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|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>EARLE M. JORGENSEN HOURLY EMPLOYEES PENSION PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>RELIANCE, INC.</u></p> <p><u>735 N 19TH AVENUE</u><br/><u>PHOENIX, AZ 85009</u></p> | <p><b>1c</b> Effective date of plan<br/><u>12/31/1954</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>65-1269024</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>480-564-5700</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>423500</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2025 | VANDY LUPTON   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 603 |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 231 |
|   | <b>6a(2)</b>                               | 227 |
|   | <b>6b</b>                                  | 197 |
|   | <b>6c</b>                                  | 117 |
|   | <b>6d</b>                                  | 541 |
|   | <b>6e</b>                                  | 55  |
|   | <b>6f</b>                                  | 596 |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  | 6   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**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:

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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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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>EARLE M. JORGENSEN HOURLY EMPLOYEES PENSION PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶   | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>RELIANCE, INC.</u>   | <b>D</b> Employer Identification Number (EIN)<br><u>65-1269024</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 type="checkbox"/> 101-500 <input checked="" 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>                  | <u>63813479</u>           |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>63813479</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>257</u>                 | <u>25007974</u>           |
|          | <b>b</b> For terminated vested participants .....   | <u>128</u>                 | <u>4548545</u>            |
|          | <b>c</b> For active participants .....  | <u>231</u>                 | <u>24814168</u>           |
|          | <b>d</b> Total .....  | <u>616</u>                 | <u>54370687</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>5.23 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>986567</u>             |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>280000</u>             |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>1266567</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>10/06/2025</u>                      |
|                  | <u>ERIC DUPONT</u>                  | Date                                   |
|                  | Type or print name of actuary       | <u>23-06639</u>                        |
|                  | <u>MERCER (US) LLC</u>              | Most recent enrollment number          |
|                  | Firm name                           | <u>949-222-1310</u>                    |
|                  | <u>17901 VON KARMAN, SUITE 1100</u> | Telephone number (including area code) |
|                  | <u>IRVINE, CA 92614</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

| <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                     | 1073432                |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 1073432                |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>17.17</u> % .....  | 0                     | 184308                 |
| <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>5.33</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                     | 1257740                |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 110.12 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 112.33 % |
| <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> | 103.79 % |
| <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 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |   |  |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|---|--|
| (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 |  |

**19** 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 |

**20** Quarterly contributions and liquidity shortfalls:

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

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
|  |         |         |         |

|  |                        |                        |   |
|--|------------------------|------------------------|---|
| <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 % | <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> 61  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" 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 checked="" type="checkbox"/> Yes <input 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>          | 1266567            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   | <b>31b</b>          | 1266567            |               |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....  | 0                   | 0                  |               |
| <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>           | 0                  |               |
|  | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |
| <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                  |               |

|  |  |
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| <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 |  |

|  |  |   |
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| <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>EARLE M. JORGENSEN HOURLY EMPLOYEES PENSION PLAN</b>       | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>RELIANCE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>65-1269024</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

**(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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**(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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**(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)

CITY NATIONAL BANK

95-1780067

| (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? |
|----------------------------|---|--|--|--|---|--|
| 19 60 71<br>21 62 59<br>63 | TRUSTEE   | 289431   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 64619   | Yes <input type="checkbox"/> No <input checked="" 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.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| CITY NATIONAL BANK  | 62   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| CITY NATIONAL BANK<br><br>95-1780067                                | INTEREST ON EXCESS BALANCES (I.E. FLOAT) HELD AT FED RESERVE BANKS ESTIMATED TO BE FED FUNDS TARGET RATE (0% TO 0.25%) LESS THE COST OF FDIC INSURANCE PREMIUMS.   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan 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> | OMB No. 1210-0110<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 <u>01/01/2024</u> and ending <u>12/31/2024</u> |   |
| <b>A</b> Name of plan<br><u>EARLE M. JORGENSEN HOURLY EMPLOYEES PENSION PLAN</u>                         | <b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>RELIANCE, INC.</u>            | <b>D</b> Employer Identification Number (EIN)<br><u>65-1269024</u>                    |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|  |                               |   |
|--|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN 500 INDEX</u>  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</u>           |                               |   |
| <b>c</b> EIN-PN <u>82-6293122-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14459241</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN WORLD MIN VOLATILITY INDEX</u>                       |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</u>           |                               |   |
| <b>c</b> EIN-PN <u>82-6293122-016</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10957652</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MARKETS</u>                                    |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |   |
| <b>c</b> EIN-PN <u>20-4659714-032</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1588828</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MARKETS DEBT</u>                               |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |   |
| <b>c</b> EIN-PN <u>20-4659714-022</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1960270</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM FLOATING RATE HIGH INCOME</u>                           |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |   |
| <b>c</b> EIN-PN <u>20-4659714-058</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>85316</u>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INT INFL PR IDX CP</u>                                  |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |   |
| <b>c</b> EIN-PN <u>20-4659714-104</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>130958</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INTERNATIONAL GROWTH</u>                                |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |   |
| <b>c</b> EIN-PN <u>20-4659714-017</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>776026</u>   |

|   |                        |   |
|---|------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG U.S. TREASURY STRIPS IDX                       |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY |                        |   |
| <b>c</b> EIN-PN 20-4659714-120  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8438603 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE                                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY |                        |   |
| <b>c</b> EIN-PN 20-4659714-187  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7875472 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION CIT                                   |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY |                        |   |
| <b>c</b> EIN-PN 20-4659714-053  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8373352 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT CANADA EQUITY                                |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY |                        |   |
| <b>c</b> EIN-PN 20-4659714-101  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1674869 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT EMERGING MARKETS EQUITY                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY |                        |   |
| <b>c</b> EIN-PN 20-4659714-100  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1588029 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL                                |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY |                        |   |
| <b>c</b> EIN-PN 20-4659714-021  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 779868  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL CAP CORE                                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY |                        |   |
| <b>c</b> EIN-PN 20-4659714-008  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 767093  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL/MID CAP OPPORTUNITIES                         |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY |                        |   |
| <b>c</b> EIN-PN 20-4659714-210  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1962859 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM U.S. REAL ESTATE INVEST TR CIT                      |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY |                        |   |
| <b>c</b> EIN-PN 20-4659714-005  | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2178488 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                        |   |
| <b>b</b> Name of sponsor of entity listed in (a):   |                        |   |
| <b>c</b> EIN-PN   | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |



|  |  |   |
|--|--|---|
| <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> | OMB No. 1210-0110<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>EARLE M. JORGENSEN HOURLY EMPLOYEES PENSION PLAN</b>                         | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>RELIANCE, INC.</b>                   | <b>D</b> Employer Identification Number (EIN)<br><b>65-1269024</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>       | 181890                | 0               |
| <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                     | 1263            |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 250000                | 139395          |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 8022029               | 0               |
| <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> | 3842996               | 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> | 37754770              | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <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>    | 0                     | 63596924        |
| <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>   | 13505627              | 1859792         |
| <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>   | 256167                | 0               |

| <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>    | 63813479              | 65597374        |
| <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>    | 63813479              | 65597374        |

**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> | 9017       |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 133437     |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 158545     |           |
| <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> | 3250       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 304249    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 388178     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 649481     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1037659   |
| <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> | 139778303  |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 133509684  |           |
| <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> |            | 6268619   |
| <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> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | -3184670  |
| (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> |            | 182857    |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 38176     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 4646890   |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 2572190 |         |
| (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>  |         | 2572190 |
| <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>  |         |         |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 290805  |         |
| (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> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 290805  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 2862995 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1783895 |
| <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: GRANT THORNTON LLP

(2) EIN: 36-6055558

**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   |    | 10000000 |
| <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 559549.

|  |   |   |
|--|---|---|
| <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><b>EARLE M. JORGENSEN HOURLY EMPLOYEES PENSION PLAN</b>       | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>RELIANCE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>65-1269024</b> |            |

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

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

|   |          |          |
|---|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | <b>1</b> | <b>0</b> |
|---|----------|----------|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): \_\_\_\_\_

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

|  |          |          |
|--|----------|----------|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | <b>3</b> | <b>0</b> |
|--|----------|----------|

|                |   |
|----------------|---|
| <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 \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

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**Financial Statements and  
Supplemental Schedules**  
As of and for the Years Ended  
December 31, 2024 and 2023

# Earle M. Jorgensen Hourly Employees Pension Plan

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

To the Plan Administrator  
Earle M. Jorgensen Hourly Employees Pension Plan

**Scope and nature of the ERISA Section 103(a)(3)(C) audit**

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

**Opinion**

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

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

**Basis for opinion**

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

**Responsibilities of management for the financial statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are 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.

