

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE...
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report...
C If the plan is a collectively-bargained plan, check here... [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension...
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/2005
2a Plan sponsor's name (employer, if for a single-employer plan): ORMET CORPORATION HOURLY RETIREE BENEFIT TRUST
2b Employer Identification Number (EIN): 83-0430487
2c Plan Sponsor's telephone number: 866-277-5087
2d Business code (see instructions): 331310

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

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	1628
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)	0
	6a(2)	0
	6b	740
	6c	807
	6d	1547
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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 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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u>
(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 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 ORMET CORPORATION HOURLY RETIREE BENEFIT TRUST		D Employer Identification Number (EIN) 83-0430487

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK FREEDOM BLUE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	109534	985	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	2389151
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 ORMET CORPORATION HOURLY RETIREE BENEFIT TRUST	D Employer Identification Number (EIN) 83-0430487	

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)

PNC BANK

2 PNC PLAZA, 620 LIBERTY AVENUE
PITTSBURGH, PA 15222

25-1211909

(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 50	TRUSTEE/CUSTODIAN	152934	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CENTRAL DATA SERVICES, INC

60 BLVD OF THE ALLIES, 5TH FLOOR
PITTSBURGH, PA 15222

25-1352803

(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?
13 50	NONE	119968	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)

SCHNEIDER DOWNS & CO., INC.

ONE PPG PLACE, SUITE 1700
PITTSBURGH, PA 15222-5416

25-1408703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	34007	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)

BUCK GLOBAL, LLC

11 STANWIX STREET
PITTSBURGH, PA 15222

13-3954297

(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 16 50	NONE	26160	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)

MARSH USA, INC.

36-1436000

(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?
22 53	NONE	17960	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)

JEANETTE STUMP

60 BLVD OF THE ALLIES, 5TH FLOOR
PITTSBURGH, PA 15222

(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?
20 50	TRUSTEE	7242	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)

HOWARD KLINE

60 BLVD OF THE ALLIES, 5TH FLOOR
PITTSBURGH, PA 15222

(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?
20 50	TRUSTEE	6876	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)

JAMES T. CARNEY

60 BLVD OF THE ALLIES, 5TH FLOOR
PITTSBURGH, PA 15222

(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?
20 50	TRUSTEE	6872	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)

SCHWARZWALD MCNAIR & FUSCO LLP

812 HURON RD. EAST, STE. 600
CLEVELAND, OH 44115

(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?
29 50	NONE	5245	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"/>

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: SCHNEIDER DOWNS & CO. INC.	b EIN: 25-1408703
c Position: INDPENDENT ACCOUNTANT	
d Address: ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222-5416	e Telephone: 412-261-3644

Explanation: SCHNEIDER DOWNS & CO, INC. SERVED AS THE INDEPENDENT QUALIFIED PUBLIC AUDITOR FOR THE PLAN, AND SERVED AS THE PREPARER OF THE BENEFIT PLAN FORM 5500 AND 990 TAX RETURNS FOR THE PREDCEDING PLAN YEARS THROUGH DECEMBER 31, 2023. SCHNEIDER DOWNS & CO. IN

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 ORMET CORPORATION HOURLY RETIREE BENEFIT TRUST	D Employer Identification Number (EIN) 83-0430487

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	296603	460149
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2508285	2453389
(2) U.S. Government securities	1c(2)	5205104	7181944
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6585851	5008215
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3642116	2028033
(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)		
(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)	25148402	27761901
(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	43386361	44893631
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		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	43386361	44893631

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)		
(B) Participants.....	2a(1)(B)	733332	
(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)		733332
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	121362	
(B) U.S. Government securities.....	2b(1)(B)	139720	
(C) Corporate debt instruments.....	2b(1)(C)	252968	
(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)		514050
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	27962	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	598428	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		626390
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10908127	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12345225	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-1437098
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2158374	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		2158374

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2491073
c Other income	2c		222
d Total income. Add all income amounts in column (b) and enter total	2d		5086343

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	465000	
(2) To insurance carriers for the provision of benefits	2e(2)	2735920	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3200920
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)	119968	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	31687	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	152934	
(7) Actuarial fees	2i(7)	26160	
(8) Legal fees	2i(8)	5245	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	20838	
(11) Other expenses	2i(11)	21321	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		378153
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3579073

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1507270
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: GROSSMAN YANAK & FORD LLP

(2) EIN: 25-1638525

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



**ORMET CORPORATION HOURLY RETIREE
GROUP BENEFIT PLAN**

**Financial Statements for the Years Ended December 31, 2024 and
2023, Supplemental Schedules as of and for the Year Ended
December 31, 2024 and Independent Auditors' Report**

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN

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INDEPENDENT AUDITORS' REPORT

VEBA Committee
Ormet Corporation Hourly Retiree
Group Benefit Plan

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of Ormet Corporation Hourly Retiree Group Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits - modified cash basis as of December 31, 2024, and the related statement of changes in net assets available for benefits - modified cash basis for the year then ended, and the related notes to the financial statements (2024 financial statements).

