

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
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: OHIO ALUMINUM INDUSTRIES, INC. UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 11/01/1981
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 34-1052514
2c Plan Sponsor's telephone number: 216-641-8865
2d Business code (see instructions): 331310

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 rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |
|---|--|
| <p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>OHIO ALUMINUM INDUSTRIES, INC.</p> <p>4840 WARNER RD<br/>CLEVELAND, OH 44125-1119</p>   | <p><b>3b</b> Administrator's EIN<br/>34-1052514</p> <p><b>3c</b> Administrator's telephone number<br/>216-641-8865</p> |
| <p><b>4</b> 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><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p> | <p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>   |
| <p><b>5</b> Total number of participants at the beginning of the plan year</p>  | <p><b>5</b> 262</p>  |
| <p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p>  |  |
| <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p>  | <p><b>6a(1)</b> 120</p>  |
| <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p>  | <p><b>6a(2)</b> 137</p>  |
| <p><b>b</b> Retired or separated participants receiving benefits.....</p>   | <p><b>6b</b> 6</p>   |
| <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p>   | <p><b>6c</b> 55</p>  |
| <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p>   | <p><b>6d</b> 198</p>   |
| <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p>   | <p><b>6e</b> 2</p>   |
| <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p>  | <p><b>6f</b> 200</p>   |
| <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p>   | <p><b>6g(1)</b></p>  |
| <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p>   | <p><b>6g(2)</b></p>  |
| <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>  | <p><b>6h</b> 15</p>  |
| <p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>   | <p><b>7</b></p>  |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B

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

|  |  |
|--|--|
| <p><b>9a</b> 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><b>9b</b> Plan benefit 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> |
|--|--|

**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><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p> | <p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p> |
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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.

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>OHIO ALUMINUM INDUSTRIES, INC. UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN</u>                               | <b>B</b> Three-digit plan number (PN) ▶   | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>OHIO ALUMINUM INDUSTRIES, INC.</u>                         | <b>D</b> Employer Identification Number (EIN)<br><u>34-1052514</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

| <b>Part I</b> | <b>Basic Information</b>  |                            |                                |
|---------------|---|----------------------------|--------------------------------|
| <b>1</b>      | Enter the valuation date:   | Month <u>01</u>            | Day <u>01</u> Year <u>2024</u> |
| <b>2</b>      | Assets:   |                            |                                |
|               | <b>a</b> Market value .....   | <b>2a</b>                  | <u>11234522</u>                |
|               | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>11234522</u>                |
| <b>3</b>      | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target      |
|               | <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>77</u>                  | <u>4549328</u>                 |
|               | <b>b</b> For terminated vested participants .....   | <u>67</u>                  | <u>1520054</u>                 |
|               | <b>c</b> For active participants .....  | <u>120</u>                 | <u>4477609</u>                 |
|               | <b>d</b> Total .....  | <u>264</u>                 | <u>10546991</u>                |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                                |
|               | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                                |
|               | <b>b</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 ..... | <b>4b</b>                  |                                |
| <b>5</b>      | Effective interest rate .....   | <b>5</b>                   | <u>5.18 %</u>                  |
| <b>6</b>      | Target normal cost  |                            |                                |
|               | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>204644</u>                  |
|               | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>75791</u>                   |
|               | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>280435</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.

|  |  |
|--|--|
| <b>SIGN HERE</b>   |  |
| Signature of actuary   | <u>10/13/2025</u>                      |
| <u>DEBBIE P. SICHKO</u>  | Date                                   |
| Type or print name of actuary                                      | <u>23-07411</u>                        |
| <u>USI CONSULTING GROUP</u>  | Most recent enrollment number          |
| Firm name  | <u>216-875-1900</u>                    |
| <u>1001 LAKESIDE AVENUE<br/>SUITE 1200<br/>CLEVELAND, OH 44114</u> | Telephone number (including area code) |
| 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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 2107629                |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 476936                 |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 1630693                |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>12.97</u> % .....  | 0                     | 211501                 |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b>   | Present value of excess contributions (line 38a from prior year) .....   |                       | 0                      |
| <b>b(1)</b>  | 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>5.26</u> % ..... |                       | 0                      |
| <b>b(2)</b>  | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
| <b>c</b>   | Total available at beginning of current plan year to add to prefunding balance .....   |                       | 0                      |
| <b>d</b>   | Portion of (c) to be added to prefunding balance .....   |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 1842194                |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 87.74 %  |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 104.94 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 80.00 %  |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                |                              |                       |                                |                              |
|--|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| <b>18</b> 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 |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
| <b>Totals ▶</b>  |                                |                              | <b>18(b)</b>          | 0                              | <b>18(c)</b> 0               |

|  |  |   |         |
|--|--|---|---------|
| <b>19</b>  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |   |         |
| <b>a</b>   | Contributions allocated toward unpaid minimum required contributions from prior years .....                                | <b>19a</b> 0  |         |
| <b>b</b>   | Contributions made to avoid restrictions adjusted to valuation date .....  | <b>19b</b> 0  |         |
| <b>c</b>   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....             | <b>19c</b> 0  |         |
| <b>20</b>  | Quarterly contributions and liquidity shortfalls:  |   |         |
| <b>a</b>   | Did the plan have a "funding shortfall" for the prior year? .....  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>b</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 |         |
| <b>c</b>   | 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       |

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |                        |                        |   |
| <b>21</b> Discount rate:  |  |                        |                        |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %   | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                      |  |                        |                        | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....                                   |  |                        |                        | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

|   |   |  |  |           |
|---|---|--|--|-----------|
| <b>Part VI Miscellaneous Items</b>  |   |  |  |           |
| <b>24</b> 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 |  |  |           |
| <b>25</b> 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 |  |  |           |
| <b>26</b> Demographic and benefit information   |   |  |  |           |
| <b>a</b> 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>b</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 |  |  |           |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   |   |  |  | <b>27</b> |

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

|  |                     |                    |               |                   |
|--|---------------------|--------------------|---------------|-------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                   |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                   |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    |               | <b>31a</b> 280435 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 0      |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                   |
| <b>a</b> Net shortfall amortization installment .....  | 1312343             |                    | 130142        |                   |
| <b>b</b> Waiver amortization installment .....   | 0                   |                    | 0             |                   |
| <b>33</b> 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 ..... |                     |                    |               | <b>33</b>         |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    |               | <b>34</b> 410577  |
|  | Carryover balance   | Prefunding balance | Total balance |                   |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 410577             | 410577        |                   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    |               | <b>36</b> 0       |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    |               | <b>37</b> 0       |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |                   |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    |               | <b>38a</b> 0      |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  |                     |                    |               | <b>38b</b> 0      |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    |               | <b>39</b> 0       |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    |               | <b>40</b> 0       |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>  |  |  |  |  |
| <b>41</b> 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 |  |  |  |  |

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>OHIO ALUMINUM INDUSTRIES, INC. UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>OHIO ALUMINUM INDUSTRIES, INC.</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>34-1052514</b> |            |

**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

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

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

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

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

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

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

CHARLES SCHWAB BANK

211 MAIN STREET  
14TH FLOOR  
SAN FRANCISCO, CA 94105-1965

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21                     | NONE  | 83966  | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

|  |  |  |
|--|--|--|
| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|  |  |  |

|  |   |  |
|--|---|--|
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |

|  |  |  |
|--|--|--|
| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|  |  |  |

|  |   |  |
|--|---|--|
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |

|  |  |  |
|--|--|--|
| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|  |  |  |

|  |   |  |
|--|---|--|
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> 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.

