

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NAMASCO RETIREMENT PLAN FOR THE DUBUQUE WAREHOUSE EMPLOYEES OF THE STEEL WAREHOUSING DIVISION</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>KLOECKNER METALS CORPORATION</u></p> <p><u>500 COLONIAL CENTER PARKWAY</u> <u>SUITE 500</u> <u>ROSWELL, GA 30076</u></p>	<p>1c Effective date of plan <u>07/29/1995</u></p> <p>2b Employer Identification Number (EIN) <u>38-2046626</u></p> <p>2c Plan Sponsor's telephone number <u>678-259-8800</u></p> <p>2d Business code (see instructions) <u>331200</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	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 <input checked="" type="checkbox"/> 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	163
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.....	6a(1)	59
	6a(2)	61
	6b	36
	6c	66
	6d	163
	6e	5
	6f	168
	6g(1)	
	6g(2)	
h	6h	6
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:
1B

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>NAMASCO RETIREMENT PLAN FOR THE DUBUQUE WAREHOUSE EMPLOYEES OF THE STEEL WAREHOUSING DIVISION</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KLOECKNER METALS CORPORATION</u>	D Employer Identification Number (EIN) <u>38-2046626</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>16949516</u>
	b Actuarial value	2b	<u>16949516</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>33</u>	<u>5070983</u>
	b For terminated vested participants	<u>74</u>	<u>4655862</u>
	c For active participants	<u>65</u>	<u>6549746</u>
	d Total	<u>172</u>	<u>16276591</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.22 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>161196</u>
	b Expected plan-related expenses	6b	<u>80000</u>
	c Target normal cost	6c	<u>241196</u>

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

SIGN HERE <u>WILLIAM STRANGE</u> Signature of actuary <u>MILLIMAN, INC.</u> Firm name <u>12790 MERIT DRIVE, SUITE 800</u> <u>DALLAS, TX 75251</u> Address of the firm	<u>09/26/2025</u> Date <u>23-07903</u> Most recent enrollment number <u>214-863-5500</u> 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

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)	466248	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	28146	0
9	Amount remaining (line 7 minus line 8)	438102	0
10	Interest on line 9 using prior year's actual return of <u>6.89</u> %	30185	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>5.35</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	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	468287	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.09 %
15	Adjusted funding target attainment percentage	15	103.97 %
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	104.36 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/02/2024	100000	0			
07/08/2024	100000	0			
			Totals ▶	18(b)	200000
				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 196136
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	241196	
b Excess assets, if applicable, but not greater than line 31a	31b	179059	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....			
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	62137	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	62137	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	196136	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	133999	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

A Name of plan NAMASCO RETIREMENT PLAN FOR THE DUBUQUE WAREHOUSE EMPLOYEES OF THE STEEL WAREHOUSING DIVISION	B Three-digit plan number (PN) ▶	003
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)

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	64014	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	21177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WINDHAM BRANNON LLC

58-8176349

(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	14000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	5520	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NAMASCO RETIREMENT PLAN FOR THE DUBUQUE WAREHOUSE EMPLOYEES OF THE STEEL WAREHOUSING DIVISION</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KLOECKNER METALS CORPORATION</u>	D Employer Identification Number (EIN) <u>38-2046626</u>	

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: <u>LIABILITY DRIVEN SOLUTION CIT I F</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL</u>		
c EIN-PN <u>30-6225619-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2037385</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIABILITY DRIVEN SOLUTION CIT II F</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL</u>		
c EIN-PN <u>80-6049172-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13906860</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 NAMASCO RETIREMENT PLAN FOR THE DUBUQUE WAREHOUSE EMPLOYEES OF THE STEEL WAREHOUSING DIVISION	B Three-digit plan number (PN) ▶	003
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 0	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 0	0
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 430	467
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 134314	144572
(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) 16814772	15944245
(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)	
(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	16949516	16089284
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	16949516	16089284

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)	200000	
(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)		200000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	6918	
(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)		6918
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(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)		-523655
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-316737

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	422186	
(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)		422186
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)	40514	
(4) IQPA audit fees	2i(4)	14000	
(5) Investment advisory and investment management fees	2i(5)	5520	
(6) Bank or trust company trustee/custodial fees	2i(6)	21177	
(7) Actuarial fees	2i(7)	23500	
(8) Legal fees	2i(8)	135	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	16463	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		121309
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		543495

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-860232
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: 58-8176349

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554921.

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

A Name of plan <u>NAMASCO RETIREMENT PLAN FOR THE DUBUQUE WAREHOUSE EMPLOYEES OF THE STEEL WAREHOUSING DIVISION</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KLOECKNER METALS CORPORATION</u>	D Employer Identification Number (EIN) <u>38-2046626</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 94-1347393

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	0
---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**Namasco Retirement Plan for the
Dubuque Warehousing Employees
of the Steel Warehousing Division**

Financial Statements
December 31, 2024 and 2023

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and participants of the
Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division

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

We have performed audits of the financial statements of the Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division (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 the qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Windham Brannon, LLC

October 2, 2025

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

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

	2024	2023
Assets		
Investments, at fair value		
Money market fund	\$ 144,572	\$ 134,314
Common/collective trust funds	15,944,245	16,814,772
Total investments, at fair value	16,088,817	16,949,086
Receivables		
Accrued income	467	430
Total receivables	467	430
Net assets available for benefits	\$ 16,089,284	\$ 16,949,516

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

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	\$ -	\$ 1,107,537
Employer contributions	200,000	-
Total additions	200,000	1,107,537
Deductions		
Net change in fair value of investments	516,737	-
Benefit payments	422,186	381,628
Administrative expenses	121,309	85,602
Total deductions	1,060,232	467,230
Net (decrease) increase	(860,232)	640,307
Net assets available for benefits		
Beginning of year	16,949,516	16,309,209
End of year	\$ 16,089,284	\$ 16,949,516

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

Notes to Financial Statements December 31, 2024 and 2023

1. Description of Plan

The following description of Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan covering substantially all active employees covered by the collective bargaining agreement between Kloeckner Metals Corporation (the Company) and the International Brotherhood of Teamsters Local Union Number 120, who are employed at the Company's Dubuque, Iowa facility. Eligible employees enter into the Plan on the first day of the calendar month following their completion of thirty days of service. 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 minimum funding requirements of ERISA.

