number	009

Date of Participation

IMS	July 1, 1990
McGraw Construction	November 1, 1990
Conversion Systems	January 1, 1992
Envirosafe	April 1, 1994

Credited Service

An employee shall receive credit as a salaried employee, until his retirement date, as follows:

- (1) Prior to date of participation, credited service earned under plan based on the provisions in effect as of that date.
- (2) After date of participation, one year of credited service for each year as a plan participant if the employee worked at least 1,000 hours during the year.

The plan is frozen and no credited service is earned after December 31, 2005.

Compensation

Plan compensation is defined as total earnings, including bonuses and excluding amounts for fringe benefits and certain excess amounts under the Management Incentive Plan. Compensation for each year shall not exceed the IRC section 401(a)(17) limit.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Retirement Plan for Salaried Employees of International Mill Service,
 Inc.

EIN: 20-0221662 PN: 009

Past Compensation	The summation of plan compensation from July 1, 1990 to December 31 preceding retirement or termination from employment.								
Minimum Accrued Pension	Accrued pension calculated based on plan benefit formula, average compensation, and credited service as of date of participation.								
Cash Balance Account									
Service Accrual	Each active employee account on December 31 of each plan year will earn a service accrual (subject to vesting requirements) equal to 5% of that year's compensation. The plan is frozen and no service accrual is earned after December 31, 2005.								
Interest Credits	Cash balance accounts will accrue interest each quarter at a specified rate. The plan's interest credit basis is the lesser of 7.25% and the 30-year Treasury rate in effect for the month of November of the preceding plan year.								
Forfeitures	All nonvested service accrual forfeitures will be used to offset future company contributions and will not be allocated to remaining members.								
Eligibility for Benefits									
Normal Retirement	Normal retirement date is the first day of the month following attainment of age 65.								
Late Retirement	First of the month following actual retirement, if retire after attainment of age 65.								
Early Retirement	Age 50 with 10 years of service.								
Disability	Age 45 with 10 years of service, and totally disabled (as defined in the plan) for six months.								
Vesting	Members are fully vested in their minimum accrued pension. Cash balance accounts after date of participation are fully vested with the exception of the service accrual vesting schedule below.								
	<table border="0"> <thead> <tr> <th style="text-align: left;">Years of Service</th> <th style="text-align: right;">Vested Percent</th> </tr> </thead> <tbody> <tr> <td>1 year</td> <td style="text-align: right;">20%</td> </tr> <tr> <td>2 years</td> <td style="text-align: right;">40%</td> </tr> <tr> <td>3 or more years</td> <td style="text-align: right;">100%</td> </tr> </tbody> </table>	Years of Service	Vested Percent	1 year	20%	2 years	40%	3 or more years	100%
Years of Service	Vested Percent								
1 year	20%								
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Death Benefit	Eligible if vested at date of death								

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Employees of International Mill Service,
Inc.

EIN: 20-0221662 PN: 009

Amount of Benefits

Normal Retirement, Late Retirement,
and Early Retirement

Larger of (1) or [(2) plus (3)] available as a lump sum:

- (1) Individual's cash balance account at retirement.
- (2) Actuarial equivalent of minimum accrued pension as of date of participation.
- (3) If eligible for early retirement as of December 31, 1990, 5% of past compensation payable in a lump sum amount. This amount is not available to certain highly compensated participants, McGraw participants, or to Conversion Systems participants.

For purposes of item (2), the actuarial adjustment is equal to 4% per year from age 65. For IU participants, the benefit under item (2) is unreduced at age 62, then reduced by 3.5% for the first two years before age 62, 6.5% for the next five years and actuarially prior to age 55.

Disability

Same as normal retirement benefit payable immediately.

Deferred Vested

The greater of the individual's cash balance account or the minimum accrued pension payable at age 65. If a participant has met the service requirements for early retirement at the date of termination, he may elect to receive his vested interest at age 50, reduced as described under early retirement benefit.

Death Benefit

Surviving spouse will receive at least the ERISA minimum death benefit payable immediately for active employees. Named beneficiary will receive any cash balance account in excess of surviving spouse's benefit.