**Auditor's responsibilities for the audit of the financial statements**

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

In performing an audit in accordance with US 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

**Other matter - supplemental schedules required by ERISA**

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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. These additional procedures included 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 US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified

investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

*Grant Thornton LLP*

Bellevue, Washington  
September 17, 2025

## Financial Statements

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**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Statements of Net Assets Available for Benefits**

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| <b>December 31,</b>                      | <b>2024</b>          | <b>2023</b>          |
|--|----------------------|----------------------|
| <b>Assets</b>                            |                      |                      |
| Investments:                             |                      |                      |
| Non-interest bearing cash                | \$ —                 | \$ 181,890           |
| Investments, at fair value               | 65,596,111           | 63,631,589           |
| Total investments                        | 65,596,111           | 63,813,479           |
| Other receivables                        | 1,263                | —                    |
| <b>Net assets available for benefits</b> | <b>\$ 65,597,374</b> | <b>\$ 63,813,479</b> |

See accompanying notes to financial statements.

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Statements of Changes in Net Assets Available for Benefits**

| <b>Years ended December 31,</b>                             | <b>2024</b>          | <b>2023</b>          |
|---|----------------------|----------------------|
| Investment income:  |                      |                      |
| Net appreciation in fair value of investments               | \$ 3,266,806         | \$ 8,028,449         |
| Interest and dividends                                      | 1,341,908            | 1,496,002            |
| Other   | 38,176               | 49,576               |
| <b>Total investment income</b>                              | <b>4,646,890</b>     | <b>9,574,027</b>     |
| Deductions:   |                      |                      |
| Benefits paid   | 2,572,190            | 2,177,101            |
| Administrative expenses                                     | 290,805              | 319,988              |
| <b>Total deductions</b>                                     | <b>2,862,995</b>     | <b>2,497,089</b>     |
| <b>Net increase in net assets available for benefits</b>    | <b>1,783,895</b>     | <b>7,076,938</b>     |
| <b>Net assets available for benefits, beginning of year</b> | <b>63,813,479</b>    | <b>56,736,541</b>    |
| <b>Net assets available for benefits, end of year</b>       | <b>\$ 65,597,374</b> | <b>\$ 63,813,479</b> |

See accompanying notes to financial statements.

# Earle M. Jorgensen Hourly Employees Pension Plan

## Notes to Financial Statements

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### 1. Description of the Plan

The following provides only general information about the Earle M. Jorgensen Hourly Employees Pension Plan (the “Plan”). Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

#### *General*

The Plan is a defined benefit plan that provides certain benefits to the eligible unionized employees of Earle M. Jorgensen (the “Company”), a wholly owned subsidiary of Reliance, Inc. (“Reliance”). In February 2024, the Reliance Steel & Aluminum Co. corporate name was changed to Reliance, Inc. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 and subsequent amendments (“ERISA”). The Plan is administered by the Reliance, Inc. Benefits Committee (“Plan Administrator”). The Plan Administrator manages the Plan and selects the trustee. The Plan’s actuary is Mercer (US) LLC (“Mercer”).

In October 2024, the Plan’s trustee changed to Fidelity Trust Management Company (the “Trustee”) from City National Bank (the “Former Trustee”). The Trustee is the custodian of the Plan assets and distributes those assets in accordance with the Plan document and the instructions of the Plan Administrator.

#### *Eligibility*

Each full-time, regular employee who is a member of a collective bargaining unit that has elected to participate in the Plan is eligible to participate on the first day of employment with the Company.

#### *Pension Benefits*

Benefits payable under the Plan are based on an employee’s years of credited service and a negotiated benefit rate attributable to a given operating unit of the Company. Changes in the benefit formula are negotiated by the respective operating unit. A participant becomes vested upon completion of five years of service, or upon attaining the normal retirement age of 65. Various alternative early retirement elections are available. The Plan includes certain automatic distribution provisions for participants with small benefits.

#### *Administrative Expenses*

The Plan pays administrative, trustee and investment management expenses to the extent not paid by the Company. Certain of these fees were paid by the Company for the 2024 plan year. Actuarial, audit, legal, Pension Benefit Guaranty Corporation (“PBGC”) insurance premiums, if any, are not reflected in the accompanying financial statements as they are paid by the Company or Reliance.

#### *Plan Termination*

Although the Company has not expressed any intent to terminate the Plan, it has the right to do so at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits to participants who began receiving benefits at least three years before Plan termination, based upon Plan provisions in effect five years prior to terminations.
- b. All other benefits guaranteed by the PBGC up to the applicable limitations (discussed below).

# Earle M. Jorgensen Hourly Employees Pension Plan

## Notes to Financial Statements

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- c. All other vested benefits under the Plan not guaranteed by the PBGC.
- d. All other nonvested benefits.

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

Should the Plan terminate at some future time, its net assets generally may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at the time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

### ***Death and Disability Benefits***

If an active participant with five or more years of vested service dies, a death benefit equal to the present value of the participant's accrued benefit as determined by the Plan is paid to the participant's beneficiary. Active participants who become totally disabled receive disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

## **2. Summary of Significant Accounting Policies**

### ***Basis of Presentation***

The accompanying financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

### ***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value. Investments in commingled funds that are managed by Fidelity Investments and a sub-advisor are stated at net asset value ("NAV") of the shares held. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. There are generally no restrictions on the Plan's ability to redeem, daily, at the NAV of the funds. However, withdrawals prompted by certain events (e.g., the termination of a fund) may restrict the Plan's ability to redeem the investment at its NAV. There are no unfunded commitments with respect to these investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date

Realized and unrealized appreciation (depreciation) in fair value of investments presented in the Net appreciation in fair value of investments caption in the accompanying statements of changes in net assets available for benefits is based on the difference between the fair value of the assets at the beginning of the year, or at the time of purchase for assets purchased during the year, and the related fair value on the day investments are sold with respect to realized appreciation (depreciation), or on the last day of the year for unrealized appreciation (depreciation).

# Earle M. Jorgensen Hourly Employees Pension Plan

## Notes to Financial Statements

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### *Risks and Uncertainties*

The Plan holds investment securities that are exposed to various risks such as interest rate, market volatility, 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 in the near term could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the funded status of the Plan.

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

### *Use of Estimates*

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the financial statements and accompanying notes. Actual amounts could differ from these estimates.

### *Benefit Payments*

Benefits to participants and beneficiaries are recorded when paid.

### **3. 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 employees have rendered.

Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries;
- b. Beneficiaries of deceased employees;
- c. Present employees or their beneficiaries, following their termination or retirement.

Benefits payable under the Plan are based on employee's years of credited service and a negotiated benefit rate attributable to the respective operating unit of the Company. Future increases in the benefit rates may be negotiated by each respective operating unit. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information 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.

The actuarial present value of accumulated plan benefits is determined by an enrolled actuary from Mercer. The actuarial present value results from the application of actuarial assumptions for interest and mortality to accumulated plan benefits. The mortality assumptions reflect the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Notes to Financial Statements**

The actuarial present value of accumulated plan benefits is as follows:

| <b>December 31,</b>  | <b>2023</b>   |
|--|---------------|
| Actuarial present value of accumulated plan benefits:      |               |
| Vested benefits:   |               |
| Participants currently receiving payments                  | \$ 22,759,934 |
| Other participants   | 25,917,036    |
| <hr/>  |               |
| Total vested benefits                                      | 48,676,970    |
| Nonvested benefits   | 3,242,953     |
| <hr/>  |               |
| Total actuarial present value of accumulated plan benefits | \$ 51,919,923 |

The changes in the actuarial present value of accumulated plan benefits are as follows:

| <b>Year ended December 31,</b>  | <b>2023</b>   |
|---|---------------|
| Actuarial present value of accumulated plan benefits, beginning of year | \$ 48,280,355 |
| Increase (decrease) during the year attributable to:                    |               |
| Interest  | 2,826,066     |
| Plan amendments of benefit formula                                      | 2,166,082     |
| Benefits accumulated/actuarial experience                               | 824,521       |
| Benefits paid   | (2,177,101)   |
| <hr/>   |               |
| Net increase  | 3,639,568     |
| <hr/>   |               |
| Actuarial present value of accumulated plan benefits, end of year       | \$ 51,919,923 |

The computations of the actuarial present value of accumulated plan benefits were made using the beginning of year method. The significant actuarial assumptions used in the determination of actuarial present value of accumulated plan benefits as of December 31, 2023 were:

- a. Life expectancy of participants: PRI-2012 employee/annuitant sex-distinct mortality table with blue collar adjustment.
- b. Retirement age assumptions: graded scale from age 55 to 70.
- c. Termination assumptions: graded scale from age 20 to 55.
- d. Discount rate of 6.00%.
- e. Expenses: annual expenses assumed to be \$280,000 for purposes of Plan year funding.

