

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan KLOECKNER METALS DEFINED BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 04/01/1972
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KLOECKNER METALS CORPORATION 500 COLONIAL CENTER PARKWAY SUITE 500 ROSWELL, GA 30076
2b	Employer Identification Number (EIN) 38-2046626
2c	Plan Sponsor's telephone number 678-259-8800
2d	Business code (see instructions) 331200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	STEVE ERDMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	STEVE ERDMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 1992																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"><tr><td>6a(1)</td><td>415</td></tr><tr><td>6a(2)</td><td>375</td></tr><tr><td>6b</td><td>864</td></tr><tr><td>6c</td><td>439</td></tr><tr><td>6d</td><td>1678</td></tr><tr><td>6e</td><td>255</td></tr><tr><td>6f</td><td>1933</td></tr><tr><td>6g(1)</td><td></td></tr><tr><td>6g(2)</td><td></td></tr><tr><td>6h</td><td>0</td></tr></table>	6a(1)	415	6a(2)	375	6b	864	6c	439	6d	1678	6e	255	6f	1933	6g(1)		6g(2)		6h	0
6a(1)	415																				
6a(2)	375																				
6b	864																				
6c	439																				
6d	1678																				
6e	255																				
6f	1933																				
6g(1)																					
6g(2)																					
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

1A 1D

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

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan KLOECKNER METALS DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KLOECKNER METALS CORPORATION	D Employer Identification Number (EIN) 38-2046626
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	197257974	
b	Actuarial value	2b	197257974	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1114	83697730	83697730
b	For terminated vested participants	477	31133626	31133626
c	For active participants	415	73962552	74031538
d	Total	2006	188793908	188862894
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.17 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	4159309	
b	Expected plan-related expenses	6b	620000	
c	Target normal cost	6c	4779309	

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

SIGN HERE	Signature of actuary WILLIAM STRANGE Type or print name of actuary MILLIMAN, INC. Firm name 12790 MERIT DRIVE, SUITE 800 DALLAS, TX 75251 Address of the firm	09/26/2025 Date 23-07903 Most recent enrollment number 214-863-5500 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	10744190	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2135699	0
9 Amount remaining (line 7 minus line 8)	8608491	0
10 Interest on line 9 using prior year's actual return of <u>8.18</u> %	704175	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9312666	0

Part III Funding Percentages

14 Funding target attainment percentage	14	99.51 %
15 Adjusted funding target attainment percentage	15	104.44 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.47 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	4779309	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	4779309	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	4779309	0	4779309
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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		
A Name of plan KLOECKNER METALS DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KLOECKNER METALS CORPORATION	D Employer Identification Number (EIN) 38-2046626	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	ACTUARIAL	263147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28	TRUSTEE	245829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RETIREMENT FUND MGMT

58-2223362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	93480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WINDHAM BRANNON, LLC

58-1763439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	18250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan KLOECKNER METALS DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KLOECKNER METALS CORPORATION	D Employer Identification Number (EIN) 38-2046626	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: LIABILITY DRIVEN SOLUTION II F			
b Name of sponsor of entity listed in (a): PRINCIPAL			
c EIN-PN 80-6049172-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126693639	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2000 INDEX CIT F			
b Name of sponsor of entity listed in (a): PRINCIPAL			
c EIN-PN 52-2265233-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 597560	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INTL EQUITY INDEX CIT F			
b Name of sponsor of entity listed in (a): PRINCIPAL			
c EIN-PN 52-2265229-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1061523	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE CAP GROWTH INDEX			
b Name of sponsor of entity listed in (a): PRINCIPAL			
c EIN-PN 52-2265227-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1107377	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE CAP VALUE INDEX			
b Name of sponsor of entity listed in (a): PRINCIPAL			
c EIN-PN 52-2265232-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1123444	
a Name of MTIA, CCT, PSA, or 103-12 IE: LIABILITY DRIVEN SOLUTION CIT III F			
b Name of sponsor of entity listed in (a): PRINCIPAL/MULTI-MANAGER			
c EIN-PN 46-7074916-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3814626	
a Name of MTIA, CCT, PSA, or 103-12 IE: LIABILITY DRIVEN SOLUTION CIT I F			
b Name of sponsor of entity listed in (a): PRINCIPAL			
c EIN-PN 30-6225619-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47674271	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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		
A Name of plan KLOECKNER METALS DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 KLOECKNER METALS CORPORATION		D Employer Identification Number (EIN) 38-2046626

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1045	2570
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	727280	1149339
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	195866233	182072440
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	663416	640401
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	197257974	183864750
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	197257974	183864750

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13654	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13654
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	23883	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		23883
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-3490361
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-8870
c Other income	2c		170
d Total income. Add all income amounts in column (b) and enter total	2d		-3461524

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9109230	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9109230
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	164301	
(4) IQPA audit fees	2i(4)	18250	
(5) Investment advisory and investment management fees	2i(5)	93480	
(6) Bank or trust company trustee/custodial fees	2i(6)	245829	
(7) Actuarial fees	2i(7)	98846	
(8) Legal fees	2i(8)	572	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	201192	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		822470
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9931700

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-13393224
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WINDHAM BRANNON, LLC**

(2) EIN: **58-1763439**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554914.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		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					
A Name of plan KLOECKNER METALS DEFINED BENEFIT PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KLOECKNER METALS CORPORATION				D Employer Identification Number (EIN) 38-2046626	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1347373					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	12
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☒ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 3.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 97.00 %

High-Yield Debt: 0.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 0.00 % Other: 0.00 %

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_____.

Kloeckner Metals Defined Benefit Plan

Financial Statements

December 31, 2024 and 2023

Kloeckner Metals Defined Benefit Plan

Table of Contents December 31, 2024 and 2023

Independent Auditor’s Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4j – Schedule of Reportable Transactions	17



INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and participants of the
Kloeckner Metals Defined Benefit Plan

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

We have performed audits of the financial statements of the Kloeckner Metals Defined Benefit 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) which 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 (the financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is responsible for maintaining a current Plan instrument, including all Plan amendments. Management is also responsible for 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 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 substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 the 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to

or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion,

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

Windham Brannon, LLC

October 2, 2025

Kloeckner Metals Defined Benefit Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value		
Money market fund	\$ 1,149,339	\$ 727,280
Mutual funds	640,401	663,416
Common/collective trust funds	182,072,440	195,866,233
Total investments, at fair value	183,862,180	197,256,929
Receivables		
Accrued income	2,570	1,045
Total receivables	2,570	1,045
Net assets available for benefits	\$ 183,864,750	\$ 197,257,974

Kloeckner Metals Defined Benefit Plan

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

	2024	2023
Additions		
Net change in fair value of investments	\$ -	\$ 15,231,442
Employer contributions	-	2,300,000
Total additions	-	17,531,442
Deductions		
Net change in fair value of investments	3,461,524	-
Benefit payments	9,109,230	9,821,672
Administrative expenses	822,470	678,353
Total deductions	13,393,224	10,500,025
Net (decrease) increase	(13,393,224)	7,031,417
Net assets available for benefits		
Beginning of year	197,257,974	190,226,557
End of year	\$ 183,864,750	\$ 197,257,974

Kloeckner Metals Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of Kloeckner Metals Defined Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions, copies of which are available from the plan administrator.

General

The Plan is a non-contributory defined benefit pension plan covering substantially all non-union employees of participating affiliates of Kloeckner Metals Corporation (the Company) who had completed one year of service as of January 1, 2013 (the freeze date). Effective January 1, 2013, the Plan was frozen such that employees hired on or after January 1, 2013 are not eligible to participate in the Plan. During 2019, another non-contributory defined benefit plan from an affiliate of the Company merged into the Plan (the Macsteel Plan). The Macsteel Plan covered substantially all employees of Macsteel with five or more years of service as of December 31, 1999. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Contributions to the Plan are made by the Company based upon actuarially determined annual funding amounts. As of December 31, 2024 and 2023, the Plan has met the current minimum funding contribution requirements of ERISA.

Benefit Payments

Upon attainment of normal retirement age of 65 years, each participant from the Macsteel Plan is entitled to a monthly benefit payment equal to the sum of (a) benefits earned under previous plan formulas, which calculated benefits using various percentages of participants' annual compensation prior to January 1, 2000 and (b) one-twelfth of 1% of the participants' annual compensation for years beginning January 1, 2000. Unless otherwise elected in accordance with Plan provisions, a married participant receives benefit payments in the form of a joint and survivor annuity. Unmarried participants, unless otherwise waived in accordance with Plan provisions, received benefit payments in the form of a life annuity.

For all other participants in the Plan, upon attainment of normal retirement age of 65 years, each participant shall be entitled to a monthly benefit equal to one-twelfth of the sum of (a) 1.2% of the participant's average annual compensation multiplied by the number of years of credited service, and (b) 0.65% of the amount, if any, by which the participant's average annual compensation exceeds covered compensation (the average of the social security taxable wage base in effect for each year during the 35-year period that ends with the year in which the participant's social security retirement date occurs) multiplied by the number of years of credited service, reduced by the monthly amount provided by the floor plan offset. Unless otherwise elected in accordance with Plan provisions, a married participant shall receive the benefits in the

Kloeckner Metals Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

form of a joint and survivor annuity. Unmarried participants, unless otherwise waived in accordance with Plan provisions, shall receive the benefits in the form of a life annuity. The floor plan offset considers certain previous, non-contributory retirement benefits earned from the Company or any of its related entities by Plan participants.

The Plan permits early retirement at reduced benefit payments for those participants who have reached age 55 and have at least five years of credited service. Excluding the Macsteel Plan participants and participants with certain previously stored benefits from prior merged plans, participants whose actuarial equivalent single sum benefit is \$10,000 or greater on the benefit commencement date are not eligible to elect a lump sum payment. If the actuarial present value of a participant's vested accrued benefit is \$1,000 or less at the termination or retirement date, the participant's benefit is automatically distributed in the form of a lump-sum, as soon as administratively practicable. If the actuarial present value of a participant's vested accrued benefit is between \$1,000 and \$5,000 at the termination or retirement date, the participant's benefit will be distributed in the form of a lump sum payment automatically rolled over into an individual retirement account (IRA).

Participants who previously participated in predecessor plans may be subject to different accrued benefits calculated under previous plan formulas.

Effective December 31, 2024, the Plan was amended such that all benefit accruals to participants will be frozen and no participant's accrued benefit will increase after December 31, 2024.

Death and Disability Benefits

In the event of death prior to normal retirement age, a participant's beneficiary is entitled to receive a death benefit equal to the actuarial equivalent of the participant's accrued benefit at the date of death. Participants are entitled to disability benefit payments should they become totally disabled prior to normal retirement age.

Deferred Vested Benefits

Upon termination of employment for reasons other than death, total disability, or retirement, a participant with greater than five years of service is entitled to a deferred vested benefit commencing at normal retirement age. This benefit is equal to the participant's accrued benefit at the date of termination. Participants who terminate with less than five years of service forfeit any accrued benefits.

Participants who previously participated in predecessor plans may be subject to different vesting schedules.

Kloeckner Metals Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

Administrative Expenses

The Plan pays the custodian fees, audit, legal, and Pension Benefit Guaranty Corporation (PBGC) fees. All other administrative expenses are paid by the Company. The Company does not expect reimbursement from the Plan for these expenses. Payments made to service providers of the Plan qualify as party-in-interest transactions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Net change in fair value of investments includes realized and unrealized gains and losses, interest, and dividends on those investments.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic benefit payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on participants' average annual compensation, as defined, and the number of years of credited service. The accumulated plan benefits for active employees are based on their current compensation and credited service on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included in accumulated plan benefits to the extent they are deemed attributable to service rendered to the valuation date.

Kloeckner Metals Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 2, 2025, which is the date the financial statements were available to be issued.

3. Information Certified by the Qualified Institution

All information in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net change in fair value of the investments for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Principal Bank (Principal), the Plan's qualified institution.