Benefit Payments

The Plan defines normal retirement age as the later of 62 years or the fifth anniversary of the date the participant began participating in the Plan. Upon attainment of normal retirement age, each participant shall be entitled to monthly benefit payments equal to one-twelfth of the sum of the number of years of credited service, capped at 20 years, multiplied by an applicable dollar rate as of the date of termination. The applicable dollar rate is adjusted periodically. Unless otherwise elected in accordance with Plan provisions, a married participant shall receive the benefit payments in the form of a joint and survivor annuity. Unmarried participants, unless otherwise waived in accordance with Plan provisions, shall receive the benefit payments in the form of a life annuity.

The Plan permits early retirement at reduced benefit payments for those participants who have reached age 55 and have at least fifteen years of credited service. Participants who elect to receive the early retirement benefit payment will have their accrued benefit reduced by .5% per month (6% annually), for each month that the benefit payment's start date is earlier than their normal retirement age.

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

Notes to Financial Statements December 31, 2024 and 2023

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 possible. If the participant's actuarial present value of their vested accrued benefit is between \$1,000 and \$5,000, they may delay payment of their benefit until their normal retirement date, but payment must be taken in the form of a lump-sum.

If the participant's actuarial present value of their vested accrued benefit is greater than \$5,000, they may delay payment of their benefit until their normal retirement date and take their benefit payment in the form of a lump-sum or annuity.

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 vested accrued benefit at the date of death. Participants are entitled to disability benefits should they become totally disabled prior to normal retirement age. A participant's disability benefit will be a monthly benefit payment equal to the greater of their early retirement benefit payment or \$250, net of any amounts being received as worker's compensation. The monthly disability benefit payment will end at normal retirement age, recovery from disability or death.

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.

Administrative Expenses

The Plan pays the custodian fees, legal, audit, 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.

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

Notes to Financial Statements December 31, 2024 and 2023

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 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 an applicable dollar rate at the date of a participant's termination 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.

Payment of Benefits

Benefits are recorded when paid.

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

Notes to Financial Statements December 31, 2024 and 2023

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 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

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

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 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 values (NAVs) 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	\$ 144,572	\$ -	\$ 144,572
Common/collective trust funds	-	15,944,245	15,944,245
Total	\$ 144,572	\$ 15,944,245	\$ 16,088,817

	2023		
	Level 1	Level 2	Total
Money market fund	\$ 134,314	\$ -	\$ 134,314
Common/collective trust funds	-	16,814,772	16,814,772
Total	\$ 134,314	\$ 16,814,772	\$ 16,949,086

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

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 5.15% 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 65 active participants, 74 terminated vested participants, and 33 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	\$ 4,880,152
Participants with deferred benefits	4,671,004
Active participants	6,366,715
<hr/>	
Total	15,917,871
Non-vested benefits	26,936
<hr/>	
Actuarial present value of accumulated plan benefits as of January 1, 2024	\$ 15,944,807

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

Notes to Financial Statements December 31, 2024 and 2023

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	\$ 15,436,240
Changes due to:	
Reduction in the discount period	800,513
Benefits accumulated	144,451
Actuarial gain	(95,905)
Benefits paid	(381,628)
Changes in actuarial assumptions	41,136
<hr/>	
Total changes	508,567
<hr/>	
Actuarial present value of accumulated plan benefits as of January 1, 2024	\$ 15,944,807

During the Plan year, the most significant changes in actuarial assumptions were related to a decrease in the interest rate from 5.25% to 5.15% and a change in the mortality improvement scale from the MP-2021 to the IRS 2024 Adjusted MP-2021.

The Plan's Adjusted Funding Target Attainment Percentage (AFTAP), calculated under provisions of the Internal Revenue Code (IRC), was approximately 94% 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.

Namasco Retirement Plan for the Dubuque Warehousing Employees of the Steel Warehousing Division

Notes to Financial Statements December 31, 2024 and 2023

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 May 24, 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.

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 38-2046626 Plan Number: 003
As of 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		
55,932.460	25019800	55,932.46	55,932.46
<u>88,639.350</u>	25019801	<u>88,639.35</u>	<u>88,639.35</u>
144,571.810	TOTAL SHORT-TERM INVESTMENT FUND A S1	144,571.81 100.0000	144,571.81 100.0000
	TOTAL SHORT TERM INVESTMENT FUNDS	144,571.81	144,571.81
	TOTAL OTHER CASH EQUIVALENTS	144,571.81	144,571.81
	TOTAL CASH EQUIVALENTS	144,571.81	144,571.81
<u>POOLED, COMMON AND COLLECTIVE FUNDS</u>			
POOLED FUNDS			
	** PRINCIPAL/MULTI-MANAGER LIABILITY		
	DRIVEN SOLUTION CIT I		
	949907455		
119,276.459	25019800	1,955,716.66	2,037,385.05
<u>749,413.142</u>	25019800	<u>14,984,122.73</u>	<u>13,906,859.68</u>
868,689.601	TOTAL PRINCIPAL/MULTI-MANAGER LIABILITY	16,939,839.39 19.5005	15,944,244.73 17.0812
	TOTAL POOLED FUNDS	16,939,839.39	15,944,244.73
	TOTAL POOLED, COMMON AND COLLECTIVE FUNDS	16,939,839.39	15,944,244.73
	TOTAL ASSETS AND LIABILITIES	17,084,411.20	16,088,816.54
	ACCRUED INCOME	467.27	467.27
	TOTAL ACCOUNT	<u>17,084,878.47</u>	<u>16,089,283.81</u>