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue. Should the Plan terminate at some future time, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, there would be no material difference.

# Earle M. Jorgensen Hourly Employees Pension Plan

## Notes to Financial Statements

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### ***Funding Policy***

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. Contributions are based upon the annual actuarially computed normal cost of the Plan plus amounts sufficient to fund any shortfall between the Plan's actuarial liability and its assets, amortized over a seven-year period. There was no minimum funding required for the 2024 and 2023 Plan years in accordance with ERISA.

### **4. Information Certified by the Plan's Trustee**

The Plan's asset information as of December 31, 2024 and for the year then ended, included throughout the Plan's financial statements and ERISA-required supplemental schedules, was obtained by management and agreed to or derived from information certified by the Trustee and Former Trustee of the Plan. The Plan's asset information as of December 31, 2023 and for the year then ended, was obtained by management and agreed to or derived from information certified by the Former Trustee of the Plan. The Plan administrator obtained certifications from the Trustee and Former Trustee that information provided to the Plan administrator related to the Plan's assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and ERISA-required supplemental schedules related to the following:

- Investments and non-interest bearing cash as shown in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023;
- Total investment income, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023;
- Investment information included in Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j-Schedule of Reportable Transactions for the Year Ended December 31, 2024; as shown on the ERISA-required supplemental schedules.

### **5. Fair Value Measurements**

Fair value is the price that would be received to sell the investment in an orderly transaction between market participants (an exit price). The Financial Accounting Standards Board Accounting Standards Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

*Level 1:* Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. An active market for the asset or liability is a market in which the transaction for the asset or liability occurs with sufficient frequency and volume to provide pricing information on an ongoing basis.

*Level 2:* Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted market prices in markets that are not active; or model-derived valuations or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

# Earle M. Jorgensen Hourly Employees Pension Plan

## Notes to Financial Statements

*Level 3:* Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

|  | Level 1      | Level 2 | Level 3 | Total         |
|--|--------------|---------|---------|---------------|
| Cash equivalents                         | \$ 139,395   | \$ —    | \$ —    | \$ 139,395    |
| Mutual funds                             | 1,859,792    | —       | —       | 1,859,792     |
| Total assets in the fair value hierarchy | 1,999,187    | —       | —       | 1,999,187     |
| Commingled funds measured at NAV         |              |         |         | 63,596,924    |
| Total investments at fair value          | \$ 1,999,187 | \$ —    | \$ —    | \$ 65,596,111 |

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

|                                       | Level 1       | Level 2       | Level 3 | Total         |
|---------------------------------------|---------------|---------------|---------|---------------|
| Cash and cash equivalents             | \$ 362,084    | \$ —          | \$ —    | \$ 362,084    |
| U.S. government and agency securities | —             | 8,022,029     | —       | 8,022,029     |
| Corporate debt securities             | —             | 3,842,996     | —       | 3,842,996     |
| Common stocks                         | 37,754,770    | —             | —       | 37,754,770    |
| Mutual funds                          | 13,393,543    | —             | —       | 13,393,543    |
| Foreign bonds                         | —             | 256,167       | —       | 256,167       |
| Total investments at fair value       | \$ 51,510,397 | \$ 12,121,192 | \$ —    | \$ 63,631,589 |

The Plan's investments in money market funds, mutual funds and common stocks are measured at fair value based on quoted market prices in active markets and classified within Level 1. The Plan's investments in government and corporate bonds were valued using pricing models maximizing the use of observable inputs for similar securities and classified within Level 2 of the fair value hierarchy. The Plan's investments in commingled funds are measured at fair value using NAV as a practical expedient. The fair value of these assets is excluded from the fair value hierarchy and is presented in the table above to permit reconciliation of the investments classified within the fair value hierarchy to the total investments at fair value.

### 6. Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service dated April 2, 2018, stating that the Plan continues to be qualified under the applicable requirements of the Internal Revenue Code (the "Code"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan continues to be designed and operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. Plan management has concluded that, as of December 31, 2024 and 2023, there were no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax years in progress.

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Notes to Financial Statements**

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**7. Party-in-Interest Transactions**

The Plan's investments include shares in mutual funds and commingled funds that are managed by the Trustee. The Plan paid administrative, trustee and investment management expenses to the Former Trustee. These transactions qualify as exempt party-in interest transactions.

**8. Subsequent Events**

The Company evaluated subsequent events through September 17, 2025, the date the financial statements were issued.

## Supplemental Schedules

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**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024**

Employer Identification Number: 65-1269024  
Plan Number: 002  
Form Number: 5500

| (a)                               | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party        | (c)<br>Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost  | (e)<br>Current Value |
|-----------------------------------|--|---|--------------|----------------------|
| <i>Cash and cash equivalents:</i> |  |   |              |                      |
| *                                 | Fidelity Investments   | Money Market Government Portfolio   | \$ 139,395   | \$ 139,395           |
| <i>Commingled funds</i>           |  |   |              |                      |
| *                                 | Spartan 500 Index Pool A   | 52,390 shares   | 14,369,559   | 14,459,241           |
| *                                 | Spartan World Minimum Volatility Index Pool Class A                    | 102,198 shares  | 11,376,007   | 10,957,652           |
| *                                 | FIAM Long U.S. Treasury STRIPS Index Commingled Pool                   | 92,286 shares   | 9,470,489    | 8,438,603            |
| *                                 | FIAM Long Duration CIT   | 350,349 shares  | 8,770,514    | 8,373,352            |
| *                                 | FIAM Long Corporate Commingled Pool - Class A                          | 816,958 shares  | 8,257,654    | 7,875,472            |
| *                                 | FIAM U.S. Real Estate Investment Trust CIT                             | 18,365 shares   | 2,253,176    | 2,178,488            |
| *                                 | FIAM Small/Mid Cap Opportunities Commingled Pool - Class A             | 145,721 shares  | 2,070,540    | 1,962,859            |
| *                                 | FIAM Emerging Markets Debt Commingled Pool                             | 26,587 shares   | 1,969,933    | 1,960,270            |
| *                                 | FIAM Select Canada Equity Commingled Pool                              | 36,245 shares   | 1,691,759    | 1,674,869            |
| *                                 | FIAM Emerging Markets Commingled Pool                                  | 30,080 shares   | 1,716,537    | 1,588,828            |
| *                                 | FIAM Select Emerging Markets Equity                                    | 46,110 shares   | 1,720,389    | 1,588,029            |
| *                                 | FIAM Select International Pool   | 2,889 shares  | 836,866      | 779,868              |
| *                                 | FIAM International Growth Pool   | 12,061 shares   | 845,981      | 776,026              |
| *                                 | FIAM Small Cap Core Pool   | 3,282 shares  | 783,149      | 767,093              |
| *                                 | FIAM International Inflation-Protected Index Commingled Pool - Class A | 875 shares  | 130,958      | 130,958              |
| *                                 | FIAM Floating Rate High Income Commingled Pool                         | 3,144 shares  | 84,970       | 85,316               |
| <i>Total commingled funds:</i>    |  |   | 66,348,481   | 63,596,924           |
| <i>Mutual funds:</i>              |  |   |              |                      |
| *                                 | Fidelity Long-Term Treasury Bond Index Fund                            | 142,605 shares  | 1,349,591    | 1,307,686            |
| *                                 | Fidelity Select Gold Portfolio   | 19,737 shares   | 545,136      | 486,331              |
| *                                 | Fidelity Capital & Income Fund   | 6,480 shares  | 67,191       | 65,775               |
| <i>Total mutual funds:</i>        |  |   | 1,961,918    | 1,859,792            |
| <i>Total investments:</i>         |  |   | \$68,449,794 | \$ 65,596,111        |

\*Represents a party-in-interest as defined by ERISA.