4. Investments

As of December 31, 2024 and 2023, Plan investments include units in common/collective trust funds managed by Principal. Through May 2023, the Plan was also invested in a money market fund managed by Principal. Principal is a service provider for the Plan; therefore, transactions in these securities qualify as party-in-interest transactions.

Investments are exposed to various risks such as market, currency, interest rate, and credit risks. Market risks include U.S. and global events which could impact the value of Plan investments. Such events would include healthcare crises, such as a pandemic, international conflicts, supply chain disruptions, global monetary policy decisions, significant exogenous economic influences, significant cybersecurity attacks, or similar events. It is at least reasonably possible that changes in their fair values will occur in the near term, and that such changes could materially affect the funded status of the Plan.

The Financial Accounting Standards Board established 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 into three levels. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities, and the lowest priority to unobservable inputs.

The three levels of the fair value hierarchy are described as follows:

Level 1 – unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access

Kloeckner Metals Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

Level 2 – other significant observable inputs, including quoted prices for identical assets in inactive markets

Level 3 – unobservable inputs

Observable inputs are those based on market data obtained from sources independent of the Plan, and unobservable inputs reflect the Plan's own assumptions based on the best information available. The input levels are not necessarily an indication of the risk or liquidity associated with financial instruments at that level but rather the degree of judgment used in determining those values.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Investments in the money market fund and mutual funds are based on quoted market prices for the identical security in an active market and are considered Level 1 assets.

The Plan holds units in common/collective trust funds that are valued daily at the net asset value (NAV) of the funds. The NAVs are based on the fair value of the common/collective trust funds' underlying investments. The Plan can trade the common/collective trust funds daily. The common/collective trust funds are considered to be Level 2 assets because they are not considered to be traded in a public market.

The following table summarizes the Plan's investments based on the inputs used to determine their values as of December 31, 2024 and 2023:

	2024		
	Level 1	Level 2	Total
Money market fund	\$ 1,149,339	\$ -	\$ 1,149,339
Mutual funds	640,401	-	640,401
Common/collective trust funds	-	182,072,440	182,072,440
Total	\$ 1,789,740	\$ 182,072,440	\$ 183,862,180

	2023		
	Level 1	Level 2	Total
Money market fund	\$ 727,280	\$ -	\$ 727,280
Mutual funds	663,416	-	663,416
Common/collective trust funds	-	195,866,233	195,866,233
Total	\$ 1,390,696	\$ 195,866,233	\$ 197,256,929

Kloeckner Metals Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

5. Benefit Obligations

As of the beginning of the Plan year, the actuarial present value of accumulated plan benefits is determined by Milliman, Inc., the Company's consulting actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation of the Plan were (a) life expectancy of participants based upon the IRS applicable mortality, (b) retirement age assumptions, and (c) investment return assumed at an interest rate of 5.25% compounded annually. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. As of the beginning of the 2024 Plan year, there were 415 active participants, 477 terminated vested participants, and 1,114 participants receiving benefits.

The actuarial present value of accumulated plan benefits as of January 1, 2024 was as follows:

Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 81,620,926
Participants with deferred benefits	30,921,245
Active participants	73,419,837
Total	185,962,008
Non-vested benefits	70,439
Actuarial present value of accumulated plan benefits as of January 1, 2024	\$ 186,032,447

The change in the actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024 consists of the following:

Actuarial present value of accumulated plan benefits as of January 1, 2023	\$ 182,036,003
Changes due to:	
Reduction in the discount period	9,302,369
Benefits accumulated	4,049,747
Actuarial loss	2,218,201
Benefits paid	(9,821,672)
Changes in actuarial assumptions	(1,752,201)
Total changes	3,996,444
Actuarial present value of accumulated plan benefits as of January 1, 2024	\$ 186,032,447

Kloeckner Metals Defined Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

During the Plan year, the most significant change in actuarial assumptions is related to the mortality improvement scale going from the MP-2021 to the 2024 IRS Adjusted MP-2021.

The Plan's Adjusted Funding Target Attainment Percentage (AFTAP), calculated under provisions of the Internal Revenue Code (IRC), was approximately 95% and 104% at January 1, 2025 and 2024, respectively. Accordingly, there were no restrictions on distributions. 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.

6. Termination of the Plan

Although it has not expressed any intention to do so, the Board of Directors of the Company may terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations governing the priority order of participant's benefits to the net assets of the Plan. To the extent unfunded benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency.

In general, the PBGC will guarantee the payment of most vested normal retirement age benefits and early retirement age benefits that employees were receiving or were entitled to receive as of the date the Plan terminated. Such benefits, however, are only guaranteed to the extent of the actuarial value of the vested benefits as of the date the Plan terminated, payable in the form of a straight-life annuity commencing at age 65. Additionally, the total amount of such guaranteed benefits is subject to an overall ceiling that is adjusted periodically by the PBGC.

7. Income Tax Status

The Plan obtained its latest determination letter on January 25, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and accordingly has no income subject to unrelated business income tax. The Plan's income tax returns for the past three years are subject to examination by taxing authorities and may change upon examination.

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2046626 Plan Number: 002
December 31, 2024

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>
<u>CASH EQUIVALENTS</u>			
OTHER CASH EQUIVALENTS			
SHORT TERM INVESTMENT FUNDS			
	SHORT-TERM INVESTMENT FUND A S1		
	PF9980004		
1,146,420.780	25019600	1,146,420.78	1,146,420.78
<u>2,918.030</u>	25019601	<u>2,918.03</u>	<u>2,918.03</u>
1,149,338.810	TOTAL SHORT-TERM INVESTMENT FUND A S1	1,149,338.81	1,149,338.81
		100.0000	100.0000
	TOTAL SHORT TERM INVESTMENT FUNDS	1,149,338.81	1,149,338.81
	TOTAL OTHER CASH EQUIVALENTS	1,149,338.81	1,149,338.81
	TOTAL CASH EQUIVALENTS	1,149,338.81	1,149,338.81
<u>POOLED, COMMON AND COLLECTIVE FUNDS</u>			
POOLED FUNDS			
	** PRINCIPAL/BLACKROCK INTERNATIONAL		
	EQUITY INDEX CIT N		
	09256V269		
<u>37,898.420</u>	25019601	<u>891,817.05</u>	<u>1,061,523.37</u>
37,898.420	TOTAL PRINCIPAL/BLACKROCK INTERNATIONAL	891,817.05	1,061,523.37
		23.5318	28.0097
	** PRINCIPAL/BLACKROCK LARGE CAP		
	VALUE INDEX CIT N		
	09256V285		
22,586.640	25019601	777,760.15	1,123,443.66
<u>14,388.958</u>	25019601	<u>635,882.52</u>	<u>1,107,377.09</u>
36,975.598	TOTAL PRINCIPAL/BLACKROCK LARGE CAP	1,413,642.67	2,230,820.75
		38.2318	49.7393

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2046626 Plan Number: 002
December 31, 2024

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>
	** PRINCIPAL/BLACKROCK RUSSELL 2000 INDEX CIT N 09256V244 25019601		
<u>10,207.380</u>		<u>423,102.73</u>	<u>597,560.44</u>
10,207.380	TOTAL PRINCIPAL/BLACKROCK RUSSELL 2000	423,102.73 41.4507	597,560.44 58.5420
	** PRINCIPAL/MULTI-MANAGER LIABILITY DRIVEN SOLUTION CIT I 949907455 25019600		
2,791,037.565		42,238,563.24	47,674,270.86
6,827,269.438	25019600	142,084,998.10	126,693,638.96
<u>297,873.351</u>	25019600	<u>4,493,116.19</u>	<u>3,814,625.71</u>
9,916,180.354	TOTAL PRINCIPAL/MULTI-MANAGER LIABILITY	188,816,677.53 19.0413	178,182,535.53 17.0812
	TOTAL POOLED FUNDS	191,545,239.98	182,072,440.09
	TOTAL POOLED, COMMON AND COLLECTIVE FUNDS	191,545,239.98	182,072,440.09
	<u>MUTUAL FUNDS</u>		
	MUTUAL FUNDS - EQUITY		
	ALPS/CORECOMMODITY MANAGEMENT COMPLETE COMMODITIESSM STRATEGY FUND CLASS I 317609667 25019601		
<u>16,255.042</u>		<u>119,814.61</u>	<u>116,873.75</u>
16,255.042	TOTAL ALPS/CORECOMMODITY MANAGEMENT	119,814.61 7.3709	116,873.75 7.1900
	FIDELITY EMERGING MARKETS INDEX FUND CLASS FAI #2344 316146331 25019601		
<u>28,376.009</u>		<u>280,904.62</u>	<u>296,813.05</u>
28,376.009	TOTAL FIDELITY EMERGING MARKETS INDEX	280,904.62 9.8994	296,813.05 10.4600

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2046626 Plan Number: 002
December 31, 2024

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>
	FIDELITY REAL ESTATE INDEX FUND CLASS INS #2355 316146232		
<u>6,998.237</u>	25019601	<u>101,020.59</u>	<u>112,741.60</u>
6,998.237	TOTAL FIDELITY REAL ESTATE INDEX FUND	101,020.59	112,741.60
		14.4351	16.1100
	TOTAL MUTUAL FUNDS - EQUITY	501,739.82	526,428.40
	MUTUAL FUNDS - CORPORATE BONDS		
	TEMPLETON GLOBAL BOND FUND CLASS R6 #356 880208772		
<u>17,670.181</u>	25019601	<u>142,306.47</u>	<u>113,972.67</u>
17,670.181	TOTAL TEMPLETON GLOBAL BOND FUND	142,306.47	113,972.67
		8.0535	6.4500
	TOTAL MUTUAL FUNDS - CORPORATE BONDS	142,306.47	113,972.67
	TOTAL MUTUAL FUNDS	644,046.29	640,401.07
	TOTAL ASSETS AND LIABILITIES	193,338,625.08	183,862,179.97
	ACCRUED INCOME	2,569.92	2,569.92
TOTAL ACCOUNT		<u>193,341,195.00</u>	<u>183,864,749.89</u>

** Indicates a party-in-interest to the Plan.

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
		BEGINNING MARKET VALUE		197,257,974.31			
		COMPARATIVE VALUE (5%)		9,862,898.72			
		-----		-----			
		**ISSUE: 94987Q383 - PRINCIPAL/MULTI-MANAGER LDS CIT III					
25019600	12/06/24 S	2,045,308	13.959	0	28,551,074 *	30,851,395	-2,300,321
		**ISSUE: 949907448 - PRINCIPAL/MULTI-MANAGER LDS CIT II					
25019600	12/06/24 B	2,435,031	19.649	0	47,846,164-*	47,846,164	
		**ISSUE: 949907455 - PRINCIPAL/MULTI-MANAGER LDS CIT I					
25019600	12/06/24 S	1,108,946	17.453	0	19,354,547 *	16,782,393	2,572,154
	GRAND TOTAL			0	95,751,785	95,479,952	271,833

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	----	-----	-----	-----	-----
	BEGINNING MARKET VALUE		197,257,974.31				
	COMPARATIVE VALUE (5%)		<u>9,862,898.72</u>				