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

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 003
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					16,949,515.89		
COMPARATIVE VALUE (5%)					847,475.79		
** ISSUE: 94987Q383 -	PRINCIPAL/MULTI-MANAGER		LDS CIT III				
25019800	12/06/24 S	265,150	13.959	0	3,701,302 *	3,905,727	-204,425
** ISSUE: 949907448 -	PRINCIPAL/MULTI-MANAGER		LDS CIT II				
25019800	12/06/24 B	236,357	19.649	0	4,644,198-*	4,644,198	
** ISSUE: 949907455 -	PRINCIPAL/MULTI-MANAGER		LDS CIT I				
25019800	12/06/24 S	54,342	17.453	0	948,437 *	891,020	57,418
GRAND TOTAL				0	9,293,937	9,440,945	-147,007

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.

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 003
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				16,949,515.89			
COMPARATIVE VALUE (5%)				847,475.79			

ISSUE: PF9980004 - SHORT-TERM INVESTMENT FUND A S1							
25019800	01/03/24 B	32	1.000	0	32-	32	
25019800	01/30/24 B	44,879	1.000	0	44,879-	44,879	
25019800	02/02/24 B	57	1.000	0	57-	57	
25019800	02/29/24 B	32,073	1.000	0	32,073-	32,073	
25019800	03/04/24 B	47	1.000	0	47-	47	
25019800	03/28/24 B	48,831	1.000	0	48,831-	48,831	
25019800	04/02/24 B	52	1.000	0	52-	52	
25019800	04/02/24 B	100,000	1.000	0	100,000-	100,000	
25019800	05/02/24 B	492	1.000	0	492-	492	
25019800	06/04/24 B	337	1.000	0	337-	337	
25019800	06/27/24 B	21,969	1.000	0	21,969-	21,969	
25019800	07/02/24 B	162	1.000	0	162-	162	
25019800	07/09/24 B	100,000	1.000	0	100,000-	100,000	
25019800	08/02/24 B	412	1.000	0	412-	412	
25019800	09/04/24 B	348	1.000	0	348-	348	
25019800	09/12/24 B	275	1.000	0	275-	275	
25019800	09/27/24 B	21,482	1.000	0	21,482-	21,482	
25019800	10/02/24 B	16,635	1.000	0	16,635-	16,635	
25019800	10/22/24 B	1,706	1.000	0	1,706-	1,706	
25019800	10/24/24 B	47,356	1.000	0	47,356-	47,356	
25019800	11/04/24 B	84	1.000	0	84-	84	
25019800	11/27/24 B	32,668	1.000	0	32,668-	32,668	
25019800	11/29/24 B	23,835	1.000	0	23,835-	23,835	
25019800	12/03/24 B	35	1.000	0	35-	35	
25019800	12/09/24 B	5,542	1.000	0	5,542-	5,542	
25019800	12/26/24 B	35,854	1.000	0	35,854-	35,854	
25019801	01/03/24 B	398	1.000	0	398-	398	
25019801	02/02/24 B	397	1.000	0	397-	397	
25019801	03/04/24 B	371	1.000	0	371-	371	
25019801	04/02/24 B	398	1.000	0	398-	398	
25019801	05/02/24 B	386	1.000	0	386-	386	
25019801	06/04/24 B	399	1.000	0	399-	399	
25019801	07/02/24 B	388	1.000	0	388-	388	
25019801	08/02/24 B	401	1.000	0	401-	401	
25019801	09/04/24 B	401	1.000	0	401-	401	
25019801	10/02/24 B	381	1.000	0	381-	381	
25019801	11/04/24 B	377	1.000	0	377-	377	

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 003
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
25019801	12/03/24 B	356	1.000	0	356-	356	
	SUB-TOTAL OF BUYS	# 38		0	539,816	539,816	
25019800	01/02/24 S	32,073	1.000	0	32,073	32,073	0
25019800	01/02/24 S	8,328	1.000	0	8,328	8,328	0
25019800	01/22/24 S	5,036	1.000	0	5,036	5,036	0
25019800	01/25/24 S	1,380	1.000	0	1,380	1,380	0
25019800	02/01/24 S	32,073	1.000	0	32,073	32,073	0
25019800	02/13/24 S	11,431	1.000	0	11,431	11,431	0
25019800	03/01/24 S	32,073	1.000	0	32,073	32,073	0
25019800	04/01/24 S	32,073	1.000	0	32,073	32,073	0
25019800	04/01/24 S	7,086	1.000	0	7,086	7,086	0
25019800	04/22/24 S	5,305	1.000	0	5,305	5,305	0
25019800	04/23/24 S	1,926	1.000	0	1,926	1,926	0
25019800	05/01/24 S	32,715	1.000	0	32,715	32,715	0
25019800	05/08/24 S	1,380	1.000	0	1,380	1,380	0
25019800	05/14/24 S	2,656	1.000	0	2,656	2,656	0
25019800	05/23/24 S	310	1.000	0	310	310	0
25019800	06/03/24 S	33,025	1.000	0	33,025	33,025	0
25019800	06/03/24 S	2,656	1.000	0	2,656	2,656	0
25019800	06/03/24 S	3,924	1.000	0	3,924	3,924	0
25019800	06/18/24 S	2,692	1.000	0	2,692	2,692	0
25019800	07/01/24 S	34,398	1.000	0	34,398	34,398	0
25019800	07/22/24 S	5,208	1.000	0	5,208	5,208	0
25019800	08/01/24 S	34,398	1.000	0	34,398	34,398	0
25019800	08/13/24 S	2,538	1.000	0	2,538	2,538	0
25019800	08/26/24 S	1,380	1.000	0	1,380	1,380	0
25019800	09/03/24 S	34,398	1.000	0	34,398	34,398	0
25019800	09/04/24 S	5,247	1.000	0	5,247	5,247	0
25019800	09/16/24 S	275	1.000	0	275	275	0
25019800	09/23/24 S	1,245	1.000	0	1,245	1,245	0
25019800	10/01/24 S	37,143	1.000	0	37,143	37,143	0
25019800	10/04/24 S	1,380	1.000	0	1,380	1,380	0
25019800	10/07/24 S	16,463	1.000	0	16,463	16,463	0
25019800	10/08/24 S	14,000	1.000	0	14,000	14,000	0
25019800	10/18/24 S	135	1.000	0	135	135	0
25019800	10/21/24 S	1,949	1.000	0	1,949	1,949	0
25019800	10/23/24 S	1,706	1.000	0	1,706	1,706	0
25019800	11/01/24 S	39,993	1.000	0	39,993	39,993	0
25019800	11/04/24 S	4,000	1.000	0	4,000	4,000	0
25019800	11/18/24 S	1,455	1.000	0	1,455	1,455	0
25019800	11/26/24 S	1,992	1.000	0	1,992	1,992	0
25019800	12/02/24 S	39,993	1.000	0	39,993	39,993	0
25019800	12/23/24 S	2,009	1.000	0	2,009	2,009	0
25019801	01/22/24 S	27	1.000	0	27	27	0