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |  |                     |              |
|--------------------|--|---------------------|--------------|
| <b>a</b> Name:     | LAWRENCE E. SCHERER                                    | <b>b</b> EIN:       | 06-1053228   |
| <b>c</b> Position: | ENROLLED ACTUARY                                       |                     |              |
| <b>d</b> Address:  | 1001 LAKESIDE AVE<br>SUITE 1200<br>CLEVELAND, OH 44114 | <b>e</b> Telephone: | 216-875-1900 |

Explanation: THE ENROLLED ACTUARY ASSIGNMENT WAS CHANGED DUE TO THE DEPARTURE OF THE PRIOR ENROLLED ACTUARY.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>    |  |
| <b>A</b> Name of plan<br><b>OHIO ALUMINUM INDUSTRIES, INC. UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>OHIO ALUMINUM INDUSTRIES, INC.</b>      | <b>D</b> Employer Identification Number (EIN)<br><b>34-1052514</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---|-----------------|-----------------------|-----------------|
| <b>Assets</b>   |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       | 1126                  | 16259           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>    | 0                     | 68180           |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 2130228               | 101213          |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> | 0                     | 3401750         |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    | 0                     | 20032           |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 2831675               | 830840          |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....  | <b>1c(15)</b>   | 6271493               | 2428468         |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 11234522              | 6866742         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 11234522              | 6866742         |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 0          |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 325436     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 325436    |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 566833    |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 892269    |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 5175993 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 5175993 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:   |               |         |         |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  | 6993    |         |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 76973   |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....  | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....   | <b>2i(11)</b> | 90      |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 84056   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 5260049 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -4367780 |
| <b>l</b> Transfers of assets:   |              |  |          |
| (1) To this plan .....  | <b>2l(1)</b> |  |          |
| (2) From this plan .....  | <b>2l(2)</b> |  |          |

**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: **MALONEY AND NOVOTNY LLC**

(2) EIN: **34-0677006**

**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  |
|--|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> 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   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |         |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 540394.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>OHIO ALUMINUM INDUSTRIES, INC. UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>OHIO ALUMINUM INDUSTRIES, INC.</u>      | <b>D</b> Employer Identification Number (EIN)<br><u>34-1052514</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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): 13-2740599

**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 |  | 8 |
|---|--|---|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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:

|   |            |  |
|---|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....   | <b>14b</b> |  |
| <b>c</b> 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).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501783A.

**OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED  
BENEFIT PENSION PLAN**

**FINANCIAL REPORT**

**DECEMBER 31, 2024 and 2023**



OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

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## Independent Auditors' Report

Plan Administrator for the  
Ohio Aluminum Industries Inc.  
Union Employees Defined Benefit Pension Plan  
Cleveland, Ohio

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

We have performed audits of the financial statements of the Ohio Aluminum Industries Inc. Union Employees Defined Benefit Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("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 ("DOL") 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 DOL'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 7 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 Audits 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 ("GAAP").
- 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 to 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 Audits 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 GAAP, 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 within one year after the date that the financial statements are available to be 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 Audits 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 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 GAAP.

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 GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

### **Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the supplemental schedules of reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 the 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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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 to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Meloney + Novotny LLC*

Cleveland, Ohio  
October 7, 2025

OHIO ALUMINUM INDUSTRIES INC.  
 UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

| <u>ASSETS</u>                     | <u>2024</u>         | <u>2023</u>         |
|-----------------------------------|---------------------|---------------------|
| CASH                              | \$ 16,259           | \$ 1,126            |
| INVESTMENTS, AT FAIR VALUE        |                     |                     |
| Common stocks                     | 3,401,750           | -                   |
| Mutual funds                      | 830,840             | 2,831,675           |
| Unit investment trusts            | 2,408,008           | 6,271,493           |
| Real estate investment trust      | 20,460              | -                   |
| Limited partnership               | 20,032              | -                   |
| Money market fund                 | <u>101,213</u>      | <u>2,130,228</u>    |
| Total investments, at fair value  | 6,782,303           | 11,233,396          |
| RECEIVABLES - OTHER               | <u>68,180</u>       | <u>-</u>            |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 6,866,742</u> | <u>\$11,234,522</u> |

The accompanying notes are an integral part of these financial statements.

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

---

|   | <u>2024</u>         | <u>2023</u>         |
|---|---------------------|---------------------|
| ADDITIONS                                     |                     |                     |
| Interest and dividends                        | \$ 325,436          | \$ 301,010          |
| Net appreciation in fair value of investments | <u>566,833</u>      | <u>858,118</u>      |
| Total additions                               | 892,269             | 1,159,128           |
| DEDUCTIONS                                    |                     |                     |
| Benefits paid directly to participants        | 511,850             | 435,695             |
| Group annuity purchase premium                | 4,664,143           | -                   |
| Administrative expenses                       | <u>84,056</u>       | <u>75,791</u>       |
| Total deductions                              | <u>5,260,049</u>    | <u>511,486</u>      |
| NET (DECREASE) INCREASE                       | (4,367,780)         | 647,642             |
| NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING | <u>11,234,522</u>   | <u>10,586,880</u>   |
| NET ASSETS AVAILABLE FOR BENEFITS – ENDING    | <u>\$ 6,866,742</u> | <u>\$11,234,522</u> |

The accompanying notes are an integral part of these financial statements.

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

**Note 1. Significant Accounting Policies**

Basis of Accounting:

The Ohio Aluminum Industries Inc. Union Employees Defined Benefit Pension Plan (the "Plan") uses the accrual basis of accounting. Benefit payments to participants are recorded upon distribution.

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 Plan's management determines the Plan's valuation policies utilizing information provided by its investment advisers and Charles Schwab Trust Bank (the "Trustee"). See Note 8 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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service which 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. The accumulated plan benefits for active employees are based on the credited service as of the date the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Administrative Expenses:

Fees of the Plan are paid by Ohio Aluminum Industries, Inc. (the "Company") or the Plan at the discretion of the Company. Fees may be offset with funds made available by the Trustee from fees it receives from investment fund managers.

Use of Estimates:

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

Subsequent Events:

The Plan has evaluated subsequent events through October 7, 2025, the date the financial statements were available to be issued.

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 2. Description of the Plan**

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a defined benefit pension plan covering the employees of the Company which are covered by the Collective Bargaining Agreement between the Company and The United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO & CLC on behalf of its Local 45B-17. The Plan was formed on November 1, 1981. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Benefits:

Participants with five or more years of credited service are eligible to receive monthly benefit payments beginning at normal retirement age of 65, or may receive early retirement pension benefits at age 55 provided that ten years of credited service has been attained. Participants may elect to receive their benefits as a straight life annuity equal to a monthly benefit amount as follows (or the monthly benefit amount in effect for retirees prior to this date):

|                             |         |
|-----------------------------|---------|
| Effective November 14, 2024 | \$37.96 |
| Effective November 14, 2025 | 39.48   |
| Effective November 14, 2026 | 41.06   |
| Effective November 14, 2027 | 42.70   |
| Effective November 14, 2028 | 44.41   |

The applicable benefit amount is multiplied by the number of years of benefit service (with the accrued benefit reduced by .5% for each month by which early retirement precedes normal retirement) or the participant may elect a contingent annuitant option at a reduced amount. Generally, participants who remain in employment after attaining normal retirement age are not entitled to receive payments of their retirement income until they actually retire; however, participants will receive credit for the service rendered after normal retirement age. The Plan also provides for the payment of benefits upon death and disability.