*** NO TRANSACTIONS QUALIFIED ***

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
		BEGINNING MARKET VALUE		197,257,974.31			
		COMPARATIVE VALUE (5%)		9,862,898.72			
		-----		-----			
ISSUE: PF9980004 - SHORT-TERM INVESTMENT FUND A S1							
25019600	01/02/24 B	2,604	1.000	0	2,604-	2,604	
25019600	01/03/24 B	771	1.000	0	771-	771	
25019600	01/03/24 B	3,146	1.000	0	3,146-	3,146	
25019600	01/04/24 B	216	1.000	0	216-	216	
25019600	01/05/24 B	508	1.000	0	508-	508	
25019600	01/12/24 B	49	1.000	0	49-	49	
25019600	01/23/24 B	186,341	1.000	0	186,341-	186,341	
25019600	01/30/24 B	679,037	1.000	0	679,037-	679,037	
25019600	02/01/24 B	478	1.000	0	478-	478	
25019600	02/02/24 B	675	1.000	0	675-	675	
25019600	02/05/24 B	94	1.000	0	94-	94	
25019600	02/09/24 B	221	1.000	0	221-	221	
25019600	02/14/24 B	563	1.000	0	563-	563	
25019600	02/20/24 B	2,331	1.000	0	2,331-	2,331	
25019600	02/23/24 B	423,266	1.000	0	423,266-	423,266	
25019600	02/29/24 B	490,582	1.000	0	490,582-	490,582	
25019600	03/04/24 B	1,063	1.000	0	1,063-	1,063	
25019600	03/04/24 B	402	1.000	0	402-	402	
25019600	03/08/24 B	426	1.000	0	426-	426	
25019600	03/18/24 B	322	1.000	0	322-	322	
25019600	03/25/24 B	42	1.000	0	42-	42	
25019600	03/28/24 B	681,737	1.000	0	681,737-	681,737	
25019600	04/02/24 B	1,228	1.000	0	1,228-	1,228	
25019600	04/03/24 B	648	1.000	0	648-	648	
25019600	04/04/24 B	9,951	1.000	0	9,951-	9,951	
25019600	04/05/24 B	212	1.000	0	212-	212	
25019600	04/10/24 B	97	1.000	0	97-	97	
25019600	04/22/24 B	239	1.000	0	239-	239	
25019600	04/24/24 B	142	1.000	0	142-	142	
25019600	04/29/24 B	700,000	1.000	0	700,000-	700,000	
25019600	05/01/24 B	780	1.000	0	780-	780	
25019600	05/02/24 B	683	1.000	0	683-	683	
25019600	05/06/24 B	928	1.000	0	928-	928	
25019600	05/07/24 B	93	1.000	0	93-	93	
25019600	05/29/24 B	971,397	1.000	0	971,397-	971,397	
25019600	05/30/24 B	1,099	1.000	0	1,099-	1,099	
25019600	06/04/24 B	744	1.000	0	744-	744	

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
25019600	06/05/24 B	351	1.000	0	351-	351	
25019600	06/10/24 B	124	1.000	0	124-	124	
25019600	06/12/24 B	488	1.000	0	488-	488	
25019600	06/20/24 B	635	1.000	0	635-	635	
25019600	06/27/24 B	581,904	1.000	0	581,904-	581,904	
25019600	07/02/24 B	1,924	1.000	0	1,924-	1,924	
25019600	07/02/24 B	443	1.000	0	443-	443	
25019600	07/22/24 B	333	1.000	0	333-	333	
25019600	07/30/24 B	662,250	1.000	0	662,250-	662,250	
25019600	07/31/24 B	49	1.000	0	49-	49	
25019600	08/01/24 B	392	1.000	0	392-	392	
25019600	08/02/24 B	928	1.000	0	928-	928	
25019600	08/08/24 B	912	1.000	0	912-	912	
25019600	08/15/24 B	258	1.000	0	258-	258	
25019600	08/16/24 B	50	1.000	0	50-	50	
25019600	08/20/24 B	97	1.000	0	97-	97	
25019600	08/27/24 B	265	1.000	0	265-	265	
25019600	08/29/24 B	875,660	1.000	0	875,660-	875,660	
25019600	09/04/24 B	604	1.000	0	604-	604	
25019600	09/04/24 B	319	1.000	0	319-	319	
25019600	09/11/24 B	124	1.000	0	124-	124	
25019600	09/17/24 B	2,615	1.000	0	2,615-	2,615	
25019600	09/27/24 B	628,686	1.000	0	628,686-	628,686	
25019600	10/01/24 B	194	1.000	0	194-	194	
25019600	10/02/24 B	202,521	1.000	0	202,521-	202,521	
25019600	10/03/24 B	270	1.000	0	270-	270	
25019600	10/09/24 B	269	1.000	0	269-	269	
25019600	10/10/24 B	340	1.000	0	340-	340	
25019600	10/22/24 B	187,041	1.000	0	187,041-	187,041	
25019600	10/29/24 B	721,589	1.000	0	721,589-	721,589	
25019600	11/01/24 B	198	1.000	0	198-	198	
25019600	11/04/24 B	829	1.000	0	829-	829	
25019600	11/12/24 B	224	1.000	0	224-	224	
25019600	11/27/24 B	784,324	1.000	0	784,324-	784,324	
25019600	11/27/24 B	743	1.000	0	743-	743	
25019600	12/03/24 B	904	1.000	0	904-	904	
25019600	12/03/24 B	153	1.000	0	153-	153	
25019600	12/05/24 B	573	1.000	0	573-	573	
25019600	12/09/24 B	58,884	1.000	0	58,884-	58,884	
25019600	12/13/24 B	601	1.000	0	601-	601	
25019600	12/18/24 B	1,066,461	1.000	0	1,066,461-	1,066,461	
25019600	12/30/24 B	500	1.000	0	500-	500	
25019601	01/03/24 B	24	1.000	0	24-	24	
25019601	02/02/24 B	26	1.000	0	26-	26	
25019601	03/04/24 B	9	1.000	0	9-	9	
25019601	03/06/24 B	14	1.000	0	14-	14	

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
25019601	04/02/24 B	10	1.000	0	10-	10	
25019601	04/03/24 B	14	1.000	0	14-	14	
25019601	05/02/24 B	20	1.000	0	20-	20	
25019601	06/04/24 B	17	1.000	0	17-	17	
25019601	07/02/24 B	17	1.000	0	17-	17	
25019601	07/19/24 B	8,875	1.000	0	8,875-	8,875	
25019601	08/02/24 B	16	1.000	0	16-	16	
25019601	08/05/24 B	15	1.000	0	15-	15	
25019601	09/04/24 B	47	1.000	0	47-	47	
25019601	10/02/24 B	47	1.000	0	47-	47	
25019601	11/04/24 B	46	1.000	0	46-	46	
25019601	12/03/24 B	33	1.000	0	33-	33	
25019601	12/18/24 B	1,066,461	1.000	0	1,066,461-	1,066,461	
SUB-TOTAL OF BUYS # 96				0	11,024,835	11,024,835	
25019600	01/02/24 S	678,217	1.000	0	678,217	678,217	0
25019600	01/02/24 S	8,856	1.000	0	8,856	8,856	0
25019600	01/05/24 S	17	1.000	0	17	17	0
25019600	01/16/24 S	49	1.000	0	49	49	0
25019600	01/22/24 S	44,122	1.000	0	44,122	44,122	0
25019600	01/24/24 S	9,718	1.000	0	9,718	9,718	0
25019600	01/25/24 S	15,870	1.000	0	15,870	15,870	0
25019600	02/01/24 S	674,784	1.000	0	674,784	674,784	0
25019600	02/13/24 S	221	1.000	0	221	221	0
25019600	02/13/24 S	39,625	1.000	0	39,625	39,625	0
25019600	02/16/24 S	563	1.000	0	563	563	0
25019600	02/21/24 S	7,094	1.000	0	7,094	7,094	0
25019600	02/26/24 S	212	1.000	0	212	212	0
25019600	02/27/24 S	173,854	1.000	0	173,854	173,854	0
25019600	03/01/24 S	678,548	1.000	0	678,548	678,548	0
25019600	03/12/24 S	220	1.000	0	220	220	0
25019600	03/21/24 S	4,054	1.000	0	4,054	4,054	0
25019600	03/27/24 S	50,354	1.000	0	50,354	50,354	0
25019600	04/01/24 S	681,737	1.000	0	681,737	681,737	0
25019600	04/01/24 S	16,014	1.000	0	16,014	16,014	0
25019600	04/05/24 S	648	1.000	0	648	648	0
25019600	04/10/24 S	308	1.000	0	308	308	0
25019600	04/16/24 S	97	1.000	0	97	97	0
25019600	04/18/24 S	125	1.000	0	125	125	0
25019600	04/22/24 S	60,592	1.000	0	60,592	60,592	0
25019600	04/23/24 S	5,851	1.000	0	5,851	5,851	0
25019600	04/24/24 S	239	1.000	0	239	239	0
25019600	04/26/24 S	142	1.000	0	142	142	0
25019600	05/01/24 S	674,319	1.000	0	674,319	674,319	0
25019600	05/03/24 S	221	1.000	0	221	221	0

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
25019600	05/08/24 S	928	1.000	0	928	928	0
25019600	05/08/24 S	15,870	1.000	0	15,870	15,870	0
25019600	05/09/24 S	93	1.000	0	93	93	0
25019600	05/14/24 S	11,503	1.000	0	11,503	11,503	0
25019600	05/23/24 S	4,758	1.000	0	4,758	4,758	0
25019600	06/03/24 S	679,061	1.000	0	679,061	679,061	0
25019600	06/03/24 S	13,556	1.000	0	13,556	13,556	0
25019600	06/03/24 S	20,830	1.000	0	20,830	20,830	0
25019600	06/04/24 S	125	1.000	0	125	125	0
25019600	06/12/24 S	124	1.000	0	124	124	0
25019600	06/12/24 S	3,164	1.000	0	3,164	3,164	0
25019600	06/18/24 S	16,011	1.000	0	16,011	16,011	0
25019600	06/24/24 S	11,442	1.000	0	11,442	11,442	0
25019600	07/01/24 S	681,463	1.000	0	681,463	681,463	0
25019600	07/05/24 S	91	1.000	0	91	91	0
25019600	07/10/24 S	954	1.000	0	954	954	0
25019600	07/22/24 S	58,980	1.000	0	58,980	58,980	0
25019600	07/24/24 S	37,189	1.000	0	37,189	37,189	0
25019600	08/01/24 S	693,273	1.000	0	693,273	693,273	0
25019600	08/12/24 S	17	1.000	0	17	17	0
25019600	08/13/24 S	10,234	1.000	0	10,234	10,234	0
25019600	08/23/24 S	19,878	1.000	0	19,878	19,878	0
25019600	08/26/24 S	15,870	1.000	0	15,870	15,870	0
25019600	08/28/24 S	265	1.000	0	265	265	0
25019600	09/03/24 S	700,919	1.000	0	700,919	700,919	0
25019600	09/04/24 S	14,227	1.000	0	14,227	14,227	0
25019600	09/13/24 S	124	1.000	0	124	124	0
25019600	09/23/24 S	10,620	1.000	0	10,620	10,620	0
25019600	10/01/24 S	710,514	1.000	0	710,514	710,514	0
25019600	10/04/24 S	15,870	1.000	0	15,870	15,870	0
25019600	10/07/24 S	201,192	1.000	0	201,192	201,192	0
25019600	10/08/24 S	2,104	1.000	0	2,104	2,104	0
25019600	10/08/24 S	18,250	1.000	0	18,250	18,250	0
25019600	10/15/24 S	340	1.000	0	340	340	0
25019600	10/18/24 S	323	1.000	0	323	323	0
25019600	10/21/24 S	53,255	1.000	0	53,255	53,255	0
25019600	10/23/24 S	32,013	1.000	0	32,013	32,013	0
25019600	11/01/24 S	721,589	1.000	0	721,589	721,589	0
25019600	11/04/24 S	5,899	1.000	0	5,899	5,899	0
25019600	11/06/24 S	151	1.000	0	151	151	0
25019600	11/07/24 S	16,870	1.000	0	16,870	16,870	0
25019600	11/18/24 S	13,272	1.000	0	13,272	13,272	0
25019600	11/20/24 S	5,146	1.000	0	5,146	5,146	0
25019600	11/25/24 S	9,892	1.000	0	9,892	9,892	0
25019600	11/26/24 S	37,596	1.000	0	37,596	37,596	0
25019600	12/02/24 S	726,607	1.000	0	726,607	726,607	0