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 003
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
25019801	04/22/24 S	28	1.000	0	28	28	0
25019801	07/22/24 S	28	1.000	0	28	28	0
25019801	10/21/24 S	28	1.000	0	28	28	0
SUB-TOTAL OF SALES # 45				0	529,558	529,558	0
SUB-TOTAL				0	1,069,374	1,069,374	0
** ISSUE: 94987Q383 - PRINCIPAL/MULTI-MANAGER LDS CIT III							
25019800	10/21/24 B	3,669	13.440	0	49,314-	49,314	
SUB-TOTAL OF BUYS # 1				0	49,314	49,314	
25019800	01/29/24 S	1,752	13.369	0	23,424	25,840	-2,416
25019800	02/28/24 S	35	13.167	0	462	518	-56
25019800	03/27/24 S	1,990	13.429	0	26,728	29,353	-2,625
25019800	06/26/24 S	1,539	13.322	0	20,508	22,704	-2,196
25019800	09/26/24 S	1,009	14.338	0	14,465	14,880	-414
25019800	10/01/24 S	685	14.478	0	9,914	10,099	-185
25019800	11/27/24 S	922	13.657	0	12,595	13,585	-990
25019800	12/06/24 S	265,150	13.959	0	3,701,302 *	3,905,727	-204,425
SUB-TOTAL OF SALES # 8				0	3,809,398	4,022,706	-213,308
SUB-TOTAL				0	3,858,712	4,072,020	-213,308
** ISSUE: 949907448 - PRINCIPAL/MULTI-MANAGER LDS CIT II							
25019800	12/06/24 B	236,357	19.649	0	4,644,198-*	4,644,198	
25019800	12/24/24 B	1,773	18.587	0	32,962-	32,962	
SUB-TOTAL OF BUYS # 2				0	4,677,160	4,677,160	
25019800	01/29/24 S	2,006	18.794	0	37,703	40,440	-2,738
25019800	02/28/24 S	890	18.507	0	16,468	17,938	-1,470
25019800	03/27/24 S	1,174	18.822	0	22,103	23,674	-1,570
25019800	06/26/24 S	515	18.733	0	9,656	10,391	-735
25019800	09/26/24 S	1,222	20.005	0	24,446	24,633	-188
25019800	10/01/24 S	325	20.150	0	6,549	6,552	-3
25019800	10/23/24 S	2,622	19.069	0	50,000	52,858	-2,858
25019800	11/26/24 S	891	19.236	0	17,146	17,969	-823
25019800	11/27/24 S	236	19.337	0	4,564	4,758	-194

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

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 003
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 SALES # 9				0	188,635	199,213	-10,579
SUB-TOTAL				0	4,865,795	4,876,373	-10,579
** ISSUE: 949907455 - PRINCIPAL/MULTI-MANAGER LDS CIT I							
25019800	01/29/24 B	977	16.637	0	16,247-	16,247	
25019800	06/26/24 B	490	16.730	0	8,195-	8,195	
25019800	09/26/24 B	991	17.580	0	17,429-	17,429	
SUB-TOTAL OF BUYS # 3				0	41,871	41,871	
25019800	02/28/24 S	919	16.480	0	15,143	15,060	83
25019800	10/21/24 S	3,165	17.249	0	54,589	51,891	2,698
25019800	11/26/24 S	1,363	17.258	0	23,523	22,348	1,174
25019800	11/27/24 S	386	17.301	0	6,676	6,327	349
25019800	12/06/24 S	54,342	17.453	0	948,437 *	891,020	57,418
25019800	12/24/24 S	4,035	17.055	0	68,817	66,158	2,659
SUB-TOTAL OF SALES # 6				0	1,117,185	1,052,804	64,381
SUB-TOTAL				0	1,159,056	1,094,675	64,381
GRAND TOTAL				0	10,952,937	11,112,442	-159,506

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.

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division **EIN:** 38-2046626

Plan Sponsor: Kloeckner Metals Corporation **PN:** 003

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.

Effective Date

The Effective Date of the Plan is July 29, 1995.

The Plan was last amended effective January 1, 2016.

Eligible Employee Classification

Eligible employee means any person on the payroll whose wages are subject to withholding of federal income tax and is covered under a collective bargaining contract between the plan sponsor and the General Drivers and Helpers Union, Local 421, excluding leased employees.