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits - modified cash basis of Ormet Corporation Hourly Retiree Group Benefit Plan as of December 31, 2024, and the changes in its net assets available for benefits - modified cash basis for the year then ended, in accordance with the modified cash basis of accounting described in Note 2.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of Ormet Corporation Hourly Retiree Group Benefit Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of the VEBA Committee for the 2024 Financial Statements

The VEBA Committee is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. The VEBA Committee is also responsible 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.

In preparing the financial statements, the VEBA Committee is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Ormet Corporation Hourly Retiree Group Benefit Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

The VEBA Committee is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the 2024 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ormet Corporation Hourly Retiree Group Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by the VEBA Committee, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ormet Corporation Hourly Retiree Group Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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.

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the 2024 financial statements as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions - modified cash basis are presented for the purposes of additional analysis and are not a required part of the 2024 financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the VEBA Committee and was derived from and relates directly to the underlying accounting and other records used to prepare the 2024 financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2024 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated in all material respects in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Auditor's Report on the 2023 Financial Statements

The financial statements of Ormet Corporation Hourly Retiree Group Benefit Plan as of December 31, 2023, were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated September 19, 2024, indicated that in their opinion:

- the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2, and
- the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Their report also indicated that the form and content of the 2023 supplemental schedules - modified cash basis, other than the information in the 2023 supplemental schedules - modified cash basis that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2023 supplemental schedules - modified cash basis related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

GROSSMAN YANAK & FORD LLP

Pittsburgh, Pennsylvania
October 14, 2025

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE
FOR BENEFITS - MODIFIED CASH BASIS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Cash	\$ 460,149	\$ 296,603
Investments, at fair value	<u>44,433,482</u>	<u>43,089,758</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 44,893,631</u>	<u>\$ 43,386,361</u>

See notes to financial statements.

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment income:		
Interest and dividends, net	\$ 1,140,440	\$ 1,088,672
Net appreciation in fair value of investments	3,212,348	3,998,945
Other investment income	<u>223</u>	<u>14,214</u>
Investment income, net	4,353,011	5,101,831
Contributions from participants	<u>733,332</u>	<u>1,724,753</u>
Total additions	<u>5,086,343</u>	<u>6,826,584</u>
DEDUCTIONS:		
Premiums and fees for healthcare	2,735,920	3,926,648
Death benefits	465,000	484,000
Administrative expenses	<u>378,153</u>	<u>346,595</u>
Total deductions	<u>3,579,073</u>	<u>4,757,243</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	<u>1,507,270</u>	<u>2,069,341</u>
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>43,386,361</u>	<u>41,317,020</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 44,893,631</u>	<u>\$ 43,386,361</u>

See notes to financial statements.

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the Ormet Corporation Hourly Retiree Group Benefit Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan was established effective June 1, 2005 as a result of the emergence of Ormet Corporation and its affiliates (collectively, the "Company") from Chapter 11 bankruptcy in 2005. On February 25, 2013, the Company filed a voluntary petition for reorganization relief under Chapter 11 of the United States Bankruptcy Code with the United States Bankruptcy Court for the District of Delaware. Subsequently, the Company permanently ceased operations and liquidated substantially all of its remaining assets. As a result, no further contributions will be received from the Company; the Plan is now fully administered by third parties under the direction of the VEBA Committee of the Ormet Corporation Hourly Retiree Benefit Trust (the "Trust"). The Plan will continue to operate until formally terminated or when assets are no longer available to fund payments to insurers and payments to participant's beneficiaries for death claims.

The Plan is funded by previous contributions made by the Company to the Trust, investment income, and contributions from participants. The Plan provides medical and prescription drug coverage, as well as death benefits, to certain retired employees of the Company who worked in bargaining units represented by the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers Internal Union (the "USW") at the Company's aluminum smelter and rolling mill in Hannibal, Ohio and its alumina refinery in Burnside, Louisiana and their surviving spouses and eligible dependents.