Death and Disability Benefits:

If a vested participant dies before the date on which his or her retirement income is to begin, the surviving spouse is entitled to the surviving spouse pension for the spouse's remaining lifetime, beginning on the later of the date of death or the participant's early retirement date. Active participants who have not attained age 65, who have ten years of credited service, and who become totally disabled receive a temporary benefit equal to \$60 per month until the participant reaches age 65.

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 3. Actuarial Present Value of Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits was determined by an independent actuary 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 significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were (a) life expectancy of participants based on the Pri-2012 Blue Collar Mortality by participant status, projected with Scale MP-2021; (b) retirement age of 65; and (c) a discount rate used to value plan benefits of 6.50%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. In addition, the group annuity purchase as described in Note 10 is not reflected in the measurement of accumulated plan benefits as of January 1, 2024.

The accumulated plan benefit information as of January 1, 2024 is as follows:

|   |                           |
|---|---------------------------|
| Actuarial present value of accumulated plan benefits: |                           |
| Vested benefits:                                      |                           |
| Participants currently receiving payments             | \$3,995,398               |
| Other participants                                    | <u>5,066,832</u>          |
|   | 9,062,230                 |
| Nonvested benefits                                    | <u>126,207</u>            |
| Total accumulated plan benefits                       | <u><u>\$9,188,437</u></u> |

The change in accumulated plan benefits from January 1, 2023 to January 1, 2024 is as follows:

|  |                           |
|--|---------------------------|
| Actuarial present value of accumulated plan benefits – January 1, 2023 | \$8,964,371               |
| Increase (decrease) during the period attributable to:                 |                           |
| Benefits accumulated   | \$ 91,014                 |
| Interest   | 568,747                   |
| Benefits paid  | <u>(435,695)</u>          |
| Net increase   | <u>224,066</u>            |
| Actuarial present value of accumulated plan benefits – January 1, 2024 | <u><u>\$9,188,437</u></u> |

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 4. Funding Policy**

The Company's funding policy is to make annual contributions which are designed to fund, at a minimum, the Plan's current service costs on a current basis. For the plan years ended December 31, 2024 and 2023, there were no Company contributions made to the Plan. No contributions are made by participants. The Plan was in compliance with the minimum funding requirements of ERISA for the plan years ended December 31, 2024 and 2023.

**Note 5. Plan Termination**

Although the Company has not expressed any intent to terminate the pension plan agreement, it may do so at any time subject to agreement between the Company and the union representing the employees covered by the Plan. In the event of a complete termination of the Plan, the assets then remaining in the pension fund, after providing for expenses of administration, shall be allocated, to the extent that they shall be sufficient, for the purpose of funding the accrued benefits to the date of termination of the Plan of all pensioners, participants, vested former participants, and beneficiaries in the manner and order of precedence required under the terms of Section 4044 of ERISA, and any funds remaining in the pension fund after funding in full all of said accrued benefits shall revert to the Company. In the event of a partial termination of the Plan, the portion of the assets of the pension fund relating to the terminated portion of the Plan shall be allocated as aforesaid for the purpose of funding the accrued benefits of pensioners, participants, vested former participants, and beneficiaries whose benefit rights are affected by such partial termination.

Whether a particular participant's accumulated plan benefits will be paid depends on the priority of those benefits, the sufficiency of Plan assets at that time to provide for accumulated benefit obligations, the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time, and may also depend on the financial condition of the Plan sponsor or the PBGC at that time. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. The PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations.

**Note 6. Income Tax Status**

The Plan has adopted an approved volume submitter plan document. This plan document has obtained an opinion letter dated March 30, 2018 from the Internal Revenue Service ("IRS") in which the IRS stated that the document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since adopting the volume submitter plan document, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 7. Unaudited Information**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the plan administrator received a certification from Charles Schwab Trust Bank acknowledging the completeness and accuracy of all investments reflected in the statements of net assets available for benefits at December 31, 2024 and 2023, the supplemental schedules at December 31, 2024 and for the year then ended, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

**Note 8. Fair Value Measurements**

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

Level 1 – Quoted market prices in active markets for identical assets and liabilities

Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data

Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodology used for plan assets measured at fair value:

- The fair values of common stocks, mutual funds, unit investment trusts, the real estate investment trust, the publicly traded limited partnership, and the money market fund are determined based on their quoted closing market prices in active markets for identical investments, and are classified as Level 1.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. There have been no changes in the methodology used from 2023 to 2024. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 8. Fair Value Measurements (Continued)**

The following tables set forth by level the Plan's assets at fair value as of December 31, 2024 and 2023:

**Assets at Fair Value as of December 31, 2024**

|                              | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|------------------------------|---------------------|----------------|----------------|---------------------|
| Common stocks                | \$ 3,401,750        | \$ -           | \$ -           | \$ 3,401,750        |
| Mutual funds                 | 830,840             | -              | -              | 830,840             |
| Unit investment trusts       | 2,408,008           | -              | -              | 2,408,008           |
| Real estate investment trust | 20,460              | -              | -              | 20,460              |
| Limited partnership          | 20,032              | -              | -              | 20,032              |
| Money market fund            | <u>101,213</u>      | <u>-</u>       | <u>-</u>       | <u>101,213</u>      |
| Total                        | <u>\$ 6,782,303</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 6,782,303</u> |

**Assets at Fair Value as of December 31, 2023**

|                        | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|------------------------|---------------------|----------------|----------------|---------------------|
| Mutual funds           | \$ 2,831,675        | \$ -           | \$ -           | \$ 2,831,675        |
| Unit investment trusts | 6,271,493           | -              | -              | 6,271,493           |
| Money market fund      | <u>2,130,228</u>    | <u>-</u>       | <u>-</u>       | <u>2,130,228</u>    |
| Total                  | <u>\$11,233,396</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$11,233,396</u> |

**Note 9. Party-in-Interest Transactions**

The Plan invests in a unit investment trust and a money market fund managed by an affiliate of the Trustee. Fees were paid to the Trustee for administrative services during 2024 and 2023. These transactions qualify as party-in-interest.

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 10. Group Annuity Contract**

In 2024, the Plan purchased an allocated group annuity contract from Western-Southern Life Assurance Company for \$4,732,323 to settle obligations for 76 retirees. The contract transferred all risks to the insurer, and no assets or liabilities remain in the Plan for these participants. During a final reconciliation of the contract in 2025, the premium was reduced to \$4,664,143, resulting in an overpayment of \$68,180 for which the Plan was reimbursed in 2025. The overpayment is recorded as a receivable by the Plan as of December 31, 2024.