Entry Date

Entry Date means the first day of the next calendar month after the completion of 30 days of employment.

Plan Year / Fiscal Year

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

Normal Retirement Age

A Participant's Normal Retirement Age is the later of age 62 or the 5th anniversary of employee's date of participation.

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

The Plan Sponsor is Kloeckner Metals Corporation.

Plan Administrator

The Plan Administrator is Kloeckner Metals Corporation.

Vesting Schedule

A Participant will be 100% vested upon completion of 5 years of service.

Year of Service

A participant receives one Year of Credited Service for each plan year in which the participant is credited with at least 1,000 hours, or one-half Year of Credited Service for each plan year in which the participant works 501 to 999 hours. For each Year of Service earned after the Effective Date by an Employee who was a participant on

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division **EIN:** 38-2046626

Plan Sponsor: Kloeckner Metals Corporation **PN:** 003

the Effective Date, such Employee shall be credited with an equal amount of matching past service retroactive to the participant's original date of hire with Steel Warehousing of Dubuque.

Service Computation Period

The 12-consecutive-month period beginning on an Employee's initial date of hire, or rehire after incurring a one-year break in service, and on each anniversary of such date.

Participation

An eligible employee shall be automatically covered under the plan on the day next following the completion of 30 days of employment, provided he is an eligible employee on such date.

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 Life Annuity for single Participants. If a Participant is married, the normal retirement benefit will be payable in the form of a 50% Joint & Survivor Annuity, actuarially reduced.

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 Years of Service (not to exceed 20) times the Benefit Level described below, based on the date of retirement or separation:

Retirement / Separation Date Intervals:	Benefit Level
Oct. 4, 1999 – Oct. 3, 2000	\$35.00
Oct. 4, 2000 – Oct. 3, 2001	37.50
Oct. 4, 2001 – Oct. 3, 2002	40.00
Oct. 4, 2002 – Oct. 3, 2003	43.75
Oct. 4, 2003 – Oct. 3, 2004	47.50
Oct. 4, 2004 – Oct. 3, 2005	50.00
Oct. 4, 2005 – Oct. 3, 2006	53.75
Oct. 4, 2006 – Oct. 3, 2007	57.50
Oct. 4, 2007 – Oct. 3, 2008	61.25
Oct. 4, 2008 – Oct. 3, 2009	66.25
Oct. 4, 2009 – Oct. 3, 2010	68.75
Oct. 4, 2010 – Oct. 3, 2011	71.25
Oct. 4, 2011	75.00

Attachment to 2024 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division **EIN:** 38-2046626

Plan Sponsor: Kloeckner Metals Corporation **PN:** 003

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 15 Years of Benefit Service.

Early Retirement Benefit

The benefit payable is the benefit described above based on service to Early Retirement. Benefits commencing prior to a Participant's Unreduced Retirement Age, the later of (i) the date the participant reach age 60, or (ii) the 5th anniversary of the date the participant began participation in the plan, are reduced 6% per year.

Disability Retirement

All participants who become totally and permanently disabled prior to Normal Retirement Date, have completed 15 years of Service, are receiving Federal Social Security Disability Income payments and are not eligible for a benefit from the plan sponsor's LTD insurance policy are eligible for a Disability Benefit described below.

The monthly income payable is the accrued benefit at time of disability reduces by the Early Retirement reduction factors described above for commencement prior to age 60, but not less than \$250.

Pre-Retirement Death Benefit

A Pre-Retirement Death Benefit is payable to spouses of any actively employed, totally disabled participants who die after 5 years of Continuous Service or after attainment of age 55. A Pre-Retirement Death Benefit is also payable to spouses of terminated vested participants who die prior to commencement of benefit payments. Participants must have been married to the surviving spouse for at least one year immediately preceding the date of death.

The participant's spouse will receive the survivor portion of a 50% Survivor annuity, payable on the first day of the month following the participant's death, or if later, the first day of the month following the participant's 55th birthday. Benefit payable is the participant's accrued benefit at date of death, reduced for the survivor annuity and reduced for early commencement (if applicable) by the Early Retirement reduction factors described above.

Post-Retirement Death Benefit

Beneficiaries of retired participants are entitled to a Post-Retirement Death Benefit depending on the form of payment elected.

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 deferred vested benefit payable at 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: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division **EIN:** 38-2046626

Plan Sponsor: Kloeckner Metals Corporation **PN:** 003

Changes in Principal Plan Provisions Since Prior Valuation

None.

Attachment to 2024 Form 5500

Schedule SB, line 26a – Schedule of Active Participant Data

Plan Name: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 003

Active Participants by Age and Service

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	2	2	-	-	-	-	-	-	-	-	4
25-29	3	1	-	-	-	-	-	-	-	-	4
30-34	-	1	-	-	-	-	-	-	-	-	1
35-39	2	1	-	1	-	-	-	-	-	-	4
40-44	1	4	-	-	-	1	-	-	-	-	6
45-49	3	3	1	-	-	1	1	-	-	-	9
50-54	1	2	-	1	1	1	2	-	-	-	8
55-59	-	-	1	-	3	1	7	-	-	-	12
60-64	-	1	-	-	3	3	8	-	-	-	15
65-69	-	-	1	-	-	-	1	-	-	-	2
70+	-	-	-	-	-	-	-	-	-	-	-
Total	12	15	3	2	7	7	19	-	-	-	65

Attachment to 2024 Form 5500

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

Plan Name: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 003

Weighted Average Retirement Age

Age	Retirement Rate	Weight	Age Weight
60	20%	1.0000	12.00
61	20%	0.8000	9.76
62	100%	0.6400	39.68
Average Weighted Retirement Age			61.44

Attachment to 2024 Form 5500

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

Plan Name: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division **EIN:** 38-2046626

Plan Sponsor: Kloeckner Metals Corporation **PN:** 003

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: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division **EIN:** 38-2046626
Plan Sponsor: Kloeckner Metals Corporation **PN:** 003

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	5.22%	4.47%

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: 5.15% 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

None assumed.