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
25019600	12/05/24 S	102	1.000	0	102	102	0
25019600	12/16/24 S	262	1.000	0	262	262	0
25019600	12/17/24 S	91	1.000	0	91	91	0
25019600	12/20/24 S	3,089	1.000	0	3,089	3,089	0
25019600	12/23/24 S	79,130	1.000	0	79,130	79,130	0
25019600	12/30/24 S	24,892	1.000	0	24,892	24,892	0
25019601	01/22/24 S	1,276	1.000	0	1,276	1,276	0
25019601	04/22/24 S	1,622	1.000	0	1,622	1,622	0
25019601	07/19/24 S	564	1.000	0	564	564	0
25019601	07/22/24 S	1,686	1.000	0	1,686	1,686	0
25019601	10/21/24 S	1,768	1.000	0	1,768	1,768	0
25019601	11/13/24 S	2,708	1.000	0	2,708	2,708	0
25019601	12/18/24 S	1,066,461	1.000	0	1,066,461	1,066,461	0
SUB-TOTAL OF SALES # 89				0	10,602,774	10,602,774	0
SUB-TOTAL				0	21,627,609	21,627,609	0
** ISSUE: 94987Q383 - PRINCIPAL/MULTI-MANAGER LDS CIT III							
25019600	07/29/24 B	21,515	13.418	0	288,694-	288,694	
25019600	10/21/24 B	36,787	13.440	0	494,424-	494,424	
SUB-TOTAL OF BUYS # 2				0	783,118	783,118	
25019600	01/22/24 S	26,021	13.330	0	346,854	393,573	-46,719
25019600	02/28/24 S	13,342	13.167	0	175,673	201,799	-26,126
25019600	03/27/24 S	16,561	13.429	0	222,398	250,487	-28,089
25019600	06/26/24 S	43,377	13.322	0	577,856	656,092	-78,236
25019600	08/28/24 S	60,106	14.205	0	853,820	908,206	-54,386
25019600	10/01/24 S	1,833	14.478	0	26,539	27,698	-1,159
25019600	11/26/24 S	14,623	13.550	0	198,139	220,575	-22,436
25019600	12/06/24 S	2,045,308	13.959	0	28,551,074 *	30,851,395	-2,300,321
SUB-TOTAL OF SALES # 8				0	30,952,353	33,509,825	-2,557,473
SUB-TOTAL				0	31,735,471	34,292,943	-2,557,473
** ISSUE: 949907448 - PRINCIPAL/MULTI-MANAGER LDS CIT II							
25019600	10/21/24 B	14,342	19.141	0	274,512-	274,512	
25019600	12/06/24 B	2,435,031	19.649	0	47,846,164-*	47,846,164	

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
SUB-TOTAL OF BUYS # 2				0	48,120,676	48,120,676	
25019600	01/22/24 S	14,941	18.725	0	279,763	320,673	-40,910
25019600	01/29/24 S	16,185	18.794	0	304,188	347,388	-43,200
25019600	02/28/24 S	15,322	18.507	0	283,557	328,853	-45,295
25019600	03/27/24 S	21,938	18.822	0	412,914	470,866	-57,952
25019600	04/26/24 S	39,230	17.844	0	700,000	842,000	-142,000
25019600	06/26/24 S	20,590	18.733	0	385,715	441,930	-56,215
25019600	07/29/24 S	2,406	18.947	0	45,594	51,649	-6,055
25019600	08/28/24 S	46,527	19.776	0	920,129	998,614	-78,485
25019600	09/26/24 S	17,591	20.005	0	351,919	377,568	-25,650
25019600	10/01/24 S	8,668	20.150	0	174,653	186,038	-11,385
25019600	10/28/24 S	824	19.040	0	15,682	17,673	-1,990
25019600	11/26/24 S	33,202	19.236	0	638,670	712,366	-73,696
SUB-TOTAL OF SALES # 12				0	4,512,784	5,095,618	-582,833
SUB-TOTAL				0	52,633,460	53,216,294	-582,833
** ISSUE: 949907455 - PRINCIPAL/MULTI-MANAGER LDS CIT I							
25019600	01/22/24 B	25,702	16.577	0	426,059-	426,059	
25019600	06/26/24 B	22,813	16.730	0	381,667-	381,667	
25019600	08/28/24 B	46,669	17.395	0	811,823-	811,823	
SUB-TOTAL OF BUYS # 3				0	1,619,549	1,619,549	
25019600	01/29/24 S	22,530	16.637	0	374,849	340,159	34,690
25019600	02/22/24 S	25,731	16.450	0	423,266	388,478	34,787
25019600	02/28/24 S	1,902	16.480	0	31,352	28,723	2,629
25019600	03/27/24 S	2,786	16.662	0	46,425	42,067	4,358
25019600	05/28/24 S	68,689	16.490	0	1,132,662	1,037,055	95,607
25019600	07/29/24 S	53,382	16.960	0	905,350	806,452	98,898
25019600	09/26/24 S	22,125	17.580	0	388,958	334,834	54,124
25019600	10/21/24 S	55,904	17.249	0	964,289	846,027	118,262
25019600	10/28/24 S	41,073	17.187	0	705,906	621,585	84,321
25019600	12/06/24 S	1,108,946	17.453	0	19,354,547 *	16,782,393	2,572,154
SUB-TOTAL OF SALES # 10				0	24,327,604	21,227,773	3,099,830
SUB-TOTAL				0	25,947,153	22,847,322	3,099,830

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT -----	DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	GRAND TOTAL			0	131,943,693	131,984,168	-40,476

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

** Indicates a party-in-interest to the Plan.

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	----	-----	-----	-----	-----
	BEGINNING MARKET VALUE		197,257,974.31				
	COMPARATIVE VALUE (5%)		<u>9,862,898.72</u>				

*** NO TRANSACTIONS QUALIFIED ***

Attachment to 2024 Form 5500

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Weighted Average Retirement Age

Age	Retirement Rate	Weight	Age Weight
55	10%	1.0000	5.50
56	10%	0.9000	5.04
57	10%	0.8100	4.62
58	5%	0.7290	2.11
59	5%	0.6926	2.04
60	5%	0.6579	1.97
61	5%	0.6250	1.91
62	15%	0.5938	5.52
63	10%	0.5047	3.18
64	10%	0.4542	2.91
65	40%	0.4088	10.63
66	40%	0.2453	6.48
67	25%	0.1472	2.47
68	25%	0.1104	1.88
69	25%	0.0828	1.43
70	100%	0.0621	4.35
Average Weighted Retirement Age			62.02

Attachment to 2024 Form 5500**Schedule SB, line 26a – Schedule of Active Participant Data****Plan Name:** Kloeckner Metals Defined Benefit Plan**EIN:** 38-2046626**Plan Sponsor:** Kloeckner Metals Corporation**PN:** 002

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	1	-	4	-	-	-	-	-	-	5
35–39	-	2	-	11	16	-	-	-	-	-	29
40–44	-	-	-	17	17	1	-	-	-	-	35
45–49	-	-	-	17	19	12	4	-	-	-	52
50–54	-	1	2	12	34	9	11	4	-	-	73
55–59	-	-	3	18	31	13	8	11	3	1	88
60–64	-	-	2	18	37	7	9	11	3	4	91
65–69	-	-	-	8	10	3	1	1	3	8	34
70+	-	-	-	2	3	-	-	1	-	2	8
Total	-	4	7	107	167	45	33	28	9	15	415

Attachment to 2024 Form 5500

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,722,685	1,917,944	8,069,814	11,710,443
2025	1,877,784	1,289,437	7,856,173	11,023,394
2026	2,275,578	1,369,987	7,629,697	11,275,262
2027	2,861,769	1,633,484	7,399,933	11,895,186
2028	3,336,474	1,700,149	7,159,733	12,196,356
2029	3,716,862	1,704,219	6,882,072	12,303,153
2030	4,131,330	1,804,497	6,630,509	12,566,336
2031	4,628,488	1,895,667	6,367,965	12,892,120
2032	4,825,840	1,890,887	6,105,997	12,822,724
2033	4,921,829	1,957,680	5,839,688	12,719,197
2034	5,146,906	2,025,723	5,566,199	12,738,828
2035	5,324,457	2,019,904	5,287,291	12,631,652
2036	5,586,000	2,043,811	5,006,209	12,636,020
2037	5,782,166	2,096,953	4,720,153	12,599,272
2038	5,771,333	2,138,758	4,434,088	12,344,179
2039	5,778,302	2,168,377	4,145,236	12,091,915
2040	5,910,358	2,139,736	3,856,579	11,906,673
2041	5,898,358	2,146,145	3,568,563	11,613,066
2042	5,882,652	2,150,933	3,282,750	11,316,335
2043	5,847,619	2,140,557	3,000,869	10,989,045
2044	5,789,719	2,114,331	2,724,806	10,628,856
2045	5,759,201	2,081,252	2,456,579	10,297,032
2046	5,609,959	2,040,848	2,198,285	9,849,092
2047	5,492,340	1,990,467	1,951,981	9,434,788
2048	5,373,190	1,931,816	1,719,545	9,024,551
2049	5,241,056	1,866,572	1,502,585	8,610,213
2050	5,082,002	1,796,462	1,302,328	8,180,792
2051	4,913,315	1,723,738	1,119,588	7,756,641
2052	4,690,467	1,644,417	954,745	7,289,629
2053	4,439,907	1,560,087	807,724	6,807,718
2054	4,170,991	1,473,435	678,068	6,322,494
2055	3,916,527	1,386,047	564,985	5,867,559
2056	3,650,607	1,298,688	467,413	5,416,708
2057	3,389,931	1,210,943	384,100	4,984,974
2058	3,129,380	1,124,738	313,667	4,567,785
2059	2,878,178	1,041,089	254,697	4,173,964
2060	2,638,118	960,125	205,787	3,804,030

Attachment to 2024 Form 5500

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2061	2,409,657	881,976	165,589	3,457,222
2062	2,193,670	807,006	132,842	3,133,518
2063	1,990,389	735,440	106,396	2,832,225
2064	1,799,928	667,403	85,218	2,552,549
2065	1,622,154	603,373	68,395	2,293,922
2066	1,456,788	542,515	55,135	2,054,438
2067	1,303,427	485,340	44,755	1,833,522
2068	1,161,575	431,913	36,678	1,630,166
2069	1,030,702	382,262	30,421	1,443,385
2070	910,271	336,374	25,590	1,272,235
2071	799,738	294,220	21,862	1,115,820
2072	698,575	255,728	18,976	973,279
2073	606,253	220,802	16,722	843,777

Attachment to 2024 Form 5500

Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

For purposes of applying the actuarial cost method, plan assets are valued at using the Market Value of Assets method under PPA.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

None.

Attachment to 2024 Form 5500

Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

	Minimum Funding	Maximum Deductible
Segment 1 (0–5 years)	4.75%	3.62%
Segment 2 (5–20 years)	4.87%	4.46%
Segment 3 (20+ years)	5.59%	4.52%
Effective Interest Rate	5.17%	4.45%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor under IJJA.

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

FASB ASC Topic 960: 5.25% per year. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses. It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Earnings Progression

Age	Rate
Younger than 35	4.50%
35 – 44	4.00%
45 – 54	3.50%
55 – 64	3.00%
65 and older	2.00%

Future Increases in Maximum Benefits and Plan Compensation Limitations

2.20% per annum, compounded annually.

Future Increases in Social Security Wage Base

3.00% per annum, compounded annually.

Attachment to 2024 Form 5500

Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Explicit Provision for Expenses

Administrative expenses expected to be paid from the trust are added to the Target Normal Cost.