**Note 11. Risks and Uncertainties**

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2024 Valuation  
Ohio Aluminum Industries, Inc. Union Employees' Defined Benefit Pension Plan  
(EIN: 34-1052514; PN: 001)

| Attained Age | Years of Credited Service |           |          |          |          |          |          |          |          |          |
|--------------|---------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
|              | Under 1                   | 1 to 4    | 5 to 9   | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up  |
| Under 25     | 2<br>(*)                  | 3<br>(*)  | -        | -        | -        | -        | -        | -        | -        | -        |
| 25 to 29     | 1<br>(*)                  | 6<br>(*)  | 2<br>(*) | 1<br>(*) | -        | -        | -        | -        | -        | -        |
| 30 to 34     | 3<br>(*)                  | 11<br>(*) | 1<br>(*) | 5<br>(*) | -        | -        | -        | -        | -        | -        |
| 35 to 39     | 6<br>(*)                  | 6<br>(*)  | -        | 5<br>(*) | -        | -        | -        | -        | -        | -        |
| 40 to 44     | -                         | 7<br>(*)  | 2<br>(*) | 1<br>(*) | -        | -        | -        | -        | -        | -        |
| 45 to 49     | 1<br>(*)                  | 4<br>(*)  | 4<br>(*) | 1<br>(*) | -        | -        | -        | -        | -        | -        |
| 50 to 54     | 1<br>(*)                  | 5<br>(*)  | 3<br>(*) | -        | -        | 1<br>(*) | -        | -        | -        | -        |
| 55 to 59     | -                         | 1<br>(*)  | 2<br>(*) | 1<br>(*) | 1<br>(*) | 2<br>(*) | 1<br>(*) | 1<br>(*) | 2<br>(*) | -        |
| 60 to 64     | 1<br>(*)                  | 2<br>(*)  | 2<br>(*) | 1<br>(*) | -        | 4<br>(*) | 1<br>(*) | -        | 4<br>(*) | 3<br>(*) |
| 65 to 69     | -                         | 1<br>(*)  | 1<br>(*) | 2<br>(*) | 1<br>(*) | 1<br>(*) | -        | -        | 1<br>(*) | -        |
| 70 & up      | -                         | -         | -        | -        | -        | -        | -        | -        | 2<br>(*) | -        |

\* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

## Appendix B

### Statement of Actuarial Assumptions and Methods

|   |  |
|---|--|
| <b>Minimum Funding Annual Interest Rates</b>    | 24-month segment rates averaged through the end of December 2023 and published in January 2024 (as prescribed by IRC 430) and adjusted to reflect ARPA: <ul style="list-style-type: none"><li>• Segment 1 (0 – 5 years) 4.75%</li><li>• Segment 2 (5 to 20 years) 4.96%</li><li>• Segment 3 (more than 20 years) 5.59%</li><li>• Effective Interest Rate 5.18%</li></ul> |
| <b>Maximum Deductible Annual Interest Rates</b> | 24-month segment rates averaged through the end of December 2023 and published in January 2024 (as prescribed by IRC 430) as follows: <ul style="list-style-type: none"><li>• Segment 1 (0 – 5 years) 4.37%</li><li>• Segment 2 (5 to 20 years) 4.96%</li><li>• Segment 3 (more than 20 years) 4.95%</li><li>• Effective Interest Rate 4.92%</li></ul>                   |
| <b>PBGC Annual Interest Rates</b>               | Spot segment rates as of December 2023 published in January 2024 using the Standard Method as follows: <ul style="list-style-type: none"><li>• Segment 1 (0 – 5 years) 5.01%</li><li>• Segment 2 (5 to 20 years) 5.13%</li><li>• Segment 3 (more than 20 years) 5.15%</li><li>• Effective Interest Rate 5.13%</li></ul>  |
| <b>Salary Scale</b>                             | None   |
| <b>Mortality</b>                                | Funding: IRS Small Plan combined Mortality Tables for 2024 based on Pri-2012 Tables and projected with adjusted Scale MP-2021 (as prescribed by IRC 430).  |
| <b>Rates of Retirement</b>                      | 100% at age 65.  |

## Appendix B (Continued)

| <b>Rates of Turnover</b>                            | Based on Crocker T-5 termination rates:  |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
|---|--|--------|------|----|-------|----|------|----|------|----|------|----|------|----|------|----|------|-----|------|
|   | <table><thead><tr><th>Age(s)</th><th>Rate</th></tr></thead><tbody><tr><td>25</td><td>7.72%</td></tr><tr><td>35</td><td>6.28</td></tr><tr><td>40</td><td>5.15</td></tr><tr><td>45</td><td>3.98</td></tr><tr><td>50</td><td>2.56</td></tr><tr><td>55</td><td>0.94</td></tr><tr><td>60</td><td>0.09</td></tr><tr><td>65+</td><td>0.00</td></tr></tbody></table> | Age(s) | Rate | 25 | 7.72% | 35 | 6.28 | 40 | 5.15 | 45 | 3.98 | 50 | 2.56 | 55 | 0.94 | 60 | 0.09 | 65+ | 0.00 |
| Age(s)  | Rate   |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| 25  | 7.72%  |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| 35  | 6.28   |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| 40  | 5.15   |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| 45  | 3.98   |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| 50  | 2.56   |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| 55  | 0.94   |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| 60  | 0.09   |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| 65+   | 0.00   |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| <b>Rates of Disability</b>                          | None.  |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| <b>Assumptions Made In Valuing Spouse's Benefit</b> | All employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.  |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| <b>Optional Form Selection</b>                      | 100% of employees are assumed to elect the life annuity form of benefit.   |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| <b>Provision for Expenses</b>                       | The expected non-investment related expenses expected to be paid from plan assets for the upcoming year were included in the Target Normal Cost for Minimum Required Contribution purposes.  |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| <b>Standing Elections</b>                           | The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.   |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |
| <b>Asset Method</b>                                 | Market Value of Assets plus, any discounted contributions for prior plan years that will be made in this plan year.  |        |      |    |       |    |      |    |      |    |      |    |      |    |      |    |      |     |      |

## Appendix B (Continued)

### Funding Method

Pure Unit Credit

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

### Employees Valued

Only participants as of January, 1 2024, were valued.

### Changes in Assumptions and Methods since the Last Actuarial Valuation

The interest rates used for determining the funding target were 4.75%, 5.00% and 5.74%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

### Justification for Changes in Actuarial Assumptions

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any “Change in Actuarial Assumptions.”