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 IRS 2024 Adjusted Projection Scale MP-2021, with separate rates for non-annuitants and annuitants.

FASB ASC Topic 960: Pri-2012 Blue Collar Mortality Tables projected forward using IRS 2024 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.

Attachment to 2024 Form 5500

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

Plan Name: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 003

Disability Rates

40% of the male disability incidence under OASDI 1972-1976 Study, sample rates as below:

Age	Rate
30	0.07%
35	0.11%
40	0.17%
45	0.25%
50	0.41%
55	0.69%

Withdrawal Rates

Sample rates as below:

Age	Rate
30	9.8%
35	9.5%
40	8.8%
45	7.0%
50	4.0%
55	1.6%

Retirement Rates

Age	Rate
60	20%
61	20%
62	100%

Marriage Rates

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

Attachment to 2024 Form 5500

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

Plan Name: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division

EIN: 38-2046626

Plan Sponsor: Kloeckner Metals Corporation

PN: 003

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% / 4.84% / 5.59%	4.75% / 5.00% / 5.74%
Maximum Deductible Interest Rates	3.62% / 4.46% / 4.52%	1.41% / 3.09% / 3.58%
ASC Topic 960 Interest Rate	5.15%	5.25%
Mortality for Funding Purposes	Statutory Tables for 2024	Statutory Tables for 2023
ASC Topic 960 Mortality Improvement Scale	IRS 2024 Adjusted MP-2021	MP-2021

Attachment to 2024 Form 5500

Schedule SB, line 19 – Discounted Employer Contributions

Plan Name: Namasco Retirement Plan for the Dubuque Warehouse Employees
of the Steel Warehousing Division **EIN:** 38-2046626

Plan Sponsor: Kloeckner Metals Corporation **PN:** 003

Employer Contributions for Plan Year

The employer contributions for the plan year ending December 31, 2024 were paid or are payable on the dates and in the amounts shown below. The plan year's Effective Interest Rate of 5.22% per year is used to discount contributions back to January 1, 2024. Contributions (or portions of contributions) made after the due date for a quarterly required contribution are penalized an additional 5% per year during the late period. Contributions made solely to avoid the application of benefit restrictions cannot be considered in determining excess contributions.

Date	Contribution Amount	Discounted Value as of 1/1/2024 without Penalty	Penalty Amount	Discounted Value as of 1/1/2024 with Penalty
April 2, 2024	\$100,000	\$98,729	\$0	\$98,729
July 8, 2024	<u>100,000</u>	<u>97,407</u>	<u>0</u>	<u>97,407</u>
Total	200,000	196,136	0	196,136

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

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

A Name of plan Namasco Retirement Plan for the Dubuque Warehouse Employees of the Steel Warehousing Division	B Three-digit plan number (PN) ▶	003
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: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	16,949,516
	b Actuarial value	2b	16,949,516
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	33	5,070,983
	b For terminated vested participants	74	4,655,862
	c For active participants	65	6,549,746
	d Total	172	16,276,591
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.22 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	161,196
	b Expected plan-related expenses	6b	80,000
	c Target normal cost	6c	241,196

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

SIGN HERE	Signature of actuary	<u>09/26/2025</u> Date
	<u>William Strange</u> Type or print name of actuary	<u>23-07903</u> Most recent enrollment number
	<u>Milliman, Inc.</u> Firm name	<u>(214) 863-5500</u> Telephone number (including area code)
	<u>12790 Merit Drive, Suite 800</u> Address of the firm	
	<u>Dallas TX 75251</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	466,248	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	28,146	0
9	Amount remaining (line 7 minus line 8)	438,102	0
10	Interest on line 9 using prior year's actual return of <u>6.89%</u>	30,185	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>5.35%</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	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	468,287	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	101.09%
15	Adjusted funding target attainment percentage	15	103.97%
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	104.36%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/02/2024	100,000	0					
07/08/2024	100,000	0					
			Totals ▶	18(b)	200,000	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	196,136

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	

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 61

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	241,196
b Excess assets, if applicable, but not greater than line 31a	31b	179,059

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

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	62,137
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0

36 Additional cash requirement (line 34 minus line 35)	36	62,137
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	196,136

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

a Total (excess, if any, of line 37 over line 36)	38a	133,999
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

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 38-2046626 Plan Number: 003
As of 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		
55,932.460	25019800	55,932.46	55,932.46
88,639.350	25019801	88,639.35	88,639.35
144,571.810	TOTAL SHORT-TERM INVESTMENT FUND A S1	144,571.81 100.0000	144,571.81 100.0000
	TOTAL SHORT TERM INVESTMENT FUNDS	144,571.81	144,571.81
	TOTAL OTHER CASH EQUIVALENTS	144,571.81	144,571.81
	TOTAL CASH EQUIVALENTS	144,571.81	144,571.81
<u>POOLED, COMMON AND COLLECTIVE FUNDS</u>			
POOLED FUNDS			
	** PRINCIPAL/MULTI-MANAGER LIABILITY		
	DRIVEN SOLUTION CIT I		
	949907455		
119,276.459	25019800	1,955,716.66	2,037,385.05
749,413.142	25019800	14,984,122.73	13,906,859.68
868,689.601	TOTAL PRINCIPAL/MULTI-MANAGER LIABILITY	16,939,839.39 19.5005	15,944,244.73 17.0812
	TOTAL POOLED FUNDS	16,939,839.39	15,944,244.73
	TOTAL POOLED, COMMON AND COLLECTIVE FUNDS	16,939,839.39	15,944,244.73
	TOTAL ASSETS AND LIABILITIES	17,084,411.20	16,088,816.54
	ACCRUED INCOME	467.27	467.27
TOTAL ACCOUNT		17,084,878.47	16,089,283.81