Normal Form of Payment

The normal form of payment is single life annuity.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50%, 75%, or 100% of the reduced benefit to be continued to his beneficiary for her lifetime after his death.
- (2) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (3) Single lump sum payment.
- (4) Social Security leveling annuitant option.

Schedule SB Attachment (Form 5500) —2024 Plan Year Retirement Plan for Salaried Employees of International Mill Service, Inc.

EIN: 20-0221662 PN: 009

Optional methods of settlement described in (1) and (2) above are actuarially equivalent to the normal form of payment on a unisex basis based on the 1971 Group Annuity Mortality Table (0, -6) and an 8% interest rate. Lump sum payments and Social Security leveling annuitant options are actuarially equivalent to the normal form of payment on a unisex basis based on the IRC section 417(e) mortality table for the year of payment and segment interest rates in November of the preceding year.

Effective January 1, 2016, all optional methods of payments must be no less than the amount based on the above IRC section 417(e) actuarial equivalence definition.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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Schedule SB Attachment (Form 5500) –2024 Plan Year
 Retirement Plan for Salaried Employees of International Mill Service,
 Inc.

EIN: 20-0221662 PN: 009

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59										
60-64			1			4	2			
65-69					1	2	1			
70+										

N-11

Schedule SB Attachment (Form 5500) –2024 Plan Year
Retirement Plan for Salaried Employees of International Mill Service,
Inc.

EIN: 20-0221662 PN: 009

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,239,366	January 1, 2021	12	\$ 132,222
Shortfall	\$ 179,580	January 1, 2022	13	\$ 18,069
Shortfall	\$ 974,039	January 1, 2023	14	\$ 92,965
Shortfall	\$ (524,021)	January 1, 2024	15	\$ (47,676)

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Schedule SB Attachment (Form 5500) —2024 Plan Year

Retirement Plan for Salaried Employees of International Mill Service, Inc.

EIN: 20-0221662 PN: 009

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Schedule SB Attachment (Form 5500) —2024 Plan Year Retirement Plan for Salaried Employees of International Mill Service, Inc.

EIN: 20-0221662 PN: 009

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Retirement Plan for Salaried Employees of International Mill Service, Inc.