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

EMPLOYER NO. 34-1052514  
PLAN NO. 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2024

INDIVIDUAL SECURITY TRANSACTIONS IN EXCESS OF 5%  
OF THE CURRENT VALUE OF PLAN ASSETS  
AT THE BEGINNING OF THE YEAR

|  |              |
|--|--------------|
| Total Current Value of Plan                    |              |
| Assets - January 1, 2024.....                  | \$11,234,522 |
| 5% of Total Current Value of Plan Assets ..... | \$561,726    |

| Identity of<br>(a) Party  | (b) Description of Asset                     | Purchase<br>(c) Price | Selling<br>(d) Price | Lease<br>(e) Rental | Expenses<br>Incurred<br>With<br>(f) Transaction | Cost of<br>(g) Asset | Current<br>Value of<br>Assets on<br>Transaction<br>(h) Date | Net<br>Gain or<br>(i) Loss |
|---------------------------|--|-----------------------|----------------------|---------------------|---|----------------------|---|----------------------------|
| Charles Schwab Trust Bank | ALPS<br>ALPS/Smith Core Plus Bond ETF        | N/A                   | \$ 727,040           | N/A                 | \$ 25   | \$ 728,189           | \$ 727,040  | \$ (1,174)                 |
| Charles Schwab Trust Bank | Invesco<br>Invesco S&P 500 Equal Weight ETF  | \$ 665,411            | N/A                  | N/A                 | -   | N/A                  | 665,411   | N/A                        |
| Charles Schwab Trust Bank | Schwab Funds<br>Schwab Government Money Fund | 1,522,626             | N/A                  | N/A                 | -   | N/A                  | 1,522,626   | N/A                        |
| Charles Schwab Trust Bank | Schwab Funds<br>Schwab Government Money Fund | N/A                   | 1,500,000            | N/A                 | -   | 1,500,000            | 1,500,000   | -                          |
| Charles Schwab Trust Bank | Schwab Funds<br>Schwab Government Money Fund | 4,637,989             | N/A                  | N/A                 | -   | N/A                  | 4,637,989   | N/A                        |
| Charles Schwab Trust Bank | Schwab Funds<br>Schwab Government Money Fund | N/A                   | 4,732,323            | N/A                 | -   | 4,732,323            | 4,732,323   | -                          |
| Charles Schwab Trust Bank | Schwab Funds<br>Schwab Government Money Fund | N/A                   | 1,505,993            | N/A                 | -   | 1,505,993            | 1,505,993   | -                          |

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

EMPLOYER NO. 34-1052514  
PLAN NO. 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2024

SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5%  
OF THE CURRENT VALUE OF PLAN ASSETS  
AT THE BEGINNING OF THE YEAR

|   |              |
|---|--------------|
| Total Current Value of Plan                       |              |
| Assets - January 1, 2024.....                     | \$11,234,522 |
| 5% of Total Current Value of<br>Plan Assets ..... | \$561,726    |

| Identity of<br>(a) Party  | (b) Description of Asset   | Purchase<br>(c) Price | Selling<br>(d) Price | Lease<br>(e) Rental | Expenses<br>Incurred<br>With<br>(f) Transaction | Cost of<br>(g) Asset | Current<br>Value of<br>Assets on<br>Transaction<br>(h) Date | Net<br>Gain or<br>(i) Loss |
|---------------------------|--|-----------------------|----------------------|---------------------|---|----------------------|---|----------------------------|
| Charles Schwab Trust Bank | Schwab Funds<br>Schwab Government Money Fund                       | \$ 1,382,938<br>N/A   | N/A<br>\$ 1,834,252  | N/A<br>N/A          | \$ -<br>-                                       | N/A<br>\$ 1,834,252  | \$ 1,382,938<br>1,834,252                                   | N/A<br>\$ -                |
| Charles Schwab Trust Bank | iShares<br>iShares Aaa - A Rated Corporate<br>Bond ETF             | N/A                   | 704,732              | N/A                 | 8   | 670,023              | 704,732   | 34,701                     |
| Charles Schwab Trust Bank | iShares<br>iShares Core S&P 500 ETF                                | 67,876<br>N/A         | N/A<br>563,956       | N/A<br>N/A          | -<br>16   | N/A<br>291,611       | 67,876<br>563,956   | N/A<br>272,329             |
| Charles Schwab Trust Bank | Schwab Funds<br>U.S. Dividend Equity ETF                           | 104,162<br>N/A        | N/A<br>632,753       | N/A<br>N/A          | -<br>21   | N/A<br>383,069       | 104,162<br>632,753  | N/A<br>249,663             |
| Charles Schwab Trust Bank | Vanguard<br>Vanguard Mega Cap Growth Index<br>Fund ETF Shares      | 34,220<br>N/A         | N/A<br>704,411       | N/A<br>N/A          | -<br>12   | N/A<br>338,334       | 34,220<br>704,411   | N/A<br>366,065             |
| Charles Schwab Trust Bank | Fidelity<br>Fidelity Enhanced Mid Cap ETF                          | 355,046<br>N/A        | N/A<br>257,275       | N/A<br>N/A          | -<br>8  | N/A<br>221,495       | 355,046<br>257,275  | N/A<br>35,772              |
| Charles Schwab Trust Bank | Fidelity<br>Fidelity Small Mid Multifactor ETF                     | 330,751<br>N/A        | N/A<br>243,502       | N/A<br>N/A          | -<br>8  | N/A<br>207,954       | 330,751<br>243,502  | N/A<br>35,540              |
| Charles Schwab Trust Bank | Invesco<br>Invesco S&P 500 Equal Weight ETF                        | 64,910<br>N/A         | N/A<br>533,562       | N/A<br>N/A          | -<br>15   | N/A<br>457,595       | 64,910<br>533,562   | N/A<br>75,952              |
| Charles Schwab Trust Bank | Manning & Napier<br>Manning & Napier High Yield Bond I             | 394,247<br>N/A        | N/A<br>273,988       | N/A<br>N/A          | 24<br>48  | N/A<br>267,389       | 394,247<br>273,988  | N/A<br>6,551               |
| Charles Schwab Trust Bank | Pacer ETFS<br>Developed Markets International<br>Cash Cows 100 ETF | 453,634<br>N/A        | N/A<br>346,553       | N/A<br>N/A          | -<br>12   | N/A<br>355,076       | 453,634<br>346,553  | N/A<br>(8,535)             |

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

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

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

|   |  |   |     |
|---|--|---|-----|
| <b>A</b> Name of plan<br>OHIO ALUMINUM INDUSTRIES, INC. UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN                                      |  | <b>B</b> Three-digit plan number (PN) ▶   | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Ohio Aluminum Industries, Inc.                                |  | <b>D</b> Employer Identification Number (EIN)<br>34-1052514   |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> 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**

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>   |                            |                           |                          |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | 11,234,522                |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | 11,234,522                |                          |
| <b>3</b> Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | 77                         | 4,549,328                 | 4,549,328                |
| <b>b</b> For terminated vested participants .....   | 67                         | 1,520,054                 | 1,520,054                |
| <b>c</b> For active participants .....  | 120                        | 4,477,609                 | 4,635,289                |
| <b>d</b> Total .....  | 264                        | 10,546,991                | 10,704,671               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>   |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   | 5.18%                     |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 204,644                   |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 75,791                    |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | 280,435                   |                          |

**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.

|   |                               |  |
|---|-------------------------------|--|
| <b>SIGN HERE</b>  | <u>Debbie Sichko DPS</u>      | <u>10/13/2025</u>                      |
|   | Signature of actuary          | Date                                   |
| <u>Debbie P. Sichko</u>   |                               | <u>2307411</u>                         |
|   | Type or print name of actuary | Most recent enrollment number          |
| <u>USI Consulting Group</u>                                       |                               | <u>216-875-1900</u>                    |
|   | Firm name                     | Telephone number (including area code) |
| <u>1001 Lakeside Avenue<br/>Suite 1200<br/>Cleveland OH 44114</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