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

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 003
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					16,949,515.89		
COMPARATIVE VALUE (5%)					847,475.79		
** ISSUE: 94987Q383 -	PRINCIPAL/MULTI-MANAGER		LDS CIT III				
25019800	12/06/24 S	265,150	13.959	0	3,701,302 *	3,905,727	-204,425
** ISSUE: 949907448 -	PRINCIPAL/MULTI-MANAGER		LDS CIT II				
25019800	12/06/24 B	236,357	19.649	0	4,644,198-*	4,644,198	
** ISSUE: 949907455 -	PRINCIPAL/MULTI-MANAGER		LDS CIT I				
25019800	12/06/24 S	54,342	17.453	0	948,437 *	891,020	57,418
GRAND TOTAL				0	9,293,937	9,440,945	-147,007

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.

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 003
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				16,949,515.89			
COMPARATIVE VALUE (5%)				847,475.79			

ISSUE: PF9980004 - SHORT-TERM INVESTMENT FUND A S1							
25019800	01/03/24 B	32	1.000	0	32-	32	
25019800	01/30/24 B	44,879	1.000	0	44,879-	44,879	
25019800	02/02/24 B	57	1.000	0	57-	57	
25019800	02/29/24 B	32,073	1.000	0	32,073-	32,073	
25019800	03/04/24 B	47	1.000	0	47-	47	
25019800	03/28/24 B	48,831	1.000	0	48,831-	48,831	
25019800	04/02/24 B	52	1.000	0	52-	52	
25019800	04/02/24 B	100,000	1.000	0	100,000-	100,000	
25019800	05/02/24 B	492	1.000	0	492-	492	
25019800	06/04/24 B	337	1.000	0	337-	337	
25019800	06/27/24 B	21,969	1.000	0	21,969-	21,969	
25019800	07/02/24 B	162	1.000	0	162-	162	
25019800	07/09/24 B	100,000	1.000	0	100,000-	100,000	
25019800	08/02/24 B	412	1.000	0	412-	412	
25019800	09/04/24 B	348	1.000	0	348-	348	
25019800	09/12/24 B	275	1.000	0	275-	275	
25019800	09/27/24 B	21,482	1.000	0	21,482-	21,482	
25019800	10/02/24 B	16,635	1.000	0	16,635-	16,635	
25019800	10/22/24 B	1,706	1.000	0	1,706-	1,706	
25019800	10/24/24 B	47,356	1.000	0	47,356-	47,356	
25019800	11/04/24 B	84	1.000	0	84-	84	
25019800	11/27/24 B	32,668	1.000	0	32,668-	32,668	
25019800	11/29/24 B	23,835	1.000	0	23,835-	23,835	
25019800	12/03/24 B	35	1.000	0	35-	35	
25019800	12/09/24 B	5,542	1.000	0	5,542-	5,542	
25019800	12/26/24 B	35,854	1.000	0	35,854-	35,854	
25019801	01/03/24 B	398	1.000	0	398-	398	
25019801	02/02/24 B	397	1.000	0	397-	397	
25019801	03/04/24 B	371	1.000	0	371-	371	
25019801	04/02/24 B	398	1.000	0	398-	398	
25019801	05/02/24 B	386	1.000	0	386-	386	
25019801	06/04/24 B	399	1.000	0	399-	399	
25019801	07/02/24 B	388	1.000	0	388-	388	
25019801	08/02/24 B	401	1.000	0	401-	401	
25019801	09/04/24 B	401	1.000	0	401-	401	
25019801	10/02/24 B	381	1.000	0	381-	381	
25019801	11/04/24 B	377	1.000	0	377-	377	

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 003
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
25019801	12/03/24 B	356	1.000	0	356-	356	
	SUB-TOTAL OF BUYS	# 38		0	539,816	539,816	
25019800	01/02/24 S	32,073	1.000	0	32,073	32,073	0
25019800	01/02/24 S	8,328	1.000	0	8,328	8,328	0
25019800	01/22/24 S	5,036	1.000	0	5,036	5,036	0
25019800	01/25/24 S	1,380	1.000	0	1,380	1,380	0
25019800	02/01/24 S	32,073	1.000	0	32,073	32,073	0
25019800	02/13/24 S	11,431	1.000	0	11,431	11,431	0
25019800	03/01/24 S	32,073	1.000	0	32,073	32,073	0
25019800	04/01/24 S	32,073	1.000	0	32,073	32,073	0
25019800	04/01/24 S	7,086	1.000	0	7,086	7,086	0
25019800	04/22/24 S	5,305	1.000	0	5,305	5,305	0
25019800	04/23/24 S	1,926	1.000	0	1,926	1,926	0
25019800	05/01/24 S	32,715	1.000	0	32,715	32,715	0
25019800	05/08/24 S	1,380	1.000	0	1,380	1,380	0
25019800	05/14/24 S	2,656	1.000	0	2,656	2,656	0
25019800	05/23/24 S	310	1.000	0	310	310	0
25019800	06/03/24 S	33,025	1.000	0	33,025	33,025	0
25019800	06/03/24 S	2,656	1.000	0	2,656	2,656	0
25019800	06/03/24 S	3,924	1.000	0	3,924	3,924	0
25019800	06/18/24 S	2,692	1.000	0	2,692	2,692	0
25019800	07/01/24 S	34,398	1.000	0	34,398	34,398	0
25019800	07/22/24 S	5,208	1.000	0	5,208	5,208	0
25019800	08/01/24 S	34,398	1.000	0	34,398	34,398	0
25019800	08/13/24 S	2,538	1.000	0	2,538	2,538	0
25019800	08/26/24 S	1,380	1.000	0	1,380	1,380	0
25019800	09/03/24 S	34,398	1.000	0	34,398	34,398	0
25019800	09/04/24 S	5,247	1.000	0	5,247	5,247	0
25019800	09/16/24 S	275	1.000	0	275	275	0
25019800	09/23/24 S	1,245	1.000	0	1,245	1,245	0
25019800	10/01/24 S	37,143	1.000	0	37,143	37,143	0
25019800	10/04/24 S	1,380	1.000	0	1,380	1,380	0
25019800	10/07/24 S	16,463	1.000	0	16,463	16,463	0
25019800	10/08/24 S	14,000	1.000	0	14,000	14,000	0
25019800	10/18/24 S	135	1.000	0	135	135	0
25019800	10/21/24 S	1,949	1.000	0	1,949	1,949	0
25019800	10/23/24 S	1,706	1.000	0	1,706	1,706	0
25019800	11/01/24 S	39,993	1.000	0	39,993	39,993	0
25019800	11/04/24 S	4,000	1.000	0	4,000	4,000	0
25019800	11/18/24 S	1,455	1.000	0	1,455	1,455	0
25019800	11/26/24 S	1,992	1.000	0	1,992	1,992	0
25019800	12/02/24 S	39,993	1.000	0	39,993	39,993	0
25019800	12/23/24 S	2,009	1.000	0	2,009	2,009	0
25019801	01/22/24 S	27	1.000	0	27	27	0

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 003
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
25019801	04/22/24 S	28	1.000	0	28	28	0
25019801	07/22/24 S	28	1.000	0	28	28	0
25019801	10/21/24 S	28	1.000	0	28	28	0
SUB-TOTAL OF SALES # 45				0	529,558	529,558	0
SUB-TOTAL				0	1,069,374	1,069,374	0
** ISSUE: 94987Q383 - PRINCIPAL/MULTI-MANAGER LDS CIT III							
25019800	10/21/24 B	3,669	13.440	0	49,314-	49,314	
SUB-TOTAL OF BUYS # 1				0	49,314	49,314	
25019800	01/29/24 S	1,752	13.369	0	23,424	25,840	-2,416
25019800	02/28/24 S	35	13.167	0	462	518	-56
25019800	03/27/24 S	1,990	13.429	0	26,728	29,353	-2,625
25019800	06/26/24 S	1,539	13.322	0	20,508	22,704	-2,196
25019800	09/26/24 S	1,009	14.338	0	14,465	14,880	-414
25019800	10/01/24 S	685	14.478	0	9,914	10,099	-185
25019800	11/27/24 S	922	13.657	0	12,595	13,585	-990
25019800	12/06/24 S	265,150	13.959	0	3,701,302 *	3,905,727	-204,425
SUB-TOTAL OF SALES # 8				0	3,809,398	4,022,706	-213,308
SUB-TOTAL				0	3,858,712	4,072,020	-213,308
** ISSUE: 949907448 - PRINCIPAL/MULTI-MANAGER LDS CIT II							
25019800	12/06/24 B	236,357	19.649	0	4,644,198-*	4,644,198	
25019800	12/24/24 B	1,773	18.587	0	32,962-	32,962	
SUB-TOTAL OF BUYS # 2				0	4,677,160	4,677,160	
25019800	01/29/24 S	2,006	18.794	0	37,703	40,440	-2,738
25019800	02/28/24 S	890	18.507	0	16,468	17,938	-1,470
25019800	03/27/24 S	1,174	18.822	0	22,103	23,674	-1,570
25019800	06/26/24 S	515	18.733	0	9,656	10,391	-735
25019800	09/26/24 S	1,222	20.005	0	24,446	24,633	-188
25019800	10/01/24 S	325	20.150	0	6,549	6,552	-3
25019800	10/23/24 S	2,622	19.069	0	50,000	52,858	-2,858
25019800	11/26/24 S	891	19.236	0	17,146	17,969	-823
25019800	11/27/24 S	236	19.337	0	4,564	4,758	-194

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

**Namasco Retirement Plan for the Dubuque Warehousing
Employees of the Steel Warehousing Division
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 38-2046626 Plan Number: 003
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 SALES # 9				0	188,635	199,213	-10,579
SUB-TOTAL				0	4,865,795	4,876,373	-10,579
** ISSUE: 949907455 - PRINCIPAL/MULTI-MANAGER LDS CIT I							
25019800	01/29/24 B	977	16.637	0	16,247-	16,247	
25019800	06/26/24 B	490	16.730	0	8,195-	8,195	
25019800	09/26/24 B	991	17.580	0	17,429-	17,429	
SUB-TOTAL OF BUYS # 3				0	41,871	41,871	
25019800	02/28/24 S	919	16.480	0	15,143	15,060	83
25019800	10/21/24 S	3,165	17.249	0	54,589	51,891	2,698
25019800	11/26/24 S	1,363	17.258	0	23,523	22,348	1,174
25019800	11/27/24 S	386	17.301	0	6,676	6,327	349
25019800	12/06/24 S	54,342	17.453	0	948,437 *	891,020	57,418
25019800	12/24/24 S	4,035	17.055	0	68,817	66,158	2,659
SUB-TOTAL OF SALES # 6				0	1,117,185	1,052,804	64,381
SUB-TOTAL				0	1,159,056	1,094,675	64,381
GRAND TOTAL				0	10,952,937	11,112,442	-159,506

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.

**Namasco Retirement Plan for the Dubuque Warehousing
 Employees of the Steel Warehousing Division
 Schedule H, Line 4j - Schedule of Reportable Transactions
 EIN: 38-2046626 Plan Number: 003
 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
				16,949,515.89			
				847,475.79			

*** NO TRANSACTIONS QUALIFIED ***