DEMOGRAPHIC ASSUMPTIONS

Mortality

ERISA minimum funding and Maximum Deductible Contribution: Statutory static tables for 2024 based on RP-2006 Mortality Tables, with projections to anticipate greater future longevity using 2024 IRS Adjusted Projection Scale MP-2021, with separate rates for non-annuitants and annuitants.

FASB ASC Topic 960: Pri-2012 Mortality Tables projected forward using 2024 IRS Adjusted Projection Scale MP-2021 on a generational basis, with sex-distinct employee rates before benefit commencement and retiree or contingent survivor rates (as appropriate) after benefit commencement.

Disability Rates

30% of the male disability incidence under OASDI 1972-1976 Study, sample rates as below:

Age	Rate
30	0.06%
35	0.08%
40	0.12%
45	0.19%
50	0.31%
55	0.52%

Withdrawal Rates

Sample rates as below:

Age	Rate
30	11.8%
35	11.2%
40	10.3%
45	8.8%
50	6.7%
55	4.5%

Attachment to 2024 Form 5500

Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Retirement Rates

Age	Active	Terminated Vested*
55 – 57	10%	10%
58 – 61	5%	10%
62	15%	15%
63	10%	10%
64	10%	40%
65	40%	60%
66	40%	45%
67 – 69	25%	45%
70	100%	100%

* Rates for Macsteel terminated vested participants are as above, except assuming 100% at age 65.

Marriage Assumptions

- Percentage married
 - Namasco: 100%
 - Macsteel: 80%
- Age difference: Males are assumed to be three years older than their spouse

Optional Payment Form Election Percentage

- Namasco: 100% normal form
- Macsteel: 30% normal form, 70% lump sum

Optional Payment Form Conversion

Applicable 417(e) mortality table and applicable interest rates for distributions in 2024.

Attachment to 2024 Form 5500

Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Plan Name:

Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor:

Kloeckner Metals Corporation

PN: 002

Changes in Actuarial Assumptions Since Prior Valuation

Effective January 1, 2024, the following changes were made to the actuarial assumptions to better reflect anticipated experience:

Description	Current	Previous
ERISA Funding Interest Rates	4.75% / 4.87% / 5.59%	4.75% / 5.00% / 5.74%
Maximum Deductible Interest Rates	3.62% / 4.46% / 4.52%	1.41% / 3.09% / 3.58%
Mortality for Funding Purposes	Statutory Tables for 2024	Statutory Tables for 2023
ASC Topic 960 Mortality Improvement Scale	2024 IRS Adjusted MP-2021	MP-2021

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Provisions for Kloeckner Metals Defined Benefit Plan Participants

Definitions

Accrued Benefit

The Accrued Benefit for each Participant is determined under the same formula which is used to compute such Participant's Normal Retirement Benefit, taking into account the Participant's Years of Credited Service and Average Monthly Compensation through the date of determination.

Actuarial Equivalent

Actuarial Equivalent means a form of benefit differing in time, period and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

- **Interest:** 5.00% per annum, compounded annually.
- **Mortality:** UP-1984 Mortality Table

Average Monthly Compensation

A Participant's Average Monthly Compensation, as of a given date, is determined by dividing the total Compensation he received during the five consecutive Compensation Periods (during the last ten years of employment) for which his Compensation was highest by the number of months during such period for which he received Compensation.

Compensation

Compensation includes W-2 compensation plus any amounts which are treated as salary reduction contributions and used to purchase non-taxable benefits under Section 125 or 401(k) of the Internal Revenue Code.

Covered Compensation

A 35-year average of the Maximum Taxable Wages (MTW) under social security. The MTW is the annual limit on wages subject to the FICA tax for social security. The 35-year period ends with the year the employee reaches eligibility for an unreduced social security benefit (age 65, 66 or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the years of termination is used.

Effective Date

The Effective Date of the Plan is April 1, 1972.

Most recently amended October 15, 2019 to merge the Macsteel Service Centers USA Consolidated Pension Plan into the Namasco Corporation Defined Benefit Pension Plan effective December 31, 2019.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Eligible Employee Classification

An Eligible Employee Classification is a classification of Employees, the members of which are eligible to participate in the Plan. The Plan covers all employee classifications except employees whose compensation is subject to determination by collective bargaining, nonresident aliens who received no earned income and leased employees.

Entry Date

Entry Date means the July 1st or January 1st which coincides with or next follows the date that the eligibility requirements are met. Any Eligible Employee whose original date of employment is on or after January 1, 2013, will not be eligible to become a Participant.

Fiscal Year

Fiscal Year means the taxable year of the Employer. The Fiscal Year of the Employer is the 12 month period beginning January 1st and ending December 31st.

Limitation Year

The Limitation Year is the 12 month period beginning January 1st and ending December 31st.

Normal Retirement Age

A Participant's Normal Retirement Age is age 65.

Normal Retirement Date

A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

Plan Sponsor

Kloeckner Metals Corporation is both the Plan Sponsor and the Plan Administrator.

Plan Year

The Plan Year is the 12 month period beginning January 1st and ending December 31st.

Vested Accrued Benefit

A Participant's Vested Accrued Benefit as of a given date is equal to the product of his Accrued Benefit multiplied by his Vested Percentage as of that same date.

Vesting Schedule

A Participant's Vested Percentage will be 100% upon the completion of 5 Years of Vesting Service. Prior to the completion of 5 Years of Vesting Service, a Participant's Vested Percentage is zero.

Years of Benefit Service

Years of Service for purposes of computing a Participant's Accrued Benefit are referred to as Years of Credited Service and are determined using the Elapsed Time Method.

All of a Participant's Months of Benefit Service are taken into account in determining his monthly benefit except:

- Service while the Employee was not in an Eligible Employee Classification;
- Service while the Employee was an employee of a Related Employer which is not an Employer or a Participating Employer under this Plan; and
- Service for which the Employee was not entitled to receive Compensation.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Years of Eligibility Service

A Year of Eligibility Service is credited for a 12 month period beginning with the Employee's Employment Date and is determined using the Elapsed Time Method.

All of an Employee's Years of Eligibility Service are taken into account in determining his eligibility to participate.

Years of Vesting Service

Years of Service for purposes of computing a Participant's Vested Percentage are referred to as Years of Credited Service and are determined using the Elapsed Time Method.

All of a Participant's Years of Vesting Service are taken into account in determining his Vested Percentage.

Participation

An Employee who is a member of an Eligible Employee Classification will become a participant in the Plan on the first day of the month which coincides with or next follows the earlier of

- been employed for a 12 consecutive month period commencing on the first day on which he is entitled to be credited with an Hour of Service and has completed during that period, not less than 1,000 Hours of Service, or
- has been employed for any 12 consecutive month period coincident with a Plan Year and has completed, during that period, not less than 1,000 Hours of Service.
- Any Eligible Employee whose original date of employment is on or after January 1, 2013, will not be eligible to become a Participant.

Normal Retirement

Each Participant who becomes eligible for a Normal Retirement Benefit under the plan will be entitled to receive a monthly retirement pension benefit beginning at the Participant's Normal Retirement Date and payable in the Normal Benefit Form.

Normal Retirement Benefit

A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to:

- 1.20% of his Average Monthly Compensation multiplied by his Years of Credited Service up to 25 years, plus .65% of Average Monthly Compensation in excess of covered compensation times Years of Credited Service up to 25 years, minus
- the annual amount of benefit which is equivalent to the Employer nonmatching contributions (3% Account) under Klockner Namasco Employees 401(k) Profit Sharing Trust or any distributions or rollovers made from any other qualified defined benefit plan maintained by an employer in the Klockner Namasco group.

Normal Benefit Form

Single Life Annuity - monthly pension benefit payable for the lifetime of the Participant.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Early Retirement

Early Retirement Date

A Participant's Early Retirement Date is the first day of the month so elected by the Participant which coincides with or next follows the date upon which the Participant satisfies the following requirements:

- Attainment of age 55; and
- Completion of 5 Years of Credited Service.

Early Retirement Benefit

A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced according to the reduction factor table below.

Age	Reduction Factor
55	0.480
56	0.520
57	0.560
58	0.600
59	0.640
60	0.680
61	0.720
62	0.760
63	0.840
64	0.920
65	1.000

Late Retirement

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Benefit or which he is entitled as of his Late Retirement Date.

Late Retirement Date

A Participant's Late Retirement Date occurs after the Normal Retirement Date.

Late Retirement Benefit

A Participant's Late Retirement Benefit will be based on the greater of:

- The Normal Retirement Benefit calculated using Credited Service and Final Average Monthly Compensation as of the Late Retirement Date, or
- The Normal Retirement Benefit accumulated with interest.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Disability Retirement

Disability Retirement Date

An Active Participant will be eligible for a Disability Retirement Benefit under the Plan upon the occurrence of total and permanent disability.

Disability Retirement Benefit

An eligible Participant's Disability Retirement Benefit is equal to the Accrued Benefit at the date of disability. However, if the Total Disability occurred prior to the Participant's Normal Retirement Age, the Disability Retirement Benefit shall be reduced by the Actuarial Equivalent without regard to age and service requirements.

Permanent Disability

A Participant will be considered permanently disabled if, in the opinion of the Committee,

- he is prevented from performing any and every duty of his employment;
- such disability is likely to be both continuous and permanent; and
- such disability occurs on or after the Effective Date of the Plan but prior to the Participant's Normal Retirement Date.

Pre-Retirement Death Benefit

A participant's Surviving Spouse will be entitled to receive a death benefit in the event of the death of a Participant prior to the commencement of a monthly pension benefit but following the Participant's completion of 5 years of Vested Service.

The participant's Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to 50% of the Participant's Accrued Benefit determined as of his date of death.

Termination Benefit

In the event of the termination of a Participant's employment for any reason other than death, disability or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his Vested Accrued Benefit.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Provisions for Former Participants in the Macsteel Service Centers USA Consolidated Pension Plan

Definitions

Accrued Benefit

The Accrued Benefit means at any time before a Participant's Normal Retirement Date, the annual retirement benefit commencing as of such Participant's Normal Retirement Date. The Accrued Benefit of a Participant who has terminated employment shall be determined as of his or her date of termination.

Entry Date

Entry Date means the date following completion of 1,000 or more Hours of Service in the twelve consecutive months following Employment Commencement Date.

Effective Date of Plan

December 1, 1976, as amended and restated January 1, 2002.

Normal Retirement Age

A Participant's Normal Retirement Age is 65.

Normal Retirement Date

A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

Plan Sponsor/Administrator

Kloeckner Metals Corporation is both the Plan Sponsor and the Plan Administrator.

Plan Year / Fiscal Year

The 12 month period beginning on January 1 and ending on December 31.

Years of Benefit Service

A 12-month period in which the employee has participated in the Plan and is credited with 2,080 or more hours of service. For each 12-month period in which the participant is credited with less than 2,080 hours, benefit service is counted at the rate of 1/2,080 for each hour of service. For employees covered by Edgcomb Metals Company Profit Sharing Plan while employed at the eastern region prior to June 30, 1979, service is granted for any period of noneligibility for the Profit Sharing Plan prior to July 1, 1979, and for any service credited after June 30, 1979.

Years of Vesting Service

A 12-month period in which the employee has participated in the Plan or any prior plans. For each 12-month period in which the participant is credited with less than 1,000 hours, no service is counted.

Participation

All employees of the Company who:

- Are not a participant of former Macsteel Plan D pension plan
- Are not represented by a nonparticipating collective bargaining unit
- Are employed by a participating employer at one of the following locations: Charlotte, Charlottesville, Chicago, Cincinnati, Cleveland, Concord, Greensboro, Greenville, Indianapolis, Louisville, Memphis, Minneapolis, Nashua, Nashville, Pittsburgh, Philadelphia, Rotterdam, Slatersville, Syracuse and York (and those previously employed at Detroit, Milford and Tulsa); and
- Have completed one year of employment containing at least 1,000 hours of service

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

-
- Employees not meeting the eligibility requirements as of December 31, 1999 are not eligible to participate in the plan.