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

**Schedule SB (Form 5500) 2024  
v. 240311**

| <b>Part II</b>  | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|---|--|------------------------|
|   | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0  | 2,107,629              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0  | 476,936                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....   | 0  | 1,630,693              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>12.97%</u> .....  | 0  | 211,501                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:  |  |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....   |  | 0                      |
| <b>b(1)</b> 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>5.26%</u> ..... |  | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....  |  | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....   |  | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....   |  | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....   | 0  | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....  | 0  | 1,842,194              |

| <b>Part III</b>  | <b>Funding Percentages</b> |         |
|--|----------------------------|---------|
| <b>14</b> Funding target attainment percentage .....   | <b>14</b>                  | 87.74%  |
| <b>15</b> Adjusted funding target attainment percentage .....  | <b>15</b>                  | 104.94% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 80.00%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b>                  | %       |

| <b>Part IV</b>   | <b>Contributions and Liquidity Shortfalls</b> |                                 |                          |                                   |                                 |   |
|--|---|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |   |                                 |                          |                                   |                                 |   |
| (a) Date<br>(MM-DD-YYYY)   | (b) Amount paid by<br>employer(s)             | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
|  |   |                                 |                          |                                   |                                 |   |
| <b>Totals ▶</b>  |   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    | 0 |

|  |            |   |         |  |  |
|--|------------|---|---------|--|--|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |            |   |         |  |  |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | <b>19a</b> | 0   |         |  |  |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....   | <b>19b</b> | 0   |         |  |  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> | 0   |         |  |  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:  |            |   |         |  |  |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....   |            |   |         |  |  |
|  |            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |  |  |
| <b>b</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 |         |  |  |
| <b>c</b> 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:<br>4.75 % | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59% | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|-----------------------|---|

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 65

**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** 280,435

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

|   | Outstanding Balance | Installment |
|---|---------------------|-------------|
| <b>a</b> Net shortfall amortization installment ..... | 1,312,343           | 130,142     |
| <b>b</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** 410,577

|  | Carryover balance | Prefunding balance | Total balance |
|--|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 410,577            | 410,577       |

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB, line 22 – Description of Weighted Average Retirement Age  
Ohio Aluminum Industries, Inc. Union Employees' Defined Benefit Pension Plan  
January 1, 2024 Valuation  
EIN/PN: 34-1052514/ 001

Rates of Retirement      100% at age 65.

## Appendix A

### Summary of Principal Plan Provisions

| Plan Sponsor                             | Ohio Aluminum Industries, Inc.   |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
|--|--|--|--|------------------------|-------------------------|---------|--------------------------------|-------------|----------------------------------|-------------|------------------------------------|-------------|-------------------------|---------|----------------------|---------|
| EIN/PN                                   | 34-1052514/001   |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| Effective Date                           | November 1, 1981. Amended and restated effective January 1, 2020. New pension multiplier effective November 14, 2021.  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| Plan Year                                | The 12-month period beginning each January 1.  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| Participation                            | An employee becomes eligible to accrue benefits upon completion of one Hours of Service in a twelve-month period commencing on the Employment Commencement Date. Plan only includes employees of the Glass, Molders, Pottery, Plastics & Allied Workers International Union Local 45B.   |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| Vesting Service                          | One year of Vesting Service is earned for each plan year in which 1,000 hours are worked.  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| Vesting                                  | 100% vested upon earning five Years of Vesting Service   |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| Benefit Service                          | <p>Prior to January 1, 2012:</p> <table border="0" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: left;"><u>Hours of Service in a Plan Year</u></th> <th style="text-align: left;"><u>Benefit Service</u></th> </tr> </thead> <tbody> <tr> <td>Less than 375</td> <td>None</td> </tr> <tr> <td>At least 375 but less than 749</td> <td>¼ of a Year</td> </tr> <tr> <td>At least 750 but less than 1,124</td> <td>½ of a Year</td> </tr> <tr> <td>At least 1,125 but less than 1,499</td> <td>¾ of a Year</td> </tr> <tr> <td>At least 1,500</td> <td>1 Year</td> </tr> </tbody> </table> <p>Beginning January 1, 2012<br/>                     One year of Benefit Service is earned for each plan year in which 1,000 hours are worked.</p>                          |  | <u>Hours of Service in a Plan Year</u>   | <u>Benefit Service</u> | Less than 375           | None    | At least 375 but less than 749 | ¼ of a Year | At least 750 but less than 1,124 | ½ of a Year | At least 1,125 but less than 1,499 | ¾ of a Year | At least 1,500          | 1 Year  |                      |         |
| <u>Hours of Service in a Plan Year</u>   | <u>Benefit Service</u>   |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| Less than 375                            | None   |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| At least 375 but less than 749           | ¼ of a Year  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| At least 750 but less than 1,124         | ½ of a Year  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| At least 1,125 but less than 1,499       | ¾ of a Year  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| At least 1,500                           | 1 Year   |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| Accrued Benefit                          | <p>A monthly benefit equal to the participant’s years of benefit service, multiplied by the rates in effect at termination or retirement in the following table:</p> <table border="0" style="margin-left: 40px;"> <thead> <tr> <th style="text-align: left;"><u>Date of Termination or Retirement</u></th> <th style="text-align: left;"><u>Benefit Unit</u></th> </tr> </thead> <tbody> <tr> <td>11/14/2012 – 11/13/2013</td> <td>\$28.42</td> </tr> <tr> <td>11/14/2013 – 11/13/2014</td> <td>\$29.16</td> </tr> <tr> <td>11/14/2014 – 11/13/2015</td> <td>\$29.92</td> </tr> <tr> <td>11/14/2015 – 11/13/2016</td> <td>\$30.70</td> </tr> <tr> <td>11/14/2016 – 11/13/2021</td> <td>\$32.85</td> </tr> <tr> <td>11/14/2021 – Present</td> <td>\$36.50</td> </tr> </tbody> </table> |  | <u>Date of Termination or Retirement</u> | <u>Benefit Unit</u>    | 11/14/2012 – 11/13/2013 | \$28.42 | 11/14/2013 – 11/13/2014        | \$29.16     | 11/14/2014 – 11/13/2015          | \$29.92     | 11/14/2015 – 11/13/2016            | \$30.70     | 11/14/2016 – 11/13/2021 | \$32.85 | 11/14/2021 – Present | \$36.50 |
| <u>Date of Termination or Retirement</u> | <u>Benefit Unit</u>  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| 11/14/2012 – 11/13/2013                  | \$28.42  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| 11/14/2013 – 11/13/2014                  | \$29.16  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| 11/14/2014 – 11/13/2015                  | \$29.92  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| 11/14/2015 – 11/13/2016                  | \$30.70  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| 11/14/2016 – 11/13/2021                  | \$32.85  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |
| 11/14/2021 – Present                     | \$36.50  |  |  |                        |                         |         |                                |             |                                  |             |                                    |             |                         |         |                      |         |

## Appendix A (Continued)

### Normal Retirement Benefit

Eligibility:

Upon attainment of age 65 and completion of five Years of Service.

Monthly Benefit:

The Accrued Benefit.

### Early Retirement Benefit

Eligibility:

Upon attainment of age 55 and completion of 10 Years of Service.

Monthly Benefit:

The Accrued Benefit reduced by 6% for each year the Early Retirement Date precedes the Normal Retirement Date for each of the first 10 years.

### Termination Benefit

Eligibility:

100% vested upon termination of employment.

Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

### Death Benefit

Eligibility:

Married at the time of death.