Plan: 009

EIN: 20-0221662

Supplemental Schedule

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
<u>U.S. government securities:</u>				
	Fannie Mae Bq4169	2.000% Due 11-01-50	\$ 31,879	\$ 28,904
	Fannie Mae Fm1000	3.000% Due 04-01-47	30,380	28,098
	Fannie Mae Ma2833	3.000% Due 12-01-46	7,355	6,724
	Fannie Mae Ma3238	3.500% Due 01-01-48	57,871	53,650
	Fannie Mae Ma3332	3.500% Due 04-01-48	8,537	7,992
	Fannie Mae Ma3864	2.500% Due 12-01-34	24,422	23,779
	Fannie Mae Ma4100	2.000% Due 08-01-50	38,762	35,143
	Fannie Mae Ma4179	2.000% Due 11-01-35	22,920	22,088
	Fannie Mae Ma4438	2.500% Due 10-01-51	81,051	74,010
	Fannie Mae Ma4564	3.000% Due 03-01-52	56,241	51,743
	Fannie Mae Ma4600	3.500% Due 05-01-52	11,856	11,151
	Fannie Mae Ma4626	4.000% Due 06-01-52	37,025	34,752
	Fannie Mae Ma4656	4.500% Due 07-01-52	32,201	31,741
	Fannie Mae Ma4785	5.000% Due 10-01-52	7,955	7,956
	Fannie Mae Ma5070	4.500% Due 07-01-53	13,182	13,000
	Fannie Mae Ma5089	4.000% Due 07-01-53	17,873	16,889
	FNMA Umps Lng 30	4.000% Due 08-01-52	28,673	27,875
	Freddie Mac Sd8321	4.000% Due 05-01-53	17,928	16,960
	Freddie Mac Sd8365	4.500% Due 10-01-53	37,368	35,650
	Government National Mortgage A 786266	2.500% Due 03-20-52	16,535	16,160
	Government National Mortgage A Ma1375	3.500% Due 10-20-43	25,639	25,181
	Government National Mortgage A Ma8427	4.500% Due 11-20-52	21,287	20,702
	Government National Mortgage A Ma8488	4.000% Due 12-20-52	8,564	8,269
	US Treasury Note/Bond	2.375% Due 02-15-42	101,209	90,517
	US Treasury Note/Bond	1.875% Due 02-15-32	58,080	57,232
	US Treasury Note/Bond	1.250% Due 05-15-50	34,755	28,514
	US Treasury Note/Bond	2.875% Due 05-15-28	100,267	100,337
			929,815	875,017
<u>Corporate debt instruments:</u>				
	Abbvie Inc	3.200% Due 11-21-29	7,407	7,428
	Ace Ina Holdings	3.150% Due 03-15-25	4,907	4,981
	Air Products & Chemicals	2.700% Due 05-15-40	2,280	2,136
	Alabama Power Co	3.700% Due 12-01-47	2,200	2,240
	Ally Financial Inc	5.750% Due 11-20-25	9,892	10,051
	America Movil Sab De Cv	6.375% Due 03-01-35	4,569	4,218
	American Express Co	2.550% Due 03-04-27	6,522	6,700
	Ameriprise Financial Inc	3.000% Due 04-02-25	14,571	14,942
	Amgen Inc	4.663% Due 06-15-51	2,825	2,507
	Anheuser-Busch Co/Inbev	4.900% Due 02-01-46	4,752	4,555
	Anthem Inc	2.550% Due 03-15-31	3,342	3,423
	Apple Inc	4.650% Due 02-23-46	5,173	4,556
	AT&T Inc	3.550% Due 09-15-55	5,408	4,711
	Atmos Energy Corp	4.150% Due 01-15-43	4,481	4,169
	Bank 2018-Bn15 A4	4.407% Due 11-15-61	25,030	24,412
	Bank Of America Corp	3.974% Due 02-07-30	18,950	19,165
	BP Cap Markets America	4.812% Due 02-13-33	1,980	1,939
	Bristol-Myers Squibb Co	4.250% Due 10-26-49	1,885	1,594
	British Telecom PLC	8.875% Due 12-15-30	7,544	7,263
	Brown & Brown Inc	2.375% Due 03-15-31	1,608	1,682
	Brown & Brown Inc	4.200% Due 03-17-32	6,525	6,460
	Bunge Ltd Finance Corp	2.750% Due 05-14-31	5,786	6,026
	Canadian Natl Resources	3.850% Due 06-01-27	2,868	2,936
	Canadian Natl Resources	2.050% Due 07-15-25	14,319	14,756
	Canadian Pacific Railway	7.125% Due 10-15-31	5,669	5,550
	Canadian Pacific Railway	2.900% Due 02-01-25	3,848	3,992
	Capital One Financial Co	3.200% Due 02-05-25	11,430	11,998
	Capital One Financial Co	3.750% Due 03-09-27	4,781	4,883

Continued...

Retirement Plan for Salaried Employees of
International Mill Service, Inc.