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Schedule H, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2024**

Employer Identification Number: 65-1269024  
Plan Number: 002  
Form Number: 5500

| (a)<br>Identity of<br>Party Involved   | (b)<br>Description of Asset<br>(Include Interest Rate and<br>Maturity in Case of a Loan) | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|--|--|--------------------------|-------------------------|------------------------|---|-------------------------|--|---------------------------|
| <i>Single transaction in excess of 5% of plan assets:</i>                          |  |                          |                         |                        |   |                         |  |                           |
| City National Bank Rochdale  | CNR Fixed Income Opportunities CL N 1236<br>-Sale  | —                        | 11,926,518              | —                      | —   | 11,739,222              | 11,926,518   | 187,296                   |
| City National Bank Rochdale  | CNR Government Money Market Fund<br>-Purchase  | 67,960,953               | —                       | —                      | —   | 67,960,953              | 67,960,953   | —                         |
|  | -Sale  | —                        | 69,158,837              | —                      | —   | 69,158,837              | 69,158,837   | —                         |
| Fidelity Investments   | FIAM Long U.S. Treasury STRIPS Index Commingled Pool<br>-Purchase                        | 10,657,631               | —                       | —                      | —   | 10,657,631              | 10,657,631   | —                         |
| Fidelity Investments   | FIAM Long Corporate Commingled Pool - Class A<br>-Purchase                               | 8,919,152                | —                       | —                      | —   | 8,919,152               | 8,919,152  | —                         |
| Fidelity Investments   | FIAM Long Duration CIT<br>-Purchase  | 6,479,784                | —                       | —                      | —   | 6,479,784               | 6,479,784  | —                         |
| Geode Capital Management Trust Company   | Spartan 500 Index Pool A<br>-Purchase  | 14,897,320               | —                       | —                      | —   | 14,897,320              | 14,897,320   | —                         |
| Geode Capital Management Trust Company   | Spartan World Minimum Volatility Index Pool Class A<br>-Purchase                         | 9,455,125                | —                       | —                      | —   | 9,455,125               | 9,455,125  | —                         |
| <i>Series of transactions in the same security in excess of 5% of plan assets:</i> |  |                          |                         |                        |   |                         |  |                           |
| City National Bank Rochdale  | CNR Fixed Income Opportunities CL N 1236<br>-Sales                                       | —                        | 11,926,518              | —                      | —   | 11,739,222              | 11,926,518   | 187,296                   |

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Schedule H, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2024 (Continued)**

Employer Identification Number: 65-1269024  
Plan Number: 002  
Form Number: 5500

| (a)<br>Identity of<br>Party Involved | (b)<br>Description of Asset<br>(Include Interest Rate and<br>Maturity in Case of a Loan) | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|--------------------------------------|--|--------------------------|-------------------------|------------------------|---|-------------------------|--|---------------------------|
| City National Bank Rochdale          | CNR Government Money Market Fund   |                          |                         |                        |   |                         |  |                           |
|                                      | -Purchases   | 77                       | 71,844,447              | —                      | —   | 71,844,447              | 71,844,447   | —                         |
|                                      | -Sales   | 25                       | —                       | 71,956,528             | —   | 71,956,528              | 71,956,528   | —                         |
| Microsoft Corporation                | Microsoft Corporation  |                          |                         |                        |   |                         |  |                           |
|                                      | -Sales   | 2                        | —                       | 3,712,582              | —   | 3,326,450               | 3,712,582  | 386,132                   |
| Nvidia Corporation                   | Nvidia Corporation   |                          |                         |                        |   |                         |  |                           |
|                                      | -Purchases   | 2                        | 1,231,508               | —                      | —   | 1,231,508               | 1,231,508  | —                         |
|                                      | -Sales   | 1                        | —                       | 2,667,454              | —   | 1,578,162               | 2,667,454  | 1,089,292                 |
| Fidelity Investments                 | FIAM International Growth Pool   |                          |                         |                        |   |                         |  |                           |
|                                      | -Purchases   | 2                        | 2,356,927               | —                      | —   | 2,356,927               | 2,356,927  | —                         |
|                                      | -Sales   | 4                        | —                       | 1,409,406              | —   | 1,510,947               | 1,409,406  | (101,541)                 |
| Fidelity Investments                 | FIAM Long U.S. Treasury STRIPS Index Commingled Pool                                     |                          |                         |                        |   |                         |  |                           |
|                                      | -Purchases   | 4                        | 10,895,036              | —                      | —   | 10,895,036              | 10,895,036   | —                         |
|                                      | -Sales   | 2                        | —                       | 1,375,079              | —   | 1,424,545               | 1,375,079  | (49,466)                  |
| Fidelity Investments                 | FIAM Long Corporate Commingled Pool - Class A  |                          |                         |                        |   |                         |  |                           |
|                                      | -Purchases   | 4                        | 9,074,062               | —                      | —   | 9,074,062               | 9,074,062  | —                         |
|                                      | -Sales   | 2                        | —                       | 790,131                | —   | 816,408                 | 790,131  | (26,277)                  |

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Schedule H, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2024 (Continued)**

Employer Identification Number: 65-1269024  
Plan Number: 002  
Form Number: 5500

| (a)<br>Identity of<br>Party Involved      | (b)<br>Description of Asset<br>(Include Interest Rate and<br>Maturity in Case of a Loan) | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|---|--|--------------------------|-------------------------|------------------------|---|-------------------------|--|---------------------------|
| Fidelity Investments                      | FIAM Long Duration CIT   |                          |                         |                        |   |                         |  |                           |
|   | -Purchases 4   | 9,614,880                | —                       | —                      | —   | 9,614,880               | 9,614,880  | —                         |
|   | -Sales 2   |                          | 820,992                 |                        |   | 844,366                 | 820,992  | (23,374)                  |
| Fidelity Investments                      | FIAM Select International Pool   |                          |                         |                        |   |                         |  |                           |
|   | -Purchases 2   | 2,356,927                | —                       | —                      | —   | 2,356,927               | 2,356,927  | —                         |
|   | -Sales 4   |                          | 1,433,874               |                        |   | 1,520,061               | 1,433,874  | (86,187)                  |
| Fidelity Investments                      | FIAM U.S. Real Estate Invest Trust CIT   |                          |                         |                        |   |                         |  |                           |
|   | -Purchases 3   | 2,965,379                | —                       | —                      | —   | 2,965,379               | 2,965,379  | —                         |
|   | -Sales 3   |                          | 699,689                 |                        |   | 712,202                 | 699,689  | (12,513)                  |
| Geode Capital Management<br>Trust Company | Spartan 500 Index Pool A   |                          |                         |                        |   |                         |  |                           |
|   | -Purchases 5   | 15,604,958               | —                       | —                      | —   | 15,604,958              | 15,604,958   | —                         |
|   | -Sales 1   |                          | 1,203,273               |                        |   | 1,235,399               | 1,203,273  | (32,126)                  |
| Geode Capital Management<br>Trust Company | Spartan World Minimum Volatility Index Pool Class A                                      |                          |                         |                        |   |                         |  |                           |
|   | -Purchases 6   | 11,376,006               | —                       | —                      | —   | 11,376,006              | 11,376,006   | —                         |

**Schedule SB, line 26a — Schedule of Active Participant Data**

| Attained age | Years of credited service |     |     |       |       |       |       |       |       |         | Total |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                   | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up |       |
| Under 25     | 4                         | 4   | 2   |       |       |       |       |       |       |         | 10    |
| 25–29        | 1                         | 5   | 3   |       |       |       |       |       |       |         | 9     |
| 30–34        | 2                         | 4   | 5   | 4     |       |       |       |       |       |         | 15    |
| 35–39        | 1                         | 2   | 6   | 3     | 13    |       |       |       |       |         | 25    |
| 40–44        | 1                         | 1   | 5   | 1     | 8     | 2     |       |       |       |         | 18    |
| 45–49        | 1                         | 4   | 5   | 2     | 8     | 7     | 4     |       |       |         | 31    |
| 50–54        | 2                         | 3   | 2   |       | 8     | 14    | 8     | 4     | 2     |         | 43    |
| 55–59        |                           | 1   | 2   |       | 1     | 4     | 14    | 9     | 5     |         | 36    |
| 60–64        |                           |     | 2   |       | 3     | 3     | 11    | 9     | 9     |         | 37    |
| 65–69        |                           |     |     |       |       |       | 2     | 1     | 2     |         | 5     |
| 70 & up      |                           |     |     |       |       |       | 1     |       |       | 1       | 2     |
| Total        | 12                        | 24  | 32  | 10    | 41    | 30    | 40    | 23    | 18    | 1       | 231   |

In each cell, the number is the count of active participants for each age/service combination.

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

**Actuarial assumptions for January 1, 2024 funding valuation**

| <b>Discount rate sponsor elections</b> |  |                      |             |
|--|--|----------------------|-------------|
| • Segment rates or full yield curve    | Segment  |                      |             |
| • Look-back months                     | 0  |                      |             |
|  | <b>Stabilized</b>  | <b>Nonstabilized</b> | <b>PBGC</b> |
| • First 5 years                        | 4.75%  | 4.37%                | 5.01%       |
| • Next 15 years                        | 4.96%  | 4.96%                | 5.13%       |
| • Over 20 years                        | 5.59%  | 4.95%                | 5.15%       |
| <b>Mortality sponsor elections</b>     |  |                      |             |
| • Healthy participants                 | Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year. These tables are based on the Pri-2012 mortality tables projected with the IRS modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1. |                      |             |
| • Pre-1995 disabilities                | Revenue Ruling 96-7 table for participants who became disabled before 1995   |                      |             |
| • Post-1994 disabilities               | Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits   |                      |             |
| <b>Other economic assumptions</b>      |  |                      |             |
| • Expenses                             | \$280,000 added to current year normal cost  |                      |             |

**Rationale for economic assumptions**

- Discount Rate – Assumption prescribed by IRS.
- Expenses – Prior year investment services fees rounded to next \$10,000

| <b>Demographic assumptions</b> |  |            |
|--------------------------------|--|------------|
| • Withdrawal                   | 70% of Mercer Modified 2003 Society of Actuaries Turnover based on Age. See table of sample rates. |            |
| • Disability incidence         | 1985 Pension Disability Incidence Table, Class 3. See table of sample rates.                       |            |
| • Retirement age               | Attained age   | Percentage |
|                                | Under 55   | 0%         |
|                                | 55 - 61  | 5%         |
|                                | 62   | 30%        |
|                                | 63   | 25%        |
|                                | 64   | 10%        |
|                                | 65   | 25%        |
|                                | 66   | 35%        |
|                                | 67 - 69  | 30%        |
|                                | 70 and above   | 100%       |

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

|   |                    |                          |                            |
|---|--------------------|--------------------------|----------------------------|
| • Benefit commencement age for                    |                    |                          |                            |
| – Future vested deferred                          | 64                 |                          |                            |
| – Current vested deferred                         | 64                 |                          |                            |
| • Spouse assumptions                              |                    | <b>Male participants</b> | <b>Female participants</b> |
| – Percentage married                              |                    | 100%                     | 100%                       |
| – Spouse age difference                           |                    | 3 years younger          | 3 years older              |
| <b>Form of payment</b>                            | <b>Single Life</b> | <b>100% J&amp;S</b>      | <b>50% J&amp;S</b>         |
| • Active retirements                              | 50%                | 20%                      | 30%                        |
| • Future vested deferred                          | 50%                | 20%                      | 30%                        |
| • Future disabilities                             | 50%                | 20%                      | 30%                        |
| • Future deaths                                   | 0%                 | 100%                     | 0%                         |
| • Current vested deferred                         | 50%                | 20%                      | 30%                        |
| <b>Unpredictable contingent event assumptions</b> | Not applicable     |                          |                            |

**Table of sample rates**

| Attained age | Percentage |        |                      |        |
|--------------|------------|--------|----------------------|--------|
|              | Withdrawal |        | Disability incidence |        |
|              | Male       | Female | Male                 | Female |
| 20           | 18.20%     | 18.20% | 0.151%               | 0.089% |
| 25           | 12.60%     | 12.60% | 0.219%               | 0.150% |
| 30           | 8.50%      | 8.50%  | 0.309%               | 0.252% |
| 35           | 6.10%      | 6.10%  | 0.431%               | 0.388% |
| 40           | 4.80%      | 4.80%  | 0.597%               | 0.547% |
| 45           | 4.30%      | 4.30%  | 0.829%               | 0.777% |
| 50           | 3.90%      | 3.90%  | 1.224%               | 1.201% |
| 55           | 0.00%      | 0.00%  | 2.118%               | 1.962% |

**Rationale for demographic assumptions**

- Benefit Commencement Age – Rates were developed based on an experience study undertaken in 2023 using data from 2018 – 2022 and the expectation that the future patterns and circumstances of the employer will not differ significantly from the period studied. The assumption is reviewed annually for reasonability.
- Retirement and Withdrawal rates - Rates were developed based on an experience study undertaken in 2023 using data from 2018 – 2022 and the expectation that the future patterns and circumstances of the employer will not differ significantly from the period studied. The assumption is reviewed annually for reasonability.
- Disability incidence – The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 3 rates because the plan’s disability requirements are the same as Social Security Disability, which was the basis of the 1985 study.

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

- Spouse assumptions – Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement are based on the actuary's experience with many plans and discussions with employer representatives.
- Form of payment – The optional payment elections are based on an experience study undertaken in 2023 using data from 2018– 2022 and the expectation that the future patterns and circumstances of the employer will not differ significantly from the period studied.

**Actuarial methods for funding****Asset methods**

We used financial data submitted by the trustee as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is the fair market value.

**Participant methods**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

**Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Schedule H, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2024**

Employer Identification Number: 65-1269024  
Plan Number: 002  
Form Number: 5500

| (a)<br>Identity of<br>Party Involved   | (b)<br>Description of Asset<br>(Include Interest Rate and<br>Maturity in Case of a Loan) | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|--|--|--------------------------|-------------------------|------------------------|---|-------------------------|--|---------------------------|
| <i>Single transaction in excess of 5% of plan assets:</i>                          |  |                          |                         |                        |   |                         |  |                           |
| City National Bank Rochdale  | CNR Fixed Income Opportunities CL N 1236<br>-Sale  | —                        | 11,926,518              | —                      | —   | 11,739,222              | 11,926,518   | 187,296                   |
| City National Bank Rochdale  | CNR Government Money Market Fund<br>-Purchase  | 67,960,953               | —                       | —                      | —   | 67,960,953              | 67,960,953   | —                         |
|  | -Sale  | —                        | 69,158,837              | —                      | —   | 69,158,837              | 69,158,837   | —                         |
| Fidelity Investments   | FIAM Long U.S. Treasury STRIPS Index Commingled Pool<br>-Purchase                        | 10,657,631               | —                       | —                      | —   | 10,657,631              | 10,657,631   | —                         |
| Fidelity Investments   | FIAM Long Corporate Commingled Pool - Class A<br>-Purchase                               | 8,919,152                | —                       | —                      | —   | 8,919,152               | 8,919,152  | —                         |
| Fidelity Investments   | FIAM Long Duration CIT<br>-Purchase  | 6,479,784                | —                       | —                      | —   | 6,479,784               | 6,479,784  | —                         |
| Geode Capital Management<br>Trust Company  | Spartan 500 Index Pool A<br>-Purchase  | 14,897,320               | —                       | —                      | —   | 14,897,320              | 14,897,320   | —                         |
| Geode Capital Management<br>Trust Company  | Spartan World Minimum Volatility Index Pool Class A<br>-Purchase                         | 9,455,125                | —                       | —                      | —   | 9,455,125               | 9,455,125  | —                         |
| <i>Series of transactions in the same security in excess of 5% of plan assets:</i> |  |                          |                         |                        |   |                         |  |                           |
| City National Bank Rochdale  | CNR Fixed Income Opportunities CL N 1236<br>-Sales                                       | —                        | 11,926,518              | —                      | —   | 11,739,222              | 11,926,518   | 187,296                   |

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Schedule H, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2024 (Continued)**

Employer Identification Number: 65-1269024  
Plan Number: 002  
Form Number: 5500

| (a)<br>Identity of<br>Party Involved | (b)<br>Description of Asset<br>(Include Interest Rate and<br>Maturity in Case of a Loan) | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|--------------------------------------|--|--------------------------|-------------------------|------------------------|---|-------------------------|--|---------------------------|
| City National Bank Rochdale          | CNR Government Money Market Fund   |                          |                         |                        |   |                         |  |                           |
|                                      | -Purchases   | 77                       | 71,844,447              | —                      | —   | 71,844,447              | 71,844,447   | —                         |
|                                      | -Sales   | 25                       | —                       | 71,956,528             | —   | 71,956,528              | 71,956,528   | —                         |
| Microsoft Corporation                | Microsoft Corporation  |                          |                         |                        |   |                         |  |                           |
|                                      | -Sales   | 2                        | —                       | 3,712,582              | —   | 3,326,450               | 3,712,582  | 386,132                   |
| Nvidia Corporation                   | Nvidia Corporation   |                          |                         |                        |   |                         |  |                           |
|                                      | -Purchases   | 2                        | 1,231,508               | —                      | —   | 1,231,508               | 1,231,508  | —                         |
|                                      | -Sales   | 1                        | —                       | 2,667,454              | —   | 1,578,162               | 2,667,454  | 1,089,292                 |
| Fidelity Investments                 | FIAM International Growth Pool   |                          |                         |                        |   |                         |  |                           |
|                                      | -Purchases   | 2                        | 2,356,927               | —                      | —   | 2,356,927               | 2,356,927  | —                         |
|                                      | -Sales   | 4                        | —                       | 1,409,406              | —   | 1,510,947               | 1,409,406  | (101,541)                 |
| Fidelity Investments                 | FIAM Long U.S. Treasury STRIPS Index Commingled Pool                                     |                          |                         |                        |   |                         |  |                           |
|                                      | -Purchases   | 4                        | 10,895,036              | —                      | —   | 10,895,036              | 10,895,036   | —                         |
|                                      | -Sales   | 2                        | —                       | 1,375,079              | —   | 1,424,545               | 1,375,079  | (49,466)                  |
| Fidelity Investments                 | FIAM Long Corporate Commingled Pool - Class A  |                          |                         |                        |   |                         |  |                           |
|                                      | -Purchases   | 4                        | 9,074,062               | —                      | —   | 9,074,062               | 9,074,062  | —                         |
|                                      | -Sales   | 2                        | —                       | 790,131                | —   | 816,408                 | 790,131  | (26,277)                  |

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Schedule H, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2024 (Continued)**

Employer Identification Number: 65-1269024  
Plan Number: 002  
Form Number: 5500

| (a)<br>Identity of<br>Party Involved      | (b)<br>Description of Asset<br>(Include Interest Rate and<br>Maturity in Case of a Loan) | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|---|--|--------------------------|-------------------------|------------------------|---|-------------------------|--|---------------------------|
| Fidelity Investments                      | FIAM Long Duration CIT   |                          |                         |                        |   |                         |  |                           |
|   | -Purchases 4   | 9,614,880                | —                       | —                      | —   | 9,614,880               | 9,614,880  | —                         |
|   | -Sales 2   |                          | 820,992                 |                        |   | 844,366                 | 820,992  | (23,374)                  |
| Fidelity Investments                      | FIAM Select International Pool   |                          |                         |                        |   |                         |  |                           |
|   | -Purchases 2   | 2,356,927                | —                       | —                      | —   | 2,356,927               | 2,356,927  | —                         |
|   | -Sales 4   |                          | 1,433,874               |                        |   | 1,520,061               | 1,433,874  | (86,187)                  |
| Fidelity Investments                      | FIAM U.S. Real Estate Invest Trust CIT   |                          |                         |                        |   |                         |  |                           |
|   | -Purchases 3   | 2,965,379                | —                       | —                      | —   | 2,965,379               | 2,965,379  | —                         |
|   | -Sales 3   |                          | 699,689                 |                        |   | 712,202                 | 699,689  | (12,513)                  |
| Geode Capital Management<br>Trust Company | Spartan 500 Index Pool A   |                          |                         |                        |   |                         |  |                           |
|   | -Purchases 5   | 15,604,958               | —                       | —                      | —   | 15,604,958              | 15,604,958   | —                         |
|   | -Sales 1   |                          | 1,203,273               |                        |   | 1,235,399               | 1,203,273  | (32,126)                  |
| Geode Capital Management<br>Trust Company | Spartan World Minimum Volatility Index Pool Class A                                      |                          |                         |                        |   |                         |  |                           |
|   | -Purchases 6   | 11,376,006               | —                       | —                      | —   | 11,376,006              | 11,376,006   | —                         |

**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>EARLE M. JORGENSEN HOURLY EMPLOYEES PENSION PLAN   |  | <b>B</b> Three-digit plan number (PN) ▶   | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>RELIANCE, INC.  |  | <b>D</b> Employer Identification Number (EIN)<br>65-1269024   |     |
| <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 type="checkbox"/> 101-500 <input checked="" 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>                  |                           | 63,813,479               |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  |                           | 63,813,479               |
| <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 .....   | 257                        | 25,007,974                | 25,007,974               |
|          | <b>b</b> For terminated vested participants .....   | 128                        | 4,548,545                 | 4,548,545                |
|          | <b>c</b> For active participants .....  | 231                        | 24,814,168                | 27,247,589               |
|          | <b>d</b> Total .....  | 616                        | 54,370,687                | 56,804,108               |
| <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>                   |                           | 5.23%                    |
| <b>6</b> | Target normal cost  |                            |                           |                          |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  |                           | 986,567                  |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  |                           | 280,000                  |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  |                           | 1,266,567                |

**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>ERIC DUPONT / E.D.</u>     | <u>10/6/2025</u>                       |
|                              | Signature of actuary          | Date                                   |
| ERIC DUPONT                  | Type or print name of actuary | 2306639                                |
| MERCER (US) INC              | Firm name                     | Most recent enrollment number          |
| 17901 VON KARMAN, SUITE 1100 | Address of the firm           | 949-222-1310                           |
| IRVINE CA 92614              |                               | Telephone number (including area code) |

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



**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

| (A)<br>Retirement age | (B)<br>Retirement Percent | (C)<br>Lx | (D)<br>Number of employees expected to retire (B) x (C) | (E)<br>(A) x (D) |
|-----------------------|---------------------------|-----------|---|------------------|
| 55                    | 5.0%                      | 10,000    | 500.00  | 27,500           |
| 56                    | 10.0%                     | 9,500     | 950.00  | 53,200           |
| 57                    | 10.0%                     | 8,550     | 855.00  | 48,735           |
| 58                    | 10.0%                     | 7,695     | 769.5   | 44,631           |
| 59                    | 10.0%                     | 6,926     | 692.55  | 40,860           |
| 60                    | 10.0%                     | 6,233     | 623.29  | 37,398           |
| 61                    | 10.0%                     | 5,610     | 560.96  | 34,219           |
| 62                    | 30.0%                     | 5,049     | 1,514.60  | 93,906           |
| 63                    | 25.0%                     | 3,534     | 883.52  | 55,662           |
| 64                    | 10.0%                     | 2,651     | 265.06  | 16,964           |
| 65                    | 25.0%                     | 2,386     | 596.38  | 38,764           |
| 66                    | 35.0%                     | 1,789     | 626.20  | 41,329           |
| 67                    | 30.0%                     | 1,163     | 348.88  | 23,375           |
| 68                    | 30.0%                     | 814       | 244.22  | 16,607           |
| 69                    | 30.0%                     | 570       | 170.95  | 11,795           |
| 70                    | 100.00%                   | 399       | 398.89  | 27,922           |
| Total                 |                           |           | 10,000.00   | 612,867          |
| Average               |                           |           |   | 61.28            |

**Schedule SB, Part V — Summary of Plan Provisions**

**Summary of major plan provisions**

|  |   |
|--|---|
| Effective date and plan year                     | Original plan: December 31, 1954<br>Restated plan: January 1, 2016<br>Plan year: January 1 through December 31                                    |
| Status of the plan                               | The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements. |
| Significant events that occurred during the year | None  |
| Sponsor employer                                 | Earle M. Jorgensen Company  |

**Definitions**

- Participation**  
 Each employee who is not clerical or salaried and who is a member of a group of employees to whom the plan is extended by collective bargaining agreement between the company and the collective bargaining representative for that group of employees is eligible to participate in the Plan upon the date of hire.  
 Effective April 1, 1983 employees employed at the company’s Forge Seattle plant shall not be eligible to participate in the plan.  
 Employees of the Kilsby-Roberts Division and the Republic Division of the company are not eligible to participate in the plan.

| Benefit rates | Division  | Location | Bargaining            | Contract   | Current | Effective |
|---------------|-----------|----------|-----------------------|------------|---------|-----------|
|               | /District |          | Unit                  | Expires    | Rate    | Date      |
| 10 477        |           | St Louis | Teamster<br>Local 610 | 12/31/2024 | \$40.00 | 9/1/2000  |
|               |           |          |                       |            | 45.00   | 9/15/2003 |
|               |           |          |                       |            | 47.00   | 9/15/2009 |
|               |           |          |                       |            | 49.60   | 1/1/2013  |
|               |           |          |                       |            | 52.20   | 1/1/2014  |
|               |           |          |                       |            | 54.80   | 1/1/2015  |
|               |           |          |                       |            | 57.40   | 1/1/2016  |
|               |           |          |                       |            | 60.00   | 9/1/2016  |
|               |           |          |                       |            | 61.25   | 1/1/2018  |
|               |           |          |                       |            | 62.50   | 1/1/2019  |
|               |           |          |                       |            | 63.75   | 1/1/2020  |
|               |           |          |                       |            | 65.00   | 1/1/2021  |
|               |           |          |                       |            | 66.25   | 1/1/2022  |
|               |           |          |                       |            | 67.50   | 1/1/2023  |
| 68.75         | 1/1/2024  |          |                       |            |         |           |
| 70.00         | 9/1/2024  |          |                       |            |         |           |

**Schedule SB, Part V — Summary of Plan Provisions**

| Division /District | Location  | Bargaining Unit                               | Contract Expires | Current Rate | Effective Date |
|--------------------|-----------|---|------------------|--------------|----------------|
| 10 429             | Cleveland | Steelworkers<br>6037-4                        | 6/30/2028        | \$36         | 11/1/2000      |
|                    |           |   |                  | 40           | 11/1/2003      |
|                    |           |   |                  | 41           | 11/1/2006      |
|                    |           |   |                  | 42           | 11/1/2010      |
|                    |           |   |                  | 43           | 11/1/2012      |
|                    |           |   |                  | 45           | 11/1/2014      |
|                    |           |   |                  | 46           | 11/1/2015      |
|                    |           |   |                  | 47           | 11/1/2016      |
|                    |           |   |                  | 48           | 11/1/2017      |
|                    |           |   |                  | 50           | 11/1/2018      |
|                    |           |   |                  | 52           | 11/1/2019      |
|                    |           |   |                  | 53.50        | 11/1/2020      |
|                    |           |   |                  | 54.50        | 11/1/2021      |
|                    |           |   |                  | 55.50        | 11/1/2022      |
|                    |           |   |                  | 56.50        | 7/1/2023       |
|                    |           |   |                  | 57.50        | 7/1/2024       |
|                    |           |   |                  | 58.50        | 7/1/2025       |
| 59.50              | 7/1/2026  |   |                  |              |                |
| 60.50              | 7/1/2027  |   |                  |              |                |
| 10 423             | Chicago   | UAW Local<br>145 (EMJ<br>Census<br>Code 714W) | 2/28/2027        | \$37         | 9/1/2000       |
|                    |           |   |                  | 39           | 3/1/2004       |
|                    |           |   |                  | 41           | 3/1/2005       |
|                    |           |   |                  | 43           | 3/1/2006       |
|                    |           |   |                  | 45           | 3/1/2007       |
|                    |           |   |                  | 47           | 3/1/2008       |
|                    |           |   |                  | 49           | 3/1/2009       |
|                    |           |   |                  | 51           | 3/1/2010       |
|                    |           |   |                  | 53           | 3/1/2011       |
|                    |           |   |                  | 54           | 3/1/2012       |
|                    |           |   |                  | 56           | 3/1/2013       |
|                    |           |   |                  | 57           | 3/1/2014       |
|                    |           |   |                  | 58           | 6/1/2015       |
|                    |           |   |                  | 59           | 3/1/2016       |
|                    |           |   |                  | 60           | 3/1/2017       |
|                    |           |   |                  | 61           | 3/1/2018       |
|                    |           |   |                  | 63           | 3/1/2019       |
| 65                 | 3/1/2020  |   |                  |              |                |
| 67                 | 3/1/2021  |   |                  |              |                |
| 68                 | 3/1/2022  |   |                  |              |                |
| 70                 | 3/1/2023  |   |                  |              |                |
| 72                 | 3/1/2024  |   |                  |              |                |
| 74                 | 3/1/2025  |   |                  |              |                |
| 76                 | 3/1/2026  |   |                  |              |                |
| 11 114             | Boston    | Steelworkers<br>3746                          | 4/30/2028        | \$35         | 1/1/1999       |
|                    |           |   |                  | 37           | 5/1/2004       |
|                    |           |   |                  | 39           | 5/1/2005       |

**Schedule SB, Part V — Summary of Plan Provisions**

|  |        |           |              |           |                  |           |
|--|--------|-----------|--------------|-----------|------------------|-----------|
|  |        |           |              |           | 41               | 5/1/2009  |
|  |        |           |              |           | 48               | 5/1/2013  |
|  |        |           |              |           | 49               | 5/1/2018  |
|  |        |           |              |           | 50.50            | 5/1/2019  |
|  |        |           |              |           | 52.50            | 5/1/2020  |
|  |        |           |              |           | 53.50            | 5/1/2021  |
|  |        |           |              |           | 54.50            | 5/1/2022  |
|  |        |           |              |           | 55.50            | 5/1/2023  |
|  |        |           |              |           | 57.00            | 5/1/2024  |
|  |        |           |              |           | 59.00            | 5/1/2025  |
|  |        |           |              |           | 60.00            | 5/1/2026  |
|  |        |           |              |           | 61.00            | 5/1/2027  |
|  | 10 432 | Dallas    | Teamsters    | 5/4/2026  | \$40             | 5/5/2001  |
|  |        |           | Local 745    |           | 42               | 5/5/2004  |
|  |        |           |              |           | 43               | 5/5/2013  |
|  |        |           |              |           | 44               | 5/5/2015  |
|  |        |           |              |           | 45               | 5/5/2017  |
|  |        |           |              |           | 46               | 5/5/2018  |
|  |        |           |              |           | 47               | 5/5/2019  |
|  |        |           |              |           | 48               | 5/5/2020  |
|  |        |           |              |           | 49               | 5/5/2022  |
|  |        |           |              |           | 51               | 5/5/2023  |
|  |        |           |              |           | 53               | 5/5/2024  |
|  |        |           |              |           | 55               | 5/5/2025  |
|  | 11 130 | Cleveland | Steelworkers | 6/30/2023 | \$38             | 7/1/2001  |
|  |        | Plate     | 6037-2       |           | 41               | 7/1/2004  |
|  |        |           |              |           | 42               | 7/1/2007  |
|  |        |           |              |           | 43               | 7/1/2013  |
|  |        |           |              |           | 45               | 7/1/2014  |
|  |        |           |              |           | 46               | 7/1/2015  |
|  |        |           |              |           | 47               | 7/1/2016  |
|  |        |           |              |           | 48               | 7/1/2017  |
|  |        |           |              |           | 50               | 7/1/2018  |
|  |        |           |              |           | 52               | 7/1/2019  |
|  |        |           |              |           | 53.50            | 7/1/2020  |
|  |        |           |              |           | 54.50            | 7/1/2021  |
|  |        |           |              |           | 55.50            | 7/1/2022  |
|  | 10 453 | Houston   | Steelworkers | 11/1/2004 | \$35             | 11/1/2001 |
|  |        |           | 6635         |           | N/A <sup>1</sup> | 11/1/2004 |

- **Vesting service** 100% vested after completion of 5 years of service or attainment of age 65. A year of vesting service is earned for any computation period during which the employee is credited with at least 1000 hours of service. The computation period is any 12 month period commencing with the employee’s hire date or any anniversary thereof.

<sup>1</sup> Note that Houston renegotiated out of their contract during 2004 and participants at that location are now shown as transferred out.

**Schedule SB, Part V — Summary of Plan Provisions**

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Benefit service</li> </ul> | <p>Years of service are measured from date of hire.</p> <p>Prior to 1976, 1 month of benefit service is earned for each full month of continuous service completed.</p> <p>After 1975, a participant shall earn 1 month of benefit service for each 174 hours of service completed, up to maximum of twelve months in any calendar year.</p> <p>Former employees of Allan United Steel Corporation, Bedford Grinding Corporation, and Archer Corporation shall not receive benefit service for service prior to 1977.</p> <p>Employees represented by United Steelworkers of America, Local 6635 (Houston, Texas) shall not receive benefit service prior to November 1, 2001.</p> |
| <b>Normal retirement</b>  |  |
| <ul style="list-style-type: none"> <li>Eligibility</li> </ul>     | Age 65   |
| <ul style="list-style-type: none"> <li>Benefit</li> </ul>         | <p>A monthly amount equal to the greater of:</p> <ul style="list-style-type: none"> <li>a. Years of benefit service times the benefit rate.</li> <li>b. The grandfathered benefit as of December 31, 1998 plus the benefit rate times years of benefit service since December 31, 1998.</li> </ul>   |
| <b>Early retirement</b>   |  |
| <ul style="list-style-type: none"> <li>Eligibility</li> </ul>     | A participant may retire following the attainment of age 55 and the completion of 5 years of vesting service.  |
| <ul style="list-style-type: none"> <li>Benefit</li> </ul>         | <p>The accrued normal retirement benefit, reduced by 0.5% for each month by which the benefit commencement date precedes:</p> <ul style="list-style-type: none"> <li>a. Age 62, if termination occurred at age 55 or older.</li> <li>b. Age 65, if termination occurred prior to age 55.</li> </ul>  |
| <b>Late retirement</b>  |  |
| <ul style="list-style-type: none"> <li>Eligibility</li> </ul>     | Participant who elects to retire after their Normal Retirement Date.   |
| <ul style="list-style-type: none"> <li>Benefit</li> </ul>         | The accrued normal retirement benefit based on benefit service earned through late retirement date.  |
| <b>Disability</b>   |  |
| <ul style="list-style-type: none"> <li>Eligibility</li> </ul>     | <p>Eligible for Social Security disability benefits with either:</p> <ul style="list-style-type: none"> <li>a. 15 years of vesting service, or</li> <li>b. 10 years of vesting service and attainment of age 45.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Benefit</li> </ul>         | <p>The greater of:</p> <ul style="list-style-type: none"> <li>a. The accrued normal retirement benefit reduced by 0.5% for each month by which the benefit commencement date precedes age 62</li> <li>b. \$20 for each completed month of benefit service without reduction for early retirement.</li> </ul> <p>If the participant makes an irrevocable election to defer the payment of benefits to a later date, benefits will continue to accrue at the same benefit multiplier rate as in effect at date of disability.</p>  |

**Schedule SB, Part V — Summary of Plan Provisions**

**Pre-retirement death**

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Eligibility</li> </ul> | <p>The Participant must have completed at least 5 years of vesting service in order for the spouse to receive a pre-retirement death benefit.</p>   |
| <ul style="list-style-type: none"> <li>Benefit</li> </ul>     | <p>If the participant died after age 55 and was either actively employed immediately prior to his death or terminated employment after age 55 but had not yet retired, the death benefit payable to the beneficiary is the survivor portion of the actuarially equivalent 100% joint and survivor annuity payable on the first of the month following the participant’s death.</p> <p>If the participant was actively employed and died prior to age 55, the death benefit payable to the beneficiary is the survivor portion of the actuarially equivalent 100% joint and survivor annuity calculated as if the participant survived to age 55 with benefit service accrued as of the date of death. This annuity is payable to the beneficiary on the first of the month the participant would have attained age 55.</p> <p>If the participant terminated prior to age 55 and then died, the death benefit payable to the beneficiary is the survivor portion of the actuarially equivalent 50% joint and survivor annuity calculated as if the participant survived to age 55 or, if later to the actual date of death, with benefit service accrued as of date of termination. This annuity is payable to the beneficiary on the first of the month the participant would have attained age 55, or if later the first of the month in which death occurred.</p> |

**Form of benefits**

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Automatic form for unmarried participants</li> </ul> | Life annuity   |
| <ul style="list-style-type: none"> <li>Automatic form for married participants</li> </ul>   | 50% joint and survivor annuity   |
| <ul style="list-style-type: none"> <li>Optional forms</li> </ul>                            | <ul style="list-style-type: none"> <li>Single life annuity (for married participants)</li> <li>Joint and survivor annuities (50%, 75% or 100%)</li> <li>Lump sum for benefits with a present value of \$5,000 or less</li> <li>Former participants in the C.A. Roberts Company pension plan may also choose to receive the C.A. Roberts portion of their benefit as a lump sum, 10-year period certain, or life annuity with 10 years certain.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Optional form conversion factors</li> </ul>          | <p>For purpose of determining lump sum, interest and mortality as defined under IRC 417(e).</p> <p>For all other purposes, conversion to the following forms is as follows:<br/> <math>N = 1.130 - 0.008X + .004Y</math> (for a 50% contingent annuity)<br/> <math>N = 1.208 - 0.012X + .006Y</math> (for a 75% contingent annuity)<br/> <math>N = 1.227 - 0.014X + .007Y</math> (for a 100% contingent annuity)<br/>                     Where N is the conversion factor, X equals the Participant’s age at his nearest birthday and Y equals the Beneficiary’s age at her nearest birthday.</p> |

**Miscellaneous**

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Maximum benefits</li> </ul> | <p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.</p> |
|--|--|

**Schedule SB, Part V — Summary of Plan Provisions****Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #1, are included in this valuation:

- **Most recent plan amendments included:** Amendment #1 is the last amendment adopted (on December 4, 2017). We have also included as appropriate, the updated multipliers at Boston, Cleveland, Chicago and Dallas locations per recent negotiations in 2023.
- **Plan amendments excluded:** Amendments adopted after the end of valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
  - Active participants: The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. The valuation assumes all active participants will retire at age 70, so no late retirement increases are included in the valuation.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.  
  
Plan amendments: See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases adopted after the beginning of the plan year or effective after the end of the current plan year are excluded from minimum funding requirements.

**Schedule SB, Part V — Summary of Plan Provisions**

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**Plan provision changes since prior valuation**

The following changes in benefit multipliers were reflected in the January 1, 2024 funding valuation:

- St. Louis was updated from \$67.50 to \$70.00, effective 9/1/2024.
- Dallas was updated from \$49.00 to \$53.00, effective 5/5/2024.
- Cleveland was updated from \$55.50 to \$57.50, effective 7/1/2024.
- Chicago was updated from \$68.00 to \$72.00, effective 3/1/2024.
- Boston was updated from \$54.50 to \$57.00, effective 5/1/2024

Future negotiated benefit increases are shown for Dallas, Cleveland, Chicago and Boston locations and are included for ASC 715 and ASC960 purposes.

The IRS maximum annual benefit limit was updated from 2023 to 2024.

**Earle M. Jorgensen  
Hourly Employees Pension Plan**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2024**

Employer Identification Number: 65-1269024  
Plan Number: 002  
Form Number: 5500

| (a)                               | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party        | (c)<br>Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d)<br>Cost  | (e)<br>Current Value |
|-----------------------------------|--|---|--------------|----------------------|
| <i>Cash and cash equivalents:</i> |  |   |              |                      |
| *                                 | Fidelity Investments   | Money Market Government Portfolio   | \$ 139,395   | \$ 139,395           |
| <i>Commingled funds</i>           |  |   |              |                      |
| *                                 | Spartan 500 Index Pool A   | 52,390 shares   | 14,369,559   | 14,459,241           |
| *                                 | Spartan World Minimum Volatility Index Pool Class A                    | 102,198 shares  | 11,376,007   | 10,957,652           |
| *                                 | FIAM Long U.S. Treasury STRIPS Index Commingled Pool                   | 92,286 shares   | 9,470,489    | 8,438,603            |
| *                                 | FIAM Long Duration CIT   | 350,349 shares  | 8,770,514    | 8,373,352            |
| *                                 | FIAM Long Corporate Commingled Pool - Class A                          | 816,958 shares  | 8,257,654    | 7,875,472            |
| *                                 | FIAM U.S. Real Estate Investment Trust CIT                             | 18,365 shares   | 2,253,176    | 2,178,488            |
| *                                 | FIAM Small/Mid Cap Opportunities Commingled Pool - Class A             | 145,721 shares  | 2,070,540    | 1,962,859            |
| *                                 | FIAM Emerging Markets Debt Commingled Pool                             | 26,587 shares   | 1,969,933    | 1,960,270            |
| *                                 | FIAM Select Canada Equity Commingled Pool                              | 36,245 shares   | 1,691,759    | 1,674,869            |
| *                                 | FIAM Emerging Markets Commingled Pool                                  | 30,080 shares   | 1,716,537    | 1,588,828            |
| *                                 | FIAM Select Emerging Markets Equity                                    | 46,110 shares   | 1,720,389    | 1,588,029            |
| *                                 | FIAM Select International Pool   | 2,889 shares  | 836,866      | 779,868              |
| *                                 | FIAM International Growth Pool   | 12,061 shares   | 845,981      | 776,026              |
| *                                 | FIAM Small Cap Core Pool   | 3,282 shares  | 783,149      | 767,093              |
| *                                 | FIAM International Inflation-Protected Index Commingled Pool - Class A | 875 shares  | 130,958      | 130,958              |
| *                                 | FIAM Floating Rate High Income Commingled Pool                         | 3,144 shares  | 84,970       | 85,316               |
| <i>Total commingled funds:</i>    |  |   | 66,348,481   | 63,596,924           |
| <i>Mutual funds:</i>              |  |   |              |                      |
| *                                 | Fidelity Long-Term Treasury Bond Index Fund                            | 142,605 shares  | 1,349,591    | 1,307,686            |
| *                                 | Fidelity Select Gold Portfolio   | 19,737 shares   | 545,136      | 486,331              |
| *                                 | Fidelity Capital & Income Fund   | 6,480 shares  | 67,191       | 65,775               |
| <i>Total mutual funds:</i>        |  |   | 1,961,918    | 1,859,792            |
| <i>Total investments:</i>         |  |   | \$68,449,794 | \$ 65,596,111        |

\*Represents a party-in-interest as defined by ERISA.

***Schedule SB, Line 24 — Change in Actuarial Assumptions***

The retirement rates, withdrawal rates, form of payment and deferred vested benefit commencement age have been updated based on recent experience study.