Monthly Benefit:

If the death occurred after attaining the earliest Early Retirement Date the benefit payable to the spouse is the benefit that would have been payable to the spouse had the participant retired on the day before the date of death and elected a 50% Joint and Survivor annuity and then died.

If the death occurred prior to attaining the Earliest Retirement Date the Qualified Joint and Survivor Annuity benefit that would have been payable to the surviving spouse if the participant had separated from service on the date of death, survived to the earliest retirement age and died on the day after the earliest retirement age.

## Appendix A (Continued)

### Disability Benefit

#### Eligibility:

The Plan Administrator will determine if a Participant is Disabled.

#### Monthly Benefit:

A benefit commencing the first day of the month following the date the Plan Administrator determines a Participant is Disabled in the amount of \$60 per month until the Participant reaches age 65.

### Optional Forms

Single Life Annuity – This form provides monthly payments during the participant's lifetime.

Joint & Survivor 50%, 66 2/3%, 75% and 100% Annuity – This form provides reduced monthly payments during the participant's lifetime with monthly payments to the surviving spouse after the participant's death equal to 50%, 66 2/3%, 75% and 100%, respectively, of the amount paid during the participant's lifetime. The payments are the Actuarial Equivalent value of the Life Annuity Form of Benefit.

All optional forms of benefit are actuarially equivalent to the life annuity form of payment and are determined using the UP-1984 Unisex Mortality Table with 7% interest for both pre and post- retirement mortality assumptions.

### Benefits Available As Lump Sums

Lump sums less than \$1,000 are payable as a small benefit cashout.

### Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

### Plan Compensation Limit

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

### Changes in Plan Provisions

The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.

SUPPLEMENTAL SCHEDULES

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

EMPLOYER NO. 34-1052514  
PLAN NO. 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

| (a) Identity of Party | (b) Party | (c) Description of Investment | No. of<br>Units/Shares | (d) Cost  | Current<br>(e) Value |
|-----------------------|-----------|-------------------------------|------------------------|-----------|----------------------|
| Common stocks:        |           |                               |                        |           |                      |
|                       |           | Accenture PLC Class A         | 38.000                 | \$ 11,881 | \$ 13,368            |
|                       |           | Adobe Systems Inc             | 85.000                 | 47,620    | 37,798               |
|                       |           | Ally Financial Inc            | 1,669.000              | 73,060    | 60,101               |
|                       |           | Alphabet Inc                  | 399.000                | 72,741    | 75,986               |
|                       |           | Altimmune Inc                 | 5,400.000              | 42,470    | 38,934               |
|                       |           | Amazon.com Inc                | 364.000                | 70,798    | 79,858               |
|                       |           | American Express Co           | 129.000                | 31,018    | 38,286               |
|                       |           | Apollo Global Mgmt            | 447.000                | 52,136    | 73,827               |
|                       |           | Arhaus Inc                    | 7,800.000              | 92,512    | 73,320               |
|                       |           | Autodesk                      | 94.000                 | 23,813    | 27,784               |
|                       |           | Broadcom Limited              | 112.000                | 19,796    | 25,966               |
|                       |           | Brookfield Asset Man          | 291.000                | 11,919    | 15,769               |
|                       |           | B2Gold Corp                   | 7,851.000              | 20,884    | 19,156               |
|                       |           | Canadian Solar Inc            | 3,840.000              | 45,581    | 42,701               |
|                       |           | Cardiff Oncology Inc          | 74,350.000             | 229,513   | 322,679              |
|                       |           | Cigna Corp                    | 142.000                | 47,797    | 39,212               |
|                       |           | Citigroup Inc                 | 737.000                | 47,618    | 51,877               |
|                       |           | Compass Therapeutics          | 13,200.000             | 22,302    | 19,140               |
|                       |           | COYA Therapeutics Inc         | 19,360.000             | 129,048   | 110,933              |
|                       |           | Crocs Inc                     | 508.000                | 66,553    | 55,641               |
|                       |           | D.R. Horton Inc               | 154.000                | 23,711    | 21,532               |
|                       |           | Danaos Corp                   | 500.000                | 43,100    | 40,035               |
|                       |           | Deere & Co                    | 65.000                 | 23,725    | 27,541               |
|                       |           | Dell Technologies             | 300.000                | 35,721    | 34,571               |
|                       |           | Dicks Sporting Goods Inc      | 106.000                | 23,347    | 24,257               |
|                       |           | Discover Financial Svcs       | 543.000                | 72,762    | 94,064               |
|                       |           | Docgo Inc                     | 7,000.000              | 25,410    | 29,680               |
|                       |           | DocuSign Inc                  | 423.000                | 23,857    | 38,045               |
|                       |           | Envveno Med Corp              | 18,000.000             | 66,599    | 54,360               |
|                       |           | Federal Agric Mtg CP CL C     | 120.000                | 22,159    | 23,634               |
|                       |           | Flagstar Finl Inc             | 8,666.000              | 94,199    | 80,854               |
|                       |           | FS KKR Capital Corp           | 1,168.000              | 23,477    | 25,369               |
|                       |           | Generac Holdings Inc          | 160.000                | 22,550    | 24,808               |
|                       |           | Global Ship Lease             | 950.000                | 24,890    | 20,739               |
|                       |           | Global-E online LTD           | 675.000                | 22,268    | 36,808               |
|                       |           | Goldman Sachs Group Inc       | 25.000                 | 12,006    | 14,316               |
|                       |           | Hanesbrands Inc               | 1,400.000              | 10,192    | 11,396               |
|                       |           | Huntington Ingalls W I        | 85.000                 | 22,913    | 16,062               |
|                       |           | Inmune Bio Inc                | 31,200.000             | 236,019   | 145,704              |
|                       |           | Intensity Therapeutic         | 4,000.000              | 20,348    | 7,040                |
|                       |           | Jinkosolar Hldg Co A          | 1,374.000              | 24,086    | 34,213               |
|                       |           | KB Home                       | 300.000                | 23,805    | 19,716               |
|                       |           | Lincoln Natl Corp Ind         | 735.000                | 21,800    | 23,307               |
|                       |           | Lineage Cell Therapeutic      | 23,000.000             | 17,627    | 11,558               |
|                       |           | Meritage Corporation          | 125.000                | 23,685    | 19,228               |
|                       |           | Meta Platforms Inc            | 189.000                | 94,241    | 110,661              |
|                       |           | Microsoft Corp                | 164.000                | 72,127    | 69,126               |
|                       |           | Molina Healthcare             | 162.000                | 47,207    | 47,150               |
|                       |           | Myomo Inc                     | 5,105.000              | 19,246    | 32,876               |
|                       |           | Navios Maritime PA            | 471.000                | 23,531    | 20,390               |
|                       |           | Newlake Cap Partners          | 1,200.000              | 23,527    | 21,000               |
|                       |           | NMI Holdings Inc Cl           | 2,250.000              | 91,643    | 82,710               |
|                       |           | NVIDIA Corp                   | 363.000                | 47,393    | 48,747               |
|                       |           | On Semiconductor Corp         | 305.000                | 23,058    | 19,230               |
|                       |           | Onemain Holdings Inc          | 1,500.000              | 67,095    | 78,195               |
|                       |           | Patria Invts Ltd              | 8,764.000              | 97,283    | 101,925              |