Plan Status

Closed to new participants.

Normal Retirement

A Participant retiring on his or her Normal Retirement Date shall be entitled to a normal retirement benefit, payable in the form of a Single Life Annuity subject to the Qualified Joint and Survivor Option.

A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Retirement Date payable in the Normal Benefit Form in an amount equal to the sum of the following:

- 1.0% of compensation earned for each plan year after January 1, 2000
- 1.35% of compensation earned for each plan year between February 25, 1994 and December 31, 1999
- 0.4% of compensation earned in excess of \$25,000 for each plan year between February 25, 1994 and December 31, 1999 (but not beyond 35 years of participation service)
- An amount calculated under the prior formulas for service prior to February 26, 1994.

Early Retirement

Early Retirement Date

An active Participant will be eligible for an Early Retirement Benefit upon the completion of 5 years of Service and the attainment of age 55.

Early Retirement Benefit

The greater of (A), (B), or (C) below:

- A. The accrued normal retirement benefit multiplied by the appropriate service-based reduction factor below:

Age	5-15 years	15-30 years	30+ years
55	1.00	1.00	1.00
56	0.91	0.94	0.97
57	0.83	0.88	0.94
58	0.76	0.82	0.91
59	0.70	0.76	0.88
60	0.65	0.70	0.85
61	0.60	0.65	0.79
62	0.55	0.60	0.73
63	0.50	0.55	0.67
64	0.45	0.50	0.61
65	0.40	0.45	0.55

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

-
- B. The frozen accrued benefit as of February 25, 1994 reduced in accordance with the early commencement provisions then in effect.
- C. The Frozen accrued benefit as of December 31, 1995 reduced in accordance with the early commencement provisions then in effect.

Late Retirement

The monthly income payable is the normal retirement benefit accrued at the date of termination.

Disability Retirement

All participants who become disabled prior to Normal Retirement Date, have completed 5 years of Service are eligible for a Disability Benefit described below.

The monthly income payable is the accrued benefit commencing at age 65, equaling the normal retirement benefit based on compensation and benefit service at the time of disability.

Vested Termination

Eligibility

Five years of Vesting Service.

Benefit Amount

The normal retirement benefit accrued at the date of termination commencing at age 65. The participant may elect to start benefits any time after age 55, with the benefit reduced in the same manner as for early retirement.

Nonvested Termination

Eligibility

Employees who do not meet the vesting requirements.

Benefit Amount

None.

Pre-Retirement Death - Subsidized

Eligibility

Active participant with five years of vesting service and an eligible spouse.

Benefit Amount

An amount determined as follows:

- If the participant had attained age 55, it will be assumed such member had retired with an immediate 50% Joint & Survivor Annuity on the day before his death, without any reduction for early commencement; or
- If the participant had met the vesting requirements but not reached age 55, it will be assumed such member had terminated employment on his date of death, survived to his earliest retirement age, retired with an immediate 50% Joint & Survivor Annuity on his earliest retirement age, and died on the following day.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Pre-Retirement Death - Basic

Eligibility

Deferred vested participants with 5 years of vesting service and an eligible spouse.

Benefit Amount

Amount calculated and payable as if the participant had terminated on his date of death, survived to earliest commencement date, commenced receiving a 50% joint and survivor benefit, and died the next day.

Qualified Joint and Survivor Option

A married participant will have his normal retirement benefit automatically converted to a 50% "Qualified Joint and Survivor Annuity" (i.e., a reduced amount payable during the lifetime of the retired participant and, if the participant predeceases his spouse, 50% of the reduced amount payable for the lifetime of the spouse following the participant's death) unless he elects not to have this form be applicable.

Other Options

A retiring participant may also elect other optional forms of payment on an actuarially equivalent basis. The option includes:

- Life annuity
- Joint and 100% survivorship annuity
- 75% joint and contingent annuity
- Lump sum
- Any other option approved by the Plan Administrator

Considered Compensation

Total regular compensation paid to a participant, including annual bonus and deferred bonus awards, but excluding severance pay, cost-of-living and housing allowance pay, and other extraordinary compensation. The total considered compensation is limited to \$150,000 indexed for 1994 and all years thereafter. If the employee works less than 2,080 hours, compensation is prorated to 2,080 hours.

Average Monthly Compensation

An amount equal to 1/60 of compensation paid to the participant during the five consecutive calendar years of highest compensation in the last ten calendar years in which the participant received compensation.

Social Security Benefit

The old age insurance benefit the participant is entitled to receive at age 65 computed on the basis of the Social Security Act in effect at the time of retirement or earlier termination and based on the assumption that if termination occurs before age 65, compensation continues at the same rate as at the time of termination.

Method of Financing

A trust fund invested in various securities, insurance contracts, or other investments as are considered "prudent" under applicable law. The trustee shall be appointed by the Plan Administrator.

Source of Contributions

The Company pays the entire ongoing cost of the Plan. Employee contributions from prior plans may offset the cost for certain accrued benefits.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Provisions for Former Participants in the Consolidated Plan for Salaried Employees of Laughlin Steel Corporation

The plan benefit payable for this plan shall be no less than the actuarial equivalent of the benefit Pension which would have been payable from the Jones & Consolidated Pension Plan for salaried employees of Jones & Laughlin Steel Corporation in effect on February 28, 1978, except that the special payment is limited. Such payment shall be reduced by any payment from the Jones & Laughlin Plan. For an employee with ten years of Jones & Laughlin service, payment from the Jones & Laughlin Plan shall be based on final average compensation in effect on March 1, 1978, increased 8% per annum from March 1, 1978, to date of termination and service with both Jones & Laughlin and the acquiring Company, multiplied by the ratio of service at Jones & Laughlin and the Company.

In general, the Jones & Laughlin Plan provides a benefit equal to the larger of:

- 1.155% of average monthly earnings multiplied by continuous service up to 30 years, plus 1.26% of average monthly earnings multiplied by continuous service over 30 years
- \$13.50 times years of service up to 15, plus \$15.00 times years of service between 15 and 30, plus \$16.50 times years of service over 30.
- 1.5% of average monthly earnings (J&L definition) times continuous service, less 1-2/3% of Primary Social Security times service up to 30 years.

In lieu of the first three months of pension, three months of defined compensation less vacation credits are paid.

In general, benefits are not reduced if the employee is age 65, or age 62, and has 15 years of continuous service, or is any age with 30 years of continuous service.

The typical pattern of benefits for those employees in the steel industry who are age 55 and have attained 70 points (age plus service) or who have 80 points is in effect. The benefits are the responsibility of the Company and not Jones & Laughlin.

Former Plan D

Effective Date of Plan

March 1, 1879, as amended and restated January 1, 1997. February 11, 1968 for CS&T.

Effective Date of Most Recent Amendment

Pension Plan D was merged into the Consolidated Plan June 30, 2008.

Participation

All employees of the Edgcomb Metals Central Division who:

- Are hourly paid employees and are participants of the former Plan D pension plan.
- Are represented by the United Steelworkers of America Union, Locals Number 2157, 3449, 6453, 7349, and 7294, at the Company's plants in Chicago, Memphis, Pittsburgh, Indiana and Nashville; and
- Have completed one year of continuous service attained age 21;
- As well as all union employees of California Steel and Tube who have at least one year of service and have attained age 21 (was all participants until salaried actives frozen and spun off at July 1, 2001).

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

Plan Status

Closed to new participants.

Normal Retirement Eligibility

Age 65 and five years of vesting service. No vesting service is required for CS&T participants.

Normal Retirement Benefit Amount

1.1% of average monthly compensation times years up to 30, plus 1.2% of average monthly compensation times years of service over 30, all multiplied by 105% (Minimum and Maximum benefit limits apply).

Early Retirement

The first day of the month coincident with or immediately following an employee's termination of employment, subsequent or attaining age 60 and completing 15 Years of Service if less than 30 years of vesting service, or any age with 30 or more years of service.

Early Retirement Benefit Amount

Normal Pension Benefit reduced for each year benefit precedes Normal Retirement Date. Reduction appears to be based on an actuarial equivalent basis.

Special Early Pension Benefits are available if between age 55 and 62 with at least 15 years of serviced and age plus service equal 70 or more; if under age 62 with at least 15 years of serviced and age plus service equal 80 or more, if under age 55 with at least 20 years of service and age plus service equal 65 or more (it appears termination must be due to layoff, physical disability, or plan shutdown, subject to certain conditions to be eligible for this. This will need to be checked). Supplemental pension of \$300 per month also payable to age 62 if meet one of the above.

Death Benefit – Postretirement

A monthly amount equal to 50% of the retirement benefit less 50% of the SS widows benefit, but at least \$65.

Disability Retirement Benefit

Accrued normal pension Benefit. May elect to start at early retirement date.

Considered Compensation

Total earnings, excluding Cost-of-Living adjustments subsequent to the first adjustment made after April 30, 1974. Total considered compensation is limited to \$150,000 indexed for 1994 and all years thereafter. Special provisions apply to periods of absence.

Average Monthly Compensation

A participant's average considered compensation paid to him during the period of the last 120 months. Average monthly compensation is averaged over the highest five consecutive calculation years. The 12 month period prior to retirement (and each 12-month period prior to that) is considered a calculation year. Special provisions apply to months of absence. For the purpose of the limit in (C) average monthly compensation is averaged over the highest two calendar years of the 10 years preceding retirement.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Kloeckner Metals Defined Benefit Plan

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 002

(C) is the Gross average monthly earnings multiplied by (85% plus 1% for each year of service in excess of 30 years), less primary Social Security.

Changes in Principal Plan Provisions Since Prior Valuation

None.

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

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

A Name of plan Kloeckner Metals Defined Benefit Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Kloeckner Metals Corporation	D Employer Identification Number (EIN) 38-2046626
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>	
2 Assets:	
a Market value	2a 197,257,974
b Actuarial value	2b 197,257,974
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 1,114 (2) Vested Funding Target 83,697,730 (3) Total Funding Target 83,697,730
b For terminated vested participants.....	477 31,133,626 31,133,626
c For active participants	415 73,962,552 74,031,538
d Total.....	2,006 188,793,908 188,862,894
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 5.17 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 4,159,309
b Expected plan-related expenses	6b 620,000
c Target normal cost	6c 4,779,309

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

SIGN HERE <i>William Strange</i> Signature of actuary William Strange Type or print name of actuary Milliman, Inc. Firm name 12790 Merit Drive, Suite 800 Dallas TX 75251 Address of the firm	09/26/2025 Date 23-07903 Most recent enrollment number (214)863-5500 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.
Schedule SB (Form 5500) 2024 v. 240311

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	10,744,190	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2,135,699	0
9 Amount remaining (line 7 minus line 8)	8,608,491	0
10 Interest on line 9 using prior year's actual return of <u>8.18</u> %	704,175	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9,312,666	0

Part III Funding Percentages

14 Funding target attainment percentage	14	99.51%
15 Adjusted funding target attainment percentage	15	104.44%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.47%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	4,779,309	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	4,779,309
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	4,779,309	0	4,779,309
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
		BEGINNING MARKET VALUE		197,257,974.31			
		COMPARATIVE VALUE (5%)		9,862,898.72			
		-----		-----			
		**ISSUE: 94987Q383 - PRINCIPAL/MULTI-MANAGER LDS CIT III					
25019600	12/06/24 S	2,045,308	13.959	0	28,551,074 *	30,851,395	-2,300,321
		**ISSUE: 949907448 - PRINCIPAL/MULTI-MANAGER LDS CIT II					
25019600	12/06/24 B	2,435,031	19.649	0	47,846,164-*	47,846,164	
		**ISSUE: 949907455 - PRINCIPAL/MULTI-MANAGER LDS CIT I					
25019600	12/06/24 S	1,108,946	17.453	0	19,354,547 *	16,782,393	2,572,154
	GRAND TOTAL			0	95,751,785	95,479,952	271,833