Plan: 009
EIN: 20-0221662

Supplemental Schedule
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
	Care Capital Properties	5.125% Due 08-15-26	9,803	9,992
	Carlisle Cos Inc	2.200% Due 03-01-32	3,991	4,058
	Charter Comm Opt LLC/Cap	2.800% Due 04-01-31	2,562	2,531
	Cheniere Energy Partners	4.500% Due 10-01-29	6,860	6,773
	Chubb Corporation	6.800% Due 11-15-31	2,218	2,199
	Citigroup Inc	4.412% Due 03-31-31	9,623	9,614
	Comcast Corp	4.650% Due 07-15-42	4,858	4,382
	Constellation Brands Inc	3.150% Due 08-01-29	5,411	5,528
	Csx Corp	6.220% Due 04-30-40	5,721	5,342
	CVS Health Corp	4.780% Due 03-25-38	2,865	2,598
	CVS Health Corp	5.250% Due 02-21-33	3,039	2,852
	Dell Int LLC / EMC Corp	4.900% Due 10-01-26	12,987	13,025
	Deutsche Telekom Int Fin	8.750% Due 06-15-30	7,450	6,953
	Devon Energy Corporation	5.600% Due 07-15-41	4,040	3,698
	Devon Energy Corporation	5.850% Due 12-15-25	4,018	4,028
	Digital Realty Trust LP	4.450% Due 07-15-28	6,850	6,865
	Dominion Resources Inc	3.900% Due 10-01-25	4,894	4,972
	DTE Energy Co	5.850% Due 06-01-34	4,044	4,105
	E.I. Du Pont De Nemours	2.300% Due 07-15-30	6,098	6,109
	Enbridge Inc	3.400% Due 08-01-51	2,251	2,006
	Enbridge Inc	2.500% Due 02-14-25	14,592	14,956
	Energy East Corp	6.750% Due 07-15-36	4,656	4,397
	Energy Transfer Operating	4.950% Due 06-15-28	5,937	5,991
	Enterprise Products Oper	4.850% Due 03-15-44	3,679	3,542
	Fedex 2020-1 Class Aa	1.875% Due 02-20-34	9,040	9,073
	Fiserv Inc	3.500% Due 07-01-29	7,308	7,506
	Ford Motor Company	3.250% Due 02-12-32	5,931	5,825
	France Telecom	8.500% Due 03-01-31	7,748	7,142
	General Motors Co	6.125% Due 10-01-25	6,195	6,043
	General Motors Finl Co	2.900% Due 02-26-25	9,514	9,966
	General Motors Finl Co	5.850% Due 04-06-30	4,978	5,107
	Gilead Sciences Inc	4.800% Due 04-01-44	2,889	2,657
	Goldman Sachs Group Inc	3.691% Due 06-05-28	11,403	11,617
	HCA Inc	5.500% Due 06-01-33	4,050	3,938
	Home Depot Inc	4.500% Due 12-06-48	3,907	3,414
	Howmet Aerospace Inc	4.850% Due 10-15-31	6,131	5,904
	Intel Corp	3.734% Due 12-08-47	4,260	3,322
	Intl Paper Co	6.000% Due 11-15-41	3,171	3,056
	JPMorgan Chase & Co	3.702% Due 05-06-30	8,425	8,525
	JPMorgan Chase & Co	2.580% Due 04-22-32	4,186	4,291
	JPMorgan Chase & Co	4.080% Due 04-26-26	9,950	9,974
	Kinder Morgan Inc	2.000% Due 02-15-31	3,200	3,348
	Lincoln National Corp	3.625% Due 12-12-26	10,707	10,771
	Lowe's Cos Inc	5.000% Due 04-15-33	5,134	4,926
	Martin Marietta Material	2.500% Due 03-15-30	5,105	5,310
	Marvell Technology Inc	2.950% Due 04-15-31	5,034	5,279
	Microchip Technology Inc	4.250% Due 09-01-25	5,907	5,976
	Microsoft Corp	2.921% Due 03-17-52	4,795	3,962
	MidAmerican Energy Holdings	6.125% Due 04-01-36	3,330	3,170
	Mohawk Industries Inc	3.625% Due 05-15-30	2,691	2,768
	Morgan Stanley	3.591% Due 07-22-28	14,432	15,427
	National Retail Prop Inc	2.500% Due 04-15-30	4,268	4,368
	National Rural Util Coop	2.400% Due 03-15-30	8,710	8,821
	Nisource Inc	5.350% Due 04-01-34	2,080	1,983
	Northrop Grumman Corp	4.030% Due 10-15-47	2,691	2,380
	Nucor Corp	2.700% Due 06-01-30	4,362	4,458
	Nutrien Ltd	2.950% Due 05-13-30	4,471	4,495
	Pfizer Investment Enter	5.110% Due 05-19-43	3,923	3,752
	PNC Financial Services	5.676% Due 01-22-35	7,034	7,084
	Principal Financial Group	3.700% Due 05-15-29	5,684	5,694

Retirement Plan for Salaried Employees of
International Mill Service, Inc.