OHIO ALUMINUM INDUSTRIES INC.  
UNION EMPLOYEES DEFINED BENEFIT PENSION PLAN

EMPLOYER NO. 34-1052514  
PLAN NO. 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

| (a) Identity of Party | (b) Party | (c) Description of Investment  | No. of<br>Units/Shares | (d) Cost | Current<br>(e) Value |
|-----------------------|-----------|--|------------------------|----------|----------------------|
|                       |           | Pulte Homes Inc  | 203.000                | 23,721   | 22,107               |
|                       |           | P10 Inc  | 1,800.000              | 19,753   | 22,698               |
|                       |           | Qualcomm Inc   | 332.000                | 63,404   | 51,002               |
|                       |           | Raymond James Finl Inc   | 196.000                | 23,696   | 30,445               |
|                       |           | Reddit Inc   | 270.000                | 19,240   | 44,129               |
|                       |           | Silvercorp Metals Inc  | 6,375.000              | 21,803   | 19,125               |
|                       |           | Skechers USA Inc   | 697.000                | 46,100   | 46,866               |
|                       |           | Sportsmans Whse Hldg   | 9,710.000              | 23,517   | 25,926               |
|                       |           | Stryker Corp   | 140.000                | 47,394   | 50,407               |
|                       |           | Super Micro Computer   | 2,340.000              | 137,834  | 71,323               |
|                       |           | Sysco Corp   | 620.000                | 48,464   | 47,405               |
|                       |           | Taiwan Semiconductor Mfg Co ADR  | 125.000                | 23,573   | 24,686               |
|                       |           | Uber Technologies Inc  | 326.000                | 23,834   | 19,664               |
|                       |           | Unitedhealth Group Inc   | 46.000                 | 24,098   | 23,270               |
|                       |           | Verizon Communication  | 574.000                | 23,781   | 22,954               |
|                       |           | Vici Properties Inc  | 700.000                | 23,163   | 20,447               |
|                       |           | Visa Inc Class A   | 90.000                 | 24,750   | 28,443               |
|                       |           | Vistagen Therapeutic   | 21,950.000             | 72,895   | 64,753               |
|                       |           | Wise PLC   | 2,387.000              | 20,344   | 32,917               |
|                       |           | Total common stocks  |                        |          | <u>3,401,750</u>     |
|                       |           | Mutual funds:  |                        |          |                      |
|                       |           | American Funds Corporate Bond F3   | 25,563.869             | 246,464  | 239,022              |
|                       |           | Artisan International Value Fund Advisor Class                                   | 2,046.612              | 74,300   | 95,761               |
|                       |           | Artisan Thematic FD Advisor Class  | 4,391.690              | 82,951   | 95,124               |
|                       |           | BlackRock Systematic Multi-Strategy Fund Institutional Shares                    | 2,361.859              | 23,626   | 23,855               |
|                       |           | Catalyst Funds Millburn Hedge Strat FD I   | 613.685                | 24,460   | 23,823               |
|                       |           | Goldman Sachs GQG Partners International Opportunities Fund Institutional Shares | 4,708.504              | 79,555   | 92,098               |
|                       |           | Manning & Napier High Yield Bond I   | 13,186.202             | 126,858  | 128,961              |
|                       |           | NexPoint Merger Arbitrage Fund Class Z   | 1,211.393              | 24,065   | 23,925               |
|                       |           | Osterweis Strategic Income Fund  | 9,658.425              | 110,383  | 108,271              |
|                       |           | Total mutual funds   |                        |          | <u>830,840</u>       |
|                       |           | Unit investment trusts:  |                        |          |                      |
|                       |           | ALPS ALPS/Smith Core Plus Bond ETF   | 21,144.000             | 548,476  | 539,595              |
|                       |           | Direxion Auspice Broad Commodity Strategy  | 847.488                | 26,281   | 24,001               |
|                       |           | Fidelity Enhanced Mid Cap ETF  | 4,472.000              | 133,551  | 146,905              |
|                       |           | Fidelity Small Mid Multifactor ETF   | 3,242.000              | 122,797  | 133,473              |
|                       |           | Invesco Invesco Equal Weight 0-30 Year Treasury ETF                              | 5,597.000              | 161,672  | 151,287              |
|                       |           | Invesco Invesco S&P 500 Equal Weight ETF   | 1,699.000              | 272,726  | 297,716              |
|                       |           | iShares Core MSCI EAFE ETF   | 837.006                | 47,247   | 58,825               |
|                       |           | iShares Core S&P 500 ETF   | 450.018                | 164,203  | 264,917              |
|                       |           | JPMorgan JPMorgan Equity Premium Income ETF                                      | 2,505.000              | 140,215  | 144,113              |
|                       |           | Pacer ETFs Developed Markets International Cash Cows 100 ETF                     | 3,181.000              | 98,558   | 92,853               |
| *                     |           | Schwab Funds U.S. Dividend Equity ETF  | 12,911.608             | 255,694  | 352,745              |
|                       |           | Vanguard FTSE Developed Markets ETF Shares                                       | 1,244.974              | 54,324   | 59,535               |
|                       |           | Vanguard Mega Cap Growth Index Fund ETF Shares                                   | 413.627                | 74,996   | 142,043              |
|                       |           | Total unit investment trusts   |                        |          | <u>2,408,008</u>     |
|                       |           | Armada Hoffler Real estate investment trust - Armada Hoffler PPTYs               | 2,000.000              | 21,940   | 20,460               |
|                       |           | Brookfield Limited partnership - Brookfield Renew Egy LPF                        | 879.000                | 23,636   | 20,032               |
|                       |           | Money market fund:   |                        |          |                      |
| *                     |           | Schwab Funds Schwab Government Money Fund  | 101,212.820            | 101,213  | 101,213              |
|                       |           |  |                        |          | <u>\$6,782,303</u>   |

\* Represents a party-in-interest.

Schedule SB, Line 32 – Schedule of Amortization Bases  
 Ohio Aluminum Industries, Inc. Union Employees’ Defined Benefit Pension Plan  
 January 1, 2024 Valuation  
 EIN/PN: 34-1052514/ 001

## Exhibit VII

### Schedule of Amortization Bases

#### Shortfall Amortization Bases<sup>1</sup>

| Date Established | Present Value of Payments | Remaining Years | Amortization Installment |
|------------------|---------------------------|-----------------|--------------------------|
| 1/1/2024         | \$ (694,935)              | 15              | \$ (63,514)              |
| 1/1/2023         | 1,817,444                 | 14              | 174,191                  |
| 1/1/2022         | 141,708                   | 13              | 14,313                   |
| 1/1/2021         | <u>48,126</u>             | 12              | <u>5,152</u>             |
| Total            | \$ 1,312,343              |                 | \$ 130,142               |

#### Waiver Amortization Bases

| Date Established | Present Value of Payments | Remaining Years | Amortization Installment |
|------------------|---------------------------|-----------------|--------------------------|
| 1/1/2024         | <u>\$ 0</u>               | N/A             | <u>\$ 0</u>              |
| Total            | \$ 0                      |                 | \$ 0                     |

<sup>1</sup> 15-year amortization was adopted effective with the 2021 plan year per the terms of ARPA.