The general administration of the Plan and the responsibility for carrying out the provisions of the Plan are placed with the VEBA Committee, which is the named fiduciary and Plan administrator. The VEBA Committee consists of four representatives, two from the USW and two from the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility - The VEBA Committee determines eligibility requirements, which are subject to change without consent of the participants. An individual is eligible to be a participant of the Plan based on the following criteria as summarized from the Plan document:

- Pre-June 1, 2005 Retirees - An employee who retired prior to June 1, 2005 who meets all of the following requirements:

- a) The employee retired from either 1) Ormet Primary Aluminum Corporation's Hannibal, Ohio smelter, 2) Ormet Aluminum Mill Products Corporation's Hannibal, Ohio rolling mill, or 3) Ormet Corporation's Burnside, Louisiana facility,
 - b) The employee was an hourly employee represented by the USW at the time of retirement, and
 - c) The employee was eligible for retiree healthcare coverage under the Company's healthcare plan pursuant to a collective bargaining agreement between the Company and the USW.
- Post-June 1, 2005 Retirees - An employee who retired after June 1, 2005 who meets all of the following requirements:
 - a) The employee retired from Ormet Primary Aluminum Corporation's Hannibal, Ohio smelter before June 6, 2013 with an immediate pension under the Ormet Corporation Defined Benefit Pension Plan or the Steelworkers Pension Trust, or
 - b) The employee retired from Ormet Aluminum Mill Products Corporation's Hannibal, Ohio rolling mill before January 1, 2006 with an immediate pension under the Ormet Corporation Defined Benefit Pension Plan or the Steelworkers Pension Trust, or
 - c) The employee retired from Ormet Corporation's Burnside, Louisiana facility before December 31, 2009 with an immediate pension under the Ormet Corporation Defined Benefit Pension Plan or the Steelworkers Pension Trust, and
 - d) The employee was an hourly employee represented by the USW at the time of retirement.

Contributions - The cost of providing retiree benefits in excess of what is funded by the Trust is funded by retiree contributions. Eligible participants are required to contribute a fixed dollar portion of the cost for medical and prescription drug benefits, as determined by the VEBA Committee. Participant contributions for medical and prescription drug coverage differ depending on the coverage elected.

Benefits - Post-retirement medical and prescription drug benefits provided under the Plan are determined by the VEBA Committee. Medical and prescription drug coverage for Medicare-eligible participants is provided under a group insurance contract with Highmark, Inc. Medical and prescription drug coverage for pre-Medicare participants is provided by way of the Steelworkers Health and Welfare Fund, which has a group insurance contract with Blue Cross Blue Shield administered by Highmark. Death benefits are paid to eligible retiree beneficiaries in amounts defined in the Plan document.

Administrative Expenses - The Plan pays administrative expenses that consist primarily of third-party administrative fees and professional fees.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan's financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than generally accepted accounting principles in the United States of America. Under the modified cash basis of accounting, certain additions to net assets available for benefits are recognized when received rather than when earned and certain deductions from net assets available for benefits are recognized when paid rather than when the obligation is incurred. These financial statements differ from the cash basis of accounting in that investments are recorded at fair value as described below.

Use of Estimates - The preparation of financial statements in accordance with the modified cash basis of accounting requires the VEBA Committee to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the dates of the financial statements. Actual results could differ from those estimates.

Cash - The Plan maintains cash at a financial institution which may at times exceed federally insured limits and which may at times exceed the amount reflected in the statements of net assets available for benefits due to outstanding checks.

Investment Valuation and Income Recognition - Plan investments are stated at fair value as more fully described below. The Plan presents net appreciation (depreciation) in the fair value of its investments, which consists of unrealized appreciation and depreciation as well as realized gains and losses in the statements of changes in net assets available for benefits. The unrealized appreciation (depreciation) of investments is determined by the change in current fair value from the beginning of the year (if held for the entire year) to the end of the year, or from the date of purchase to the end of the year. Realized gains (losses) are determined by the change in value from the date of purchase to the date of sale. Purchases and sales of securities are recognized on the trade date. Interest is recorded when received. Dividends are recorded on the ex-dividend date.

The framework for measuring fair value of financial assets provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access,

- Level 2 Inputs are not quoted prices in active markets but they are observable either directly or indirectly; and
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Money Market and Mutual Funds - Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded (Level 1 inputs).

Corporate Debt Securities and U.S. Government Debt Securities: Valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. The models are primarily industry-standard that consider various assumptions, including time value and yield curves as well as other relevant economic measures (Level 2 inputs).

Stocks and Exchange Traded Funds - Valued at the closing price reported on the active market on which the individual securities are traded (Level 1 inputs).

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the VEBA Committee believes that the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting dates.

Risks and Uncertainties - The benefit obligations disclosed in Note 3 are actuarially determined based on certain assumptions including insurance premiums and healthcare cost trend rates, interest rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

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

Reclassifications - Certain amounts in the 2023 financial statements have been reclassified to conform to the 2024 presentation.