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	----	-----	-----	-----	-----
	BEGINNING MARKET VALUE		197,257,974.31				
	COMPARATIVE VALUE (5%)		<u>9,862,898.72</u>				

*** NO TRANSACTIONS QUALIFIED ***

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
		BEGINNING MARKET VALUE		197,257,974.31			
		COMPARATIVE VALUE (5%)		9,862,898.72			
		-----		-----			
ISSUE: PF9980004 - SHORT-TERM INVESTMENT FUND A S1							
25019600	01/02/24 B	2,604	1.000	0	2,604-	2,604	
25019600	01/03/24 B	771	1.000	0	771-	771	
25019600	01/03/24 B	3,146	1.000	0	3,146-	3,146	
25019600	01/04/24 B	216	1.000	0	216-	216	
25019600	01/05/24 B	508	1.000	0	508-	508	
25019600	01/12/24 B	49	1.000	0	49-	49	
25019600	01/23/24 B	186,341	1.000	0	186,341-	186,341	
25019600	01/30/24 B	679,037	1.000	0	679,037-	679,037	
25019600	02/01/24 B	478	1.000	0	478-	478	
25019600	02/02/24 B	675	1.000	0	675-	675	
25019600	02/05/24 B	94	1.000	0	94-	94	
25019600	02/09/24 B	221	1.000	0	221-	221	
25019600	02/14/24 B	563	1.000	0	563-	563	
25019600	02/20/24 B	2,331	1.000	0	2,331-	2,331	
25019600	02/23/24 B	423,266	1.000	0	423,266-	423,266	
25019600	02/29/24 B	490,582	1.000	0	490,582-	490,582	
25019600	03/04/24 B	1,063	1.000	0	1,063-	1,063	
25019600	03/04/24 B	402	1.000	0	402-	402	
25019600	03/08/24 B	426	1.000	0	426-	426	
25019600	03/18/24 B	322	1.000	0	322-	322	
25019600	03/25/24 B	42	1.000	0	42-	42	
25019600	03/28/24 B	681,737	1.000	0	681,737-	681,737	
25019600	04/02/24 B	1,228	1.000	0	1,228-	1,228	
25019600	04/03/24 B	648	1.000	0	648-	648	
25019600	04/04/24 B	9,951	1.000	0	9,951-	9,951	
25019600	04/05/24 B	212	1.000	0	212-	212	
25019600	04/10/24 B	97	1.000	0	97-	97	
25019600	04/22/24 B	239	1.000	0	239-	239	
25019600	04/24/24 B	142	1.000	0	142-	142	
25019600	04/29/24 B	700,000	1.000	0	700,000-	700,000	
25019600	05/01/24 B	780	1.000	0	780-	780	
25019600	05/02/24 B	683	1.000	0	683-	683	
25019600	05/06/24 B	928	1.000	0	928-	928	
25019600	05/07/24 B	93	1.000	0	93-	93	
25019600	05/29/24 B	971,397	1.000	0	971,397-	971,397	
25019600	05/30/24 B	1,099	1.000	0	1,099-	1,099	
25019600	06/04/24 B	744	1.000	0	744-	744	

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
25019600	06/05/24 B	351	1.000	0	351-	351	
25019600	06/10/24 B	124	1.000	0	124-	124	
25019600	06/12/24 B	488	1.000	0	488-	488	
25019600	06/20/24 B	635	1.000	0	635-	635	
25019600	06/27/24 B	581,904	1.000	0	581,904-	581,904	
25019600	07/02/24 B	1,924	1.000	0	1,924-	1,924	
25019600	07/02/24 B	443	1.000	0	443-	443	
25019600	07/22/24 B	333	1.000	0	333-	333	
25019600	07/30/24 B	662,250	1.000	0	662,250-	662,250	
25019600	07/31/24 B	49	1.000	0	49-	49	
25019600	08/01/24 B	392	1.000	0	392-	392	
25019600	08/02/24 B	928	1.000	0	928-	928	
25019600	08/08/24 B	912	1.000	0	912-	912	
25019600	08/15/24 B	258	1.000	0	258-	258	
25019600	08/16/24 B	50	1.000	0	50-	50	
25019600	08/20/24 B	97	1.000	0	97-	97	
25019600	08/27/24 B	265	1.000	0	265-	265	
25019600	08/29/24 B	875,660	1.000	0	875,660-	875,660	
25019600	09/04/24 B	604	1.000	0	604-	604	
25019600	09/04/24 B	319	1.000	0	319-	319	
25019600	09/11/24 B	124	1.000	0	124-	124	
25019600	09/17/24 B	2,615	1.000	0	2,615-	2,615	
25019600	09/27/24 B	628,686	1.000	0	628,686-	628,686	
25019600	10/01/24 B	194	1.000	0	194-	194	
25019600	10/02/24 B	202,521	1.000	0	202,521-	202,521	
25019600	10/03/24 B	270	1.000	0	270-	270	
25019600	10/09/24 B	269	1.000	0	269-	269	
25019600	10/10/24 B	340	1.000	0	340-	340	
25019600	10/22/24 B	187,041	1.000	0	187,041-	187,041	
25019600	10/29/24 B	721,589	1.000	0	721,589-	721,589	
25019600	11/01/24 B	198	1.000	0	198-	198	
25019600	11/04/24 B	829	1.000	0	829-	829	
25019600	11/12/24 B	224	1.000	0	224-	224	
25019600	11/27/24 B	784,324	1.000	0	784,324-	784,324	
25019600	11/27/24 B	743	1.000	0	743-	743	
25019600	12/03/24 B	904	1.000	0	904-	904	
25019600	12/03/24 B	153	1.000	0	153-	153	
25019600	12/05/24 B	573	1.000	0	573-	573	
25019600	12/09/24 B	58,884	1.000	0	58,884-	58,884	
25019600	12/13/24 B	601	1.000	0	601-	601	
25019600	12/18/24 B	1,066,461	1.000	0	1,066,461-	1,066,461	
25019600	12/30/24 B	500	1.000	0	500-	500	
25019601	01/03/24 B	24	1.000	0	24-	24	
25019601	02/02/24 B	26	1.000	0	26-	26	
25019601	03/04/24 B	9	1.000	0	9-	9	
25019601	03/06/24 B	14	1.000	0	14-	14	

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
25019601	04/02/24 B	10	1.000	0	10-	10	
25019601	04/03/24 B	14	1.000	0	14-	14	
25019601	05/02/24 B	20	1.000	0	20-	20	
25019601	06/04/24 B	17	1.000	0	17-	17	
25019601	07/02/24 B	17	1.000	0	17-	17	
25019601	07/19/24 B	8,875	1.000	0	8,875-	8,875	
25019601	08/02/24 B	16	1.000	0	16-	16	
25019601	08/05/24 B	15	1.000	0	15-	15	
25019601	09/04/24 B	47	1.000	0	47-	47	
25019601	10/02/24 B	47	1.000	0	47-	47	
25019601	11/04/24 B	46	1.000	0	46-	46	
25019601	12/03/24 B	33	1.000	0	33-	33	
25019601	12/18/24 B	1,066,461	1.000	0	1,066,461-	1,066,461	
SUB-TOTAL OF BUYS # 96				0	11,024,835	11,024,835	
25019600	01/02/24 S	678,217	1.000	0	678,217	678,217	0
25019600	01/02/24 S	8,856	1.000	0	8,856	8,856	0
25019600	01/05/24 S	17	1.000	0	17	17	0
25019600	01/16/24 S	49	1.000	0	49	49	0
25019600	01/22/24 S	44,122	1.000	0	44,122	44,122	0
25019600	01/24/24 S	9,718	1.000	0	9,718	9,718	0
25019600	01/25/24 S	15,870	1.000	0	15,870	15,870	0
25019600	02/01/24 S	674,784	1.000	0	674,784	674,784	0
25019600	02/13/24 S	221	1.000	0	221	221	0
25019600	02/13/24 S	39,625	1.000	0	39,625	39,625	0
25019600	02/16/24 S	563	1.000	0	563	563	0
25019600	02/21/24 S	7,094	1.000	0	7,094	7,094	0
25019600	02/26/24 S	212	1.000	0	212	212	0
25019600	02/27/24 S	173,854	1.000	0	173,854	173,854	0
25019600	03/01/24 S	678,548	1.000	0	678,548	678,548	0
25019600	03/12/24 S	220	1.000	0	220	220	0
25019600	03/21/24 S	4,054	1.000	0	4,054	4,054	0
25019600	03/27/24 S	50,354	1.000	0	50,354	50,354	0
25019600	04/01/24 S	681,737	1.000	0	681,737	681,737	0
25019600	04/01/24 S	16,014	1.000	0	16,014	16,014	0
25019600	04/05/24 S	648	1.000	0	648	648	0
25019600	04/10/24 S	308	1.000	0	308	308	0
25019600	04/16/24 S	97	1.000	0	97	97	0
25019600	04/18/24 S	125	1.000	0	125	125	0
25019600	04/22/24 S	60,592	1.000	0	60,592	60,592	0
25019600	04/23/24 S	5,851	1.000	0	5,851	5,851	0
25019600	04/24/24 S	239	1.000	0	239	239	0
25019600	04/26/24 S	142	1.000	0	142	142	0
25019600	05/01/24 S	674,319	1.000	0	674,319	674,319	0
25019600	05/03/24 S	221	1.000	0	221	221	0

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
25019600	05/08/24 S	928	1.000	0	928	928	0
25019600	05/08/24 S	15,870	1.000	0	15,870	15,870	0
25019600	05/09/24 S	93	1.000	0	93	93	0
25019600	05/14/24 S	11,503	1.000	0	11,503	11,503	0
25019600	05/23/24 S	4,758	1.000	0	4,758	4,758	0
25019600	06/03/24 S	679,061	1.000	0	679,061	679,061	0
25019600	06/03/24 S	13,556	1.000	0	13,556	13,556	0
25019600	06/03/24 S	20,830	1.000	0	20,830	20,830	0
25019600	06/04/24 S	125	1.000	0	125	125	0
25019600	06/12/24 S	124	1.000	0	124	124	0
25019600	06/12/24 S	3,164	1.000	0	3,164	3,164	0
25019600	06/18/24 S	16,011	1.000	0	16,011	16,011	0
25019600	06/24/24 S	11,442	1.000	0	11,442	11,442	0
25019600	07/01/24 S	681,463	1.000	0	681,463	681,463	0
25019600	07/05/24 S	91	1.000	0	91	91	0
25019600	07/10/24 S	954	1.000	0	954	954	0
25019600	07/22/24 S	58,980	1.000	0	58,980	58,980	0
25019600	07/24/24 S	37,189	1.000	0	37,189	37,189	0
25019600	08/01/24 S	693,273	1.000	0	693,273	693,273	0
25019600	08/12/24 S	17	1.000	0	17	17	0
25019600	08/13/24 S	10,234	1.000	0	10,234	10,234	0
25019600	08/23/24 S	19,878	1.000	0	19,878	19,878	0
25019600	08/26/24 S	15,870	1.000	0	15,870	15,870	0
25019600	08/28/24 S	265	1.000	0	265	265	0
25019600	09/03/24 S	700,919	1.000	0	700,919	700,919	0
25019600	09/04/24 S	14,227	1.000	0	14,227	14,227	0
25019600	09/13/24 S	124	1.000	0	124	124	0
25019600	09/23/24 S	10,620	1.000	0	10,620	10,620	0
25019600	10/01/24 S	710,514	1.000	0	710,514	710,514	0
25019600	10/04/24 S	15,870	1.000	0	15,870	15,870	0
25019600	10/07/24 S	201,192	1.000	0	201,192	201,192	0
25019600	10/08/24 S	2,104	1.000	0	2,104	2,104	0
25019600	10/08/24 S	18,250	1.000	0	18,250	18,250	0
25019600	10/15/24 S	340	1.000	0	340	340	0
25019600	10/18/24 S	323	1.000	0	323	323	0
25019600	10/21/24 S	53,255	1.000	0	53,255	53,255	0
25019600	10/23/24 S	32,013	1.000	0	32,013	32,013	0
25019600	11/01/24 S	721,589	1.000	0	721,589	721,589	0
25019600	11/04/24 S	5,899	1.000	0	5,899	5,899	0
25019600	11/06/24 S	151	1.000	0	151	151	0
25019600	11/07/24 S	16,870	1.000	0	16,870	16,870	0
25019600	11/18/24 S	13,272	1.000	0	13,272	13,272	0
25019600	11/20/24 S	5,146	1.000	0	5,146	5,146	0
25019600	11/25/24 S	9,892	1.000	0	9,892	9,892	0
25019600	11/26/24 S	37,596	1.000	0	37,596	37,596	0
25019600	12/02/24 S	726,607	1.000	0	726,607	726,607	0