Plan: 009
EIN: 20-0221662

Supplemental Schedule
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
	Progress Energy Inc	6.000% Due 12-01-39	7,450	7,132
	Prudential Financial Inc	4.600% Due 05-15-44	3,846	3,487
	Relx Capital Inc	3.000% Due 05-22-30	8,110	8,139
	Roper Technologies Inc	4.900% Due 10-15-34	4,993	4,807
	Roper Technologies Inc	2.950% Due 09-15-29	1,790	1,827
	Sabra Health Care Lp	3.200% Due 12-01-31	1,604	1,718
	Safehold GI Holdings Llc	5.650% Due 01-15-35	1,980	1,949
	Shell Finance US Inc	2.750% Due 04-06-30	3,605	3,609
	Shell International Fin	6.375% Due 12-15-38	7,040	6,530
	Southern Co Gas Capital	3.250% Due 06-15-26	7,669	7,835
	Southwest Airlines Co	5.125% Due 06-15-27	6,081	6,035
	Statoil Asa	5.100% Due 08-17-40	4,141	3,822
	Steel Dynamics Inc	5.375% Due 08-15-34	5,031	4,951
	Sysco Corporation	6.000% Due 01-17-34	3,278	3,135
	T-Mobile USA Inc	5.650% Due 01-15-53	2,970	2,910
	TCI Communications Inc	7.125% Due 02-15-28	5,405	5,344
	Telefonica Emisiones Sau	7.045% Due 06-20-36	4,506	4,391
	Toyota Motor Credit Corp	3.375% Due 04-01-30	3,766	3,706
	UDR Inc	3.000% Due 08-15-31	4,321	4,393
	Unitedhealth Group Inc	4.625% Due 11-15-41	2,001	1,748
	Valero Energy Corp	6.625% Due 06-15-37	4,375	4,203
	Ventas Realty LP	5.000% Due 01-15-35	3,986	3,823
	Verizon Communications	3.400% Due 03-22-41	5,725	5,275
	Virginia Elec & Power Co	4.650% Due 08-15-43	4,855	4,410
	Warnermedia Holdings Inc	4.279% Due 03-15-32	2,607	2,642
	Wells Fargo Commercial Mortgage 2019-C50 A5	3.729% Due 05-15-52	14,314	14,048
	Wells Fargo & Company	2.879% Due 10-30-30	3,540	3,587
	Wells Fargo & Company	5.557% Due 07-25-34	5,090	4,987
	Wrkco Inc	3.375% Due 09-15-27	4,755	4,811
			680,477	672,375
	<u>ETFs:</u>			
	iShares	Agency Bond ETF	28,857	28,933
	iShares	Core Intl Stock	151,663	143,590
	iShares	Core MSCI EAFE	143,572	133,321
	iShares	Core Msci	37,538	35,823
	iShares	Core U.S.	302,832	308,045
	iShares	MBS ETF	87,445	86,179
	iShares	US Treasury Bond	95,261	95,459
	Simplify	MBS ETF	73,096	70,510
	Vanguard	Growth ETF	205,333	362,419
	Vanguard	Small -Cap Gr	24,557	26,886
	Vanguard	Small Cap	20,052	25,565
	Vanguard	Total Corporate	129,761	129,237
	Vanguard	Value ETF	179,542	308,295
			1,479,509	1,754,262
	<u>Short-term investments:</u>			
	Wilmington Trust Company	Federated Government Obligations Fund IS (goix.x)	181,641	181,641
	Wilmington Trust Company	US Gov't MM Instl	463,754	463,754
			645,395	645,395
	<u>Limited partnership:</u>			
*	Mill Creek Capital Advisors	Enhanced Income Fund	809,720	1,167,065
	Total investments		\$ 4,544,916	\$ 5,114,114

* Indicates party-in-interest

Schedule SB Attachment (Form 5500) —2024 Plan Year
Retirement Plan for Salaried Employees of International Mill Service,
Inc.

EIN: 20-0221662 PN: 009

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,239,366	January 1, 2021	12	\$ 132,222
Shortfall	\$ 179,580	January 1, 2022	13	\$ 18,069
Shortfall	\$ 974,039	January 1, 2023	14	\$ 92,965
Shortfall	\$ (524,021)	January 1, 2024	15	\$ (47,676)