Subsequent Events - The VEBA Committee has evaluated subsequent events through October 14, 2025, the date which the financial statements were available to be issued.

3. **BENEFIT OBLIGATIONS**

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to all participant groups covered under the Plan as of December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid for currently retired employees and their beneficiaries and dependents, net of expected future participant contributions.

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The postretirement benefit obligations at December 31, 2024 and 2023 and changes to the postretirement benefit obligations during the years ended 2024 and 2023 were as follows:

	<u>2024</u>	<u>2023</u>
Benefit obligations, beginning of year	\$ 31,394,934	\$ 23,529,683
Interest cost	1,500,238	1,224,091
Expected benefit payments	(2,814,687)	(2,581,494)
Changes in actuarial assumptions	(172,463)	1,863,000
Actuarial loss	<u>119,517</u>	<u>7,359,654</u>
Benefit obligations, end of year	<u>\$ 30,027,539</u>	<u>\$ 31,394,934</u>

The following monthly insurance premium rates effective January 1, 2025 and January 1, 2024 were utilized for purposes of the actuarial valuations as of December 31, 2024 and 2023, respectively:

	<u>12/31/2024</u>		<u>12/31/2023</u>	
	<u>Retiree</u>	<u>Retiree/ Spouse</u>	<u>Retiree</u>	<u>Retiree/ Spouse</u>
Pre-Medicare	\$ 1,511	\$ 3,017	\$ 1,412	\$ 2,819
Medicare	\$ 193	\$ 386	\$ 182	\$ 364

Insurance premiums for pre-Medicare and Medicare were assumed to increase annually as follows for purposes of the actuarial valuations as of December 31, 2024 and 2023:

	<u>12/31/2024</u>		<u>12/31/2023</u>	
	<u>Pre-Medicare</u>	<u>Medicare</u>	<u>Pre-Medicare</u>	<u>Medicare</u>
2025			7.80 %	7.30 %
2026	9.15 %	8.80 %	7.05 %	6.70 %
2027	8.05 %	7.80 %	6.40 %	6.15 %
2028	7.05 %	6.90 %	5.80 %	5.65 %
2029	6.20 %	6.10 %	5.25 %	5.20 %
2030	5.40 %	5.40 %	4.75 %	4.75 %
Thereafter	4.75 %	4.75 %	4.75 %	4.75 %

In addition to the insurance premium assumptions described above, the following significant assumptions were used in the actuary's valuations as of and for the years ended December 31, 2024 and 2023:

Discount rate	5.50% for 2024 and 5.00% for 2023
Mortality	PRI-2012 Headcount Weighted Mortality Table with Modified 2021 Projection Scale
Plan participation	Plan participants are assumed to continue to participate into the future. For those who are eligible but do not currently have coverage, assumptions are made regarding their future participation in the Plan.
Retiree contributions	The 2024 valuation assumes contributions at 23.8% and 25.9% of the pre-Medicare and Medicare premiums, respectively. The 2023 valuation assumes contributions at 25% and 27.5% of the pre-Medicare and Medicare premiums, respectively.
Administrative expenses	\$338.65 per person per year with an annual trend of 3.5% for 2024; \$341.58 per person per year with an annual trend of 3.5% for 2023

The healthcare cost trend rate assumption has a significant effect on the costs and obligations reported. At December 31, 2024 and 2023, a one percentage point increase in the healthcare cost trend rate would result in an approximate increase in the accumulated benefit obligation of \$1,912,000 and \$2,160,000, respectively.

During the year ended December 31, 2023, actuarial losses and changes in actuarial assumptions resulted in a \$7,359,654 and \$1,863,000 increase, respectively, in the actuarial present value of the expected postretirement benefit obligation. Actuarial losses were the result of assumed Medicare participant contribution rates. Changes in actuarial assumptions were the result of a change in the discount rate and updated trend assumptions.

4. INVESTMENTS

The Plan's investments are held in trust by PNC Bank, NA. The following tables present the Plan's investments by level within the fair value hierarchy (see Note 2) at December 31, 2024 and 2023:

	<u>Assets at Fair Value as of December 31, 2024</u>		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Money market funds	\$ 2,453,389		\$ 2,453,389
Mutual funds and exchange traded funds	27,761,901		27,761,901
Corporate debt securities	-	\$ 5,008,215	5,008,215
U.S. government debt securities	-	7,181,944	7,181,944
Stocks	<u>2,028,033</u>	<u>-</u>	<u>2,028,033</u>
Total	<u>\$ 32,243,323</u>	<u>\$ 12,190,159</u>	<u>\$ 44,433,482</u>
	<u>Assets at Fair Value as of December 31, 2023</u>		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Money market funds	\$ 2,508,285		\$ 2,508,285
Mutual funds and exchange traded funds	25,148,402		25,148,402
Corporate debt securities	-	\$ 6,585,851	6,585,851
U.S. government debt securities	-	5,205,104	5,205,104
Stocks	<u>3,642,116</u>	<u>-</u>	<u>3,642,116</u>
Total	<u>\$ 31,298,803</u>	<u>\$ 11,790,955</u>	<u>\$ 43,089,758</u>

5. TRUSTEE CERTIFICATION (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements, including investments held at December 31, 2023 and net investment income for the year ended December 31, 2023, was obtained by the VEBA Committee and agreed to or derived from information certified as complete and accurate by PNC Bank, NA, the trustee of the Plan.

6. TAX STATUS

The Trust established to hold the Plan's assets received an exemption letter from the Internal Revenue Service (IRS) dated October 31, 2006 stating that the IRS determined that the Trust is exempt from federal income tax under Section 501(c)(9) of the Internal Revenue Code (IRC). The Trust has been amended since receiving the determination letter. However, the VEBA Committee believes that the Trust is currently designed and being operated in compliance with the applicable requirements of the IRC and has no unrelated business income and, therefore, is exempt from federal income taxes.

The modified cash basis of accounting prescribes a comprehensive model for the financial statement recognition, measurement, presentation, and disclosure of uncertain tax positions taken or expected to be taken in income tax returns. The VEBA Committee believes that there is no liability related to uncertain tax positions at December 31, 2024 or 2023. The Plan is no longer subject to income tax examinations for years prior to December 31, 2021.

7. PLAN TERMINATION

Although the VEBA Committee has not expressed any intent to do so, it has the right to terminate the Plan at any time by an instrument in writing executed on behalf of the VEBA Committee and delivered to PNC Bank, NA. In the event of termination, all assets in the Trust shall be used for the participants' benefits or to defray the cost of administration or termination of the Plan.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by PNC Bank, NA, which is the trustee as defined by the Plan. The Plan also has arrangements with other service providers for various administrative functions. In addition, certain VEBA Committee members are also compensated by the Plan. The costs associated with these transactions are included in administrative expenses. Therefore these transactions qualify as party-in-interest transactions.

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN: 83-0430487 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Money Market Funds:				
*	PNC Bank, NA	IAM Bank Sweep Collateralized	2,333,076	\$ 2,333,076	\$ 2,333,076
*	PNC Bank, NA	IAM Bank Sweep Collateralized	76,704	76,704	76,704
*	PNC Bank, NA	IAM Bank Sweep Collateralized	26,300	26,300	26,300
*	PNC Bank, NA	IAM Bank Sweep Collateralized	17,309	17,309	17,309
	Mutual Funds and Exchange				
	Traded Funds:				
	Dodge & Cox	International Stock Fund	16,338	711,920	815,269
	Dodge & Cox	Income Fund	110,733	1,505,366	1,370,877
	BlackRock	iShares S&P 500 ETF	14,010	4,261,864	8,247,407
	BlackRock	iShares MSCI EAFE ETF	21,038	1,492,205	1,590,683
	BlackRock	iShares Russell Mid-Cap Value ETF	8,900	650,920	1,151,126
	BlackRock	iShares Russell Mid-Cap Growth ETF	13,416	326,114	1,700,478
	BlackRock	iShares Russell 1000 Value ETF	5,812	947,698	1,075,976
	BlackRock	iShares Russell 2000 Growth ETF	3,156	752,830	908,360
	BlackRock	iShares Russell 2000 ETF	5,637	1,280,586	1,245,552
	BlackRock	iShares Intermediate Government / Credit Bond ETF	47,173	5,279,636	4,916,842
	BlackRock	iShares 1-5 Year Investment Grade Corporate Bond ETF	19,951	1,057,988	1,031,467
	BlackRock	iShares MSCI EAFE Growth ETF	7,275	470,930	704,438
	BlackRock	iShares MSCI USA Quality Factor ETF	6,056	726,440	1,078,452
	Vanguard	Inflation-Protected Securities Fund	45,668	1,211,086	1,028,452
	Vanguard	FTSE Emerging Markets ETF	20,358	773,254	896,522
	Corporate Debt Securities:				
	AT&T Inc.	4.30%, due 02/15/2030	30,000	33,733	29,054
	Abbvie Inc.	4.95%, due 03/15/2031	50,000	49,948	49,990
	Allstate Corp.	1.45%, due 12/15/2030	55,000	42,735	44,782

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ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
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SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Amazon.com Inc.	2.10%, due 05/12/2031	45,000	\$ 44,992	\$ 38,434
	American Electric Power	5.625%, due 03/01/2033	35,000	34,871	35,357
	American Express Co (025816DN6)	VAR%, due 10/30/2031	30,000	30,043	32,066
	American Express Co (025816DP1)	VAR%, due 02/16/2028	45,000	45,045	45,260
	American Honda Finance	4.90%, due 03/13/2029	30,000	30,044	29,897
	Ameriprise Financial Inc.	5.70%, due 12/15/2028	40,000	40,087	41,212
	Autozone Inc.	5.10%, due 07/15/2029	35,000	35,762	35,204
	Bank of America Corp (06051GZ3)	VAR%, due 06/14/2029	65,000	62,278	58,992
	Bank of America Corp (06051GKY4)	VAR%, due 07/22/2033	35,000	35,230	34,329
	Bank of Montreal	5.203%, due 02/01/2028	45,000	45,064	45,350
	Bank of Nova Scotia	VAR%, due 09/08/2028	70,000	70,000	69,297
	Bristol-Meyers Squibb Co.	5.75%, due 02/01/2031	55,000	54,874	57,203
	CDW LLC/CDW Finance	4.25%, due 04/01/2028	40,000	38,987	38,761
	Cigna Group	5.00%, due 05/15/2029	45,000	45,159	44,964
	CNH Industrial Cap LLC	3.95%, due 05/23/2025	55,000	54,708	54,807
	CNH Equipment Trust Series 2022 A Class A3	2.83%, due 07/15/2027	29,148	29,146	28,882
	CNH Equipment Trust Series 2022 B Class A3	3.89%, due 11/15/2027	34,321	34,316	34,150
	CNH Equipment Trust Series 2023 A Class A3	4.81%, due 05/15/2028	65,000	64,989	65,248
	Canadian Imperial Bank	VAR%, due 09/11/2027	65,000	65,000	64,702
	Capital One Financial Co	VAR%, due 11/02/2027	45,000	43,602	42,522
	Capital One Multi-Asset Execut Seires 2022 A3 Class A	4.95%, due 10/15/2027	135,000	134,979	135,498
	Cisco Systems Inc.	5.05%, due 02/26/2034	30,000	30,123	29,892

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN: 83-0430487 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Citigroup Inc. (172967JL6)	3.875%, due 03/26/2025	75,000	\$ 81,139	\$ 74,801
	Citigroup Inc. (172967LD1)	VAR%, due 01/10/2028	40,000	44,600	39,210
	Citigroup Inc. (172967NU1)	VAR%, due 05/24/2033	35,000	35,129	33,828
	Citigroup Inc. (17327CAT0)	VAR%, due 09/19/2030	35,000	35,064	34,010
	Coca-Cola Consolidated	VAR%, due 09/19/2030	25,000	25,041	25,348
	Commonwealth Edison Co	5.30%, due 06/01/2034	30,000	30,206	30,073
	Con Edison Co of NY Inc	2.40%, due 06/15/2031	50,000	50,179	42,932
	Crown Castle Intl Corp	3.30%, due 07/01/2030	30,000	29,933	27,258
	Diamondback Energy Inc	5.15%, due 01/30/2030	40,000	39,188	40,085
	Discover Card Execution Note T Series 2022 A3 Class A3	3.56%, due 07/15/2027	80,000	79,990	79,592
	Discover Card Execution Note T Series 2022 A4 Class A	5.03%, due 10/15/2027	35,000	34,996	35,179
	Dow Chemical Co	4.80%, due 11/30/2028	45,000	53,688	44,747
	Duke Energy Corp	2.55%, due 06/15/2031	50,000	43,371	42,690
	Duke Energy Progress LLC	2.00%, due 8/15/2031	55,000	53,346	45,515
	Enbridge Inc (29250NBR5)	5.70%, due 03/08/2033	25,000	25,070	25,260
	Enbridge Inc (29250NCA1)	5.25%, due 04/05/2027	35,000	35,005	35,417
	Energy Transfers Operating	5.25%, due 04/15/2029	60,000	70,236	60,214
	Exelon Corp	5.15%, due 03/15/2028	45,000	44,933	45,262
	Federal Home Loan Mtg Corp Series 4774 Class LP	3.50%, due 09/15/2046	23,374	23,721	22,516
	Fiserv Inc	4.20%, due 10/01/2028	50,000	57,662	48,630
	Ford Credit Auto Owner Trust Series 2022 D Class A3	5.27%, due 05/15/2027	41,486	41,480	41,667
	Ford Credit Auto Owner Trust Series 2024 C Class A3	4.76%, due 07/15/2029	60,000	60,000	59,405
	Fox Corp	4.709%, due 01/25/2029	50,000	57,957	49,388
	GM Financial Securitized Term Series 2023 2 Class A3	4.47%, due 02/16/2028	50,000	49,999	49,999

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
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SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Global Payments Inc	4.95%, due 08/15/2027	65,000	\$ 64,951	\$ 65,088
	Goldman Sachs Group Inc	VAR%, due 10/21/2027	100,000	88,503	94,878
	HF Sinclair Corp	5.00%, due 02/01/2028	30,000	29,852	29,634
	HP Enterprise Co	4.55%, due 10/15/2029	50,000	49,947	48,740
	Hollyfrontier Corp	5.875%, due 04/01/2026	65,000	68,216	65,410
	Huntington Bancshares	VAR%, due 08/04/2028	50,000	49,672	49,488
	Hyundai Auto Receivables Trust Series 2022 C Class A3	5.39%, due 06/15/2027	31,335	31,335	31,498
	Intel Corp	4.875%, due 02/10/2028	60,000	60,298	59,694
	Intercontinental Exchange	2.10%, due 06/15/2030	55,000	44,321	47,646
	JP Morgan Chase & Co (46647PBL9)	VAR%, due 04/22/2031	70,000	70,171	61,667
	JP Morgan Chase & Co (46647PDU7)	VAR%, due 07/24/2029	45,000	45,000	45,453
	JP Morgan Chase & Co (46647PEL6)	VAR%, due 07/22/2028	45,000	44,991	45,143
	John Deere Owner Trust Series 2022 A Class A3	2.32%, due 09/16/2026	27,812	27,806	27,581
	John Deere Owner Trust Series 2022 B Class A3	3.74%, due 02/16/2027	24,418	24,416	24,312
	John Deere Owner Trust Series 2022 C Class A3	5.09%, due 06/15/2027	59,544	49,540	49,688
	Keycorp	VAR%, due 05/23/2025	40,000	38,429	40,036
	Kinder Morgan Inc.	5.00%, due 02/01/2029	40,000	39,949	39,864
	Kroger Co (501044DQ1)	1.70%, due 01/15/2031	45,000	34,066	37,074
	Kroger Co (501044DV0)	5.00%, due 09/15/2034	25,000	25,060	24,213
	LYB Int Finance III	1.25%, due 10/01/2025	50,000	49,962	48,686
	MPLX LP	5.00%, due 03/01/2033	45,000	42,846	43,218
	Marathon Petroleum Corp	4.70%, due 05/01/2025	65,000	65,140	64,925
	Marriott International	4.875%, due 05/15/2029	35,000	34,648	34,871

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
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SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Mercedes-Benz Auto Receivables Series 2022 1 Class A3	5.21%, due 08/16/2027	34,861	\$ 34,854	\$ 35,020
	Mercedes-Benz Auto Receivables Series 2023 1 Class A3	4.51%, due 11/15/2027	20,373	20,370	20,375
	Morgan Stanley (61744YAP3)	VAR%, due 01/24/2029	90,000	101,648	86,792
	Morgan Stanley (61747YEL5)	VAR%, due 01/21/2033	35,000	27,295	29,987
	Nextera Energy Capital (65339KBM1)	2.75%, due 11/01/2029	35,000	34,859	31,741
	Nextera Energy Capital (65339KBP4)	6.051%, due 03/01/2025	40,000	40,290	40,071
	Nisource Inc	5.20%, due 07/01/2029	45,000	44,927	45,343
	Nissan Auto Receivables Owner Series 2022 B Class A3	4.46%, due 05/17/2027	33,745	33,738	33,737
	Nissan Auto Receivables Owner Series 2023 A Class A3	5.09%, due 11/15/2027	60,000	59,989	60,193
	Oracle Corp	2.95%, due 04/01/2030	40,000	39,959	36,108
	Phillips 66 Co	5.25%, due 06/15/2031	35,000	36,175	35,093
	Prologis LP	2.25%, due 04/15/2030	30,000	28,211	26,243
	RTX Corporation	1.90%, due 09/01/2031	50,000	42,480	40,904
	Realty Income Corp	3.20%, due 01/15/2027	55,000	54,529	53,324
	Royal Bank of Canada	VAR%, due 07/23/2027	45,000	44,990	45,207
	Southern Co	1.75%, due 03/15/2028	45,000	44,893	40,821
	State Street Corp (857477BZ5)	VAR%, due 01/26/2026	35,000	35,000	34,995
	State Street Corp (857477CB7)	VAR%, due 05/18/2026	25,000	25,000	25,039
	Sysco Corporation	5.95%, due 04/01/2030	40,000	50,070	41,663
	T-Mobile USA Inc	3.375%, due 04/15/2029	50,000	45,404	46,668
	Take-Two Interactive SOF	5.40%, due 06/12/2029	55,000	55,293	55,779

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN: 83-0430487 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Toronto-Dominion Bank (89115A2S0)	5.532%, due 07/17/2026	50,000	\$ 50,000	\$ 50,581
	Toronto-Dominion Bank (89116CQJ9)	VAR%, due 09/10/2034	25,000	25,000	24,459
	Toyota Auto Receivables Owner Series 2023 B Class A3	4.71%, due 05/15/2028	65,000	64,996	65,200
	Toyota Motor Credit Corp	5.10%, due 03/21/2031	65,000	64,981	65,217
	Truist Financial Corporation	VAR%, due 06/07/2029	50,000	46,806	45,111
	United Parcel Service	5.15%, due 05/22/2034	25,000	24,960	24,946
	US Bancorp (91159HJM3)	VAR%, due 06/12/2029	30,000	30,521	30,678
	US Bancorp (91159HJN1)	VAR%, due 06/12/2034	40,000	39,274	40,776
	Unitedhealth Group Inc (91324PDX7)	2.00%, due 05/15/2030	45,000	41,694	38,787
	Unitedhealth Group Inc (91324PFH0)	4.95%, due 01/15/2032	35,000	35,832	34,605
	Valero Energy Corp	2.80%, due 12/01/2031	55,000	45,945	46,909
	Verizon Master Trust Series 2022 4 Class A	3.83%, due 11/20/2028	75,000	74,996	74,677
	Verizon Master Trust Series 2024 3 Class A1A	5.34%, due 04/22/2030	55,000	54,988	55,926
	Visa Inc	2.05%, due 04/15/2030	50,000	50,055	43,725
	Wells Fargo & Company (95000U2V4)	VAR%, due 03/24/2028	30,000	30,000	29,098
	Wells Fargo & Company (95000U3F8)	VAR%, due 07/25/2034	30,000	29,674	29,960
	Wells Fargo & Company (95000U3L5)	VAR%, due 04/22/2028	35,000	34,999	35,576
	Westpac BKG Corp (961214DF7)	VAR%, due 11/23/2031	75,000	74,241	73,818

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN: 83-0430487 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Westpac BKG Corp (961214FT5)	5.05%, due 04/16/2029	35,000	\$ 34,935	\$ 35,377
	U.S. Government Debt Securities:				
	U.S. Treasury Bond	5.25%, due 02/15/2029	90,000	95,019	93,289
	U.S. Treasury Note (91282CAE1)	0.625%, due 08/15/2030	60,000	50,705	48,725
	U.S. Treasury Note (91282CAL5)	0.375%, due 09/30/2027	145,000	130,205	130,481
	U.S. Treasury Note (91282CBL4)	1.125%, due 02/15/2031	585,000	496,597	482,771
	U.S. Treasury Note (91282CDY4)	1.875%, due 02/15/2032	630,000	532,841	529,887
	U.S. Treasury Note (91282CHQ7)	4.125%, due 07/03/2028	125,000	127,053	124,138
	U.S. Treasury Note (91282CHT1)	3.875%, due 08/15/2033	465,000	453,933	442,550
	U.S. Treasury Note (91282CKQ3)	4.375%, due 05/15/2034	305,000	310,169	300,312
	U.S. Treasury Note (912828R36)	1.625%, due 05/15/2026	40,000	38,538	38,608
	U.S. Treasury Note (912828U24)	2.00%, due 11/15/2026	45,000	42,790	43,189
	U.S. Treasury Note (912828X88)	2.375%, due 05/15/2027	605,000	593,322	579,390
	U.S. Treasury Note (912828YB0)	1.625%, due 08/15/2029	195,000	172,945	173,070
	U.S. Treasury Note (912828YS3)	1.75%, due 11/15/2029	75,000	66,612	66,513
	U.S. Treasury Note (912828YU8)	1.625%, due 11/30/2026	465,000	433,143	442,782
	U.S. Treasury Note (912828ZB9)	1.125%, due 02/28/2027	10,000	9,093	9,361
	U.S. Treasury Note (912828ZQ6)	0.625%, due 05/15/2030	400,000	332,112	328,216
	U.S. Treasury Note (912828Z78)	1.50%, due 01/31/2027	150,000	141,307	141,857
	U.S. Treasury Note (912828Z94)	1.50%, due 02/15/2030	105,000	91,006	91,174
	U.S. Treasury Note (9128283W8)	2.75%, due 02/15