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
25019600	12/05/24 S	102	1.000	0	102	102	0
25019600	12/16/24 S	262	1.000	0	262	262	0
25019600	12/17/24 S	91	1.000	0	91	91	0
25019600	12/20/24 S	3,089	1.000	0	3,089	3,089	0
25019600	12/23/24 S	79,130	1.000	0	79,130	79,130	0
25019600	12/30/24 S	24,892	1.000	0	24,892	24,892	0
25019601	01/22/24 S	1,276	1.000	0	1,276	1,276	0
25019601	04/22/24 S	1,622	1.000	0	1,622	1,622	0
25019601	07/19/24 S	564	1.000	0	564	564	0
25019601	07/22/24 S	1,686	1.000	0	1,686	1,686	0
25019601	10/21/24 S	1,768	1.000	0	1,768	1,768	0
25019601	11/13/24 S	2,708	1.000	0	2,708	2,708	0
25019601	12/18/24 S	1,066,461	1.000	0	1,066,461	1,066,461	0
SUB-TOTAL OF SALES # 89				0	10,602,774	10,602,774	0
SUB-TOTAL				0	21,627,609	21,627,609	0
** ISSUE: 94987Q383 - PRINCIPAL/MULTI-MANAGER LDS CIT III							
25019600	07/29/24 B	21,515	13.418	0	288,694-	288,694	
25019600	10/21/24 B	36,787	13.440	0	494,424-	494,424	
SUB-TOTAL OF BUYS # 2				0	783,118	783,118	
25019600	01/22/24 S	26,021	13.330	0	346,854	393,573	-46,719
25019600	02/28/24 S	13,342	13.167	0	175,673	201,799	-26,126
25019600	03/27/24 S	16,561	13.429	0	222,398	250,487	-28,089
25019600	06/26/24 S	43,377	13.322	0	577,856	656,092	-78,236
25019600	08/28/24 S	60,106	14.205	0	853,820	908,206	-54,386
25019600	10/01/24 S	1,833	14.478	0	26,539	27,698	-1,159
25019600	11/26/24 S	14,623	13.550	0	198,139	220,575	-22,436
25019600	12/06/24 S	2,045,308	13.959	0	28,551,074 *	30,851,395	-2,300,321
SUB-TOTAL OF SALES # 8				0	30,952,353	33,509,825	-2,557,473
SUB-TOTAL				0	31,735,471	34,292,943	-2,557,473
** ISSUE: 949907448 - PRINCIPAL/MULTI-MANAGER LDS CIT II							
25019600	10/21/24 B	14,342	19.141	0	274,512-	274,512	
25019600	12/06/24 B	2,435,031	19.649	0	47,846,164-*	47,846,164	

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
SUB-TOTAL OF BUYS # 2				0	48,120,676	48,120,676	
25019600	01/22/24 S	14,941	18.725	0	279,763	320,673	-40,910
25019600	01/29/24 S	16,185	18.794	0	304,188	347,388	-43,200
25019600	02/28/24 S	15,322	18.507	0	283,557	328,853	-45,295
25019600	03/27/24 S	21,938	18.822	0	412,914	470,866	-57,952
25019600	04/26/24 S	39,230	17.844	0	700,000	842,000	-142,000
25019600	06/26/24 S	20,590	18.733	0	385,715	441,930	-56,215
25019600	07/29/24 S	2,406	18.947	0	45,594	51,649	-6,055
25019600	08/28/24 S	46,527	19.776	0	920,129	998,614	-78,485
25019600	09/26/24 S	17,591	20.005	0	351,919	377,568	-25,650
25019600	10/01/24 S	8,668	20.150	0	174,653	186,038	-11,385
25019600	10/28/24 S	824	19.040	0	15,682	17,673	-1,990
25019600	11/26/24 S	33,202	19.236	0	638,670	712,366	-73,696
SUB-TOTAL OF SALES # 12				0	4,512,784	5,095,618	-582,833
SUB-TOTAL				0	52,633,460	53,216,294	-582,833
** ISSUE: 949907455 - PRINCIPAL/MULTI-MANAGER LDS CIT I							
25019600	01/22/24 B	25,702	16.577	0	426,059-	426,059	
25019600	06/26/24 B	22,813	16.730	0	381,667-	381,667	
25019600	08/28/24 B	46,669	17.395	0	811,823-	811,823	
SUB-TOTAL OF BUYS # 3				0	1,619,549	1,619,549	
25019600	01/29/24 S	22,530	16.637	0	374,849	340,159	34,690
25019600	02/22/24 S	25,731	16.450	0	423,266	388,478	34,787
25019600	02/28/24 S	1,902	16.480	0	31,352	28,723	2,629
25019600	03/27/24 S	2,786	16.662	0	46,425	42,067	4,358
25019600	05/28/24 S	68,689	16.490	0	1,132,662	1,037,055	95,607
25019600	07/29/24 S	53,382	16.960	0	905,350	806,452	98,898
25019600	09/26/24 S	22,125	17.580	0	388,958	334,834	54,124
25019600	10/21/24 S	55,904	17.249	0	964,289	846,027	118,262
25019600	10/28/24 S	41,073	17.187	0	705,906	621,585	84,321
25019600	12/06/24 S	1,108,946	17.453	0	19,354,547 *	16,782,393	2,572,154
SUB-TOTAL OF SALES # 10				0	24,327,604	21,227,773	3,099,830
SUB-TOTAL				0	25,947,153	22,847,322	3,099,830

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT -----	DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
GRAND TOTAL				0	131,943,693	131,984,168	-40,476

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

** Indicates a party-in-interest to the Plan.

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 002
For the Year Ended December 31, 2024

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		197,257,974.31			
		COMPARATIVE VALUE (5%)		9,862,898.72			

*** NO TRANSACTIONS QUALIFIED ***

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2046626 Plan Number: 002
December 31, 2024

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>
<u>CASH EQUIVALENTS</u>			
OTHER CASH EQUIVALENTS			
SHORT TERM INVESTMENT FUNDS			
	SHORT-TERM INVESTMENT FUND A S1		
	PF9980004		
1,146,420.780	25019600	1,146,420.78	1,146,420.78
<u>2,918.030</u>	25019601	<u>2,918.03</u>	<u>2,918.03</u>
1,149,338.810	TOTAL SHORT-TERM INVESTMENT FUND A S1	1,149,338.81	1,149,338.81
		100.0000	100.0000
	TOTAL SHORT TERM INVESTMENT FUNDS	1,149,338.81	1,149,338.81
	TOTAL OTHER CASH EQUIVALENTS	1,149,338.81	1,149,338.81
	TOTAL CASH EQUIVALENTS	1,149,338.81	1,149,338.81
<u>POOLED, COMMON AND COLLECTIVE FUNDS</u>			
POOLED FUNDS			
	** PRINCIPAL/BLACKROCK INTERNATIONAL		
	EQUITY INDEX CIT N		
	09256V269		
<u>37,898.420</u>	25019601	<u>891,817.05</u>	<u>1,061,523.37</u>
37,898.420	TOTAL PRINCIPAL/BLACKROCK INTERNATIONAL	891,817.05	1,061,523.37
		23.5318	28.0097
	** PRINCIPAL/BLACKROCK LARGE CAP		
	VALUE INDEX CIT N		
	09256V285		
22,586.640	25019601	777,760.15	1,123,443.66
<u>14,388.958</u>	25019601	<u>635,882.52</u>	<u>1,107,377.09</u>
36,975.598	TOTAL PRINCIPAL/BLACKROCK LARGE CAP	1,413,642.67	2,230,820.75
		38.2318	49.7393

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2046626 Plan Number: 002
December 31, 2024

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>
	** PRINCIPAL/BLACKROCK RUSSELL 2000 INDEX CIT N 09256V244 25019601		
<u>10,207.380</u>		<u>423,102.73</u>	<u>597,560.44</u>
10,207.380	TOTAL PRINCIPAL/BLACKROCK RUSSELL 2000	423,102.73 41.4507	597,560.44 58.5420
	** PRINCIPAL/MULTI-MANAGER LIABILITY DRIVEN SOLUTION CIT I 949907455 25019600		
2,791,037.565		42,238,563.24	47,674,270.86
6,827,269.438	25019600	142,084,998.10	126,693,638.96
<u>297,873.351</u>	25019600	<u>4,493,116.19</u>	<u>3,814,625.71</u>
9,916,180.354	TOTAL PRINCIPAL/MULTI-MANAGER LIABILITY	188,816,677.53 19.0413	178,182,535.53 17.0812
	TOTAL POOLED FUNDS	191,545,239.98	182,072,440.09
	TOTAL POOLED, COMMON AND COLLECTIVE FUNDS	191,545,239.98	182,072,440.09
	<u>MUTUAL FUNDS</u>		
	MUTUAL FUNDS - EQUITY		
	ALPS/CORECOMMODITY MANAGEMENT COMPLETE COMMODITIESSM STRATEGY FUND CLASS I 317609667 25019601		
<u>16,255.042</u>		<u>119,814.61</u>	<u>116,873.75</u>
16,255.042	TOTAL ALPS/CORECOMMODITY MANAGEMENT	119,814.61 7.3709	116,873.75 7.1900
	FIDELITY EMERGING MARKETS INDEX FUND CLASS FAI #2344 316146331 25019601		
<u>28,376.009</u>		<u>280,904.62</u>	<u>296,813.05</u>
28,376.009	TOTAL FIDELITY EMERGING MARKETS INDEX	280,904.62 9.8994	296,813.05 10.4600

Kloeckner Metals Defined Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 38-2046626 Plan Number: 002
December 31, 2024

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>
	FIDELITY REAL ESTATE INDEX FUND CLASS INS #2355 316146232		
<u>6,998.237</u>	25019601	<u>101,020.59</u>	<u>112,741.60</u>
6,998.237	TOTAL FIDELITY REAL ESTATE INDEX FUND	101,020.59	112,741.60
		14.4351	16.1100
	TOTAL MUTUAL FUNDS - EQUITY	501,739.82	526,428.40
	MUTUAL FUNDS - CORPORATE BONDS		
	TEMPLETON GLOBAL BOND FUND CLASS R6 #356 880208772		
<u>17,670.181</u>	25019601	<u>142,306.47</u>	<u>113,972.67</u>
17,670.181	TOTAL TEMPLETON GLOBAL BOND FUND	142,306.47	113,972.67
		8.0535	6.4500
	TOTAL MUTUAL FUNDS - CORPORATE BONDS	142,306.47	113,972.67
	TOTAL MUTUAL FUNDS	644,046.29	640,401.07
	TOTAL ASSETS AND LIABILITIES	193,338,625.08	183,862,179.97
	ACCRUED INCOME	2,569.92	2,569.92
TOTAL ACCOUNT		<u>193,341,195.00</u>	<u>183,864,749.89</u>

** Indicates a party-in-interest to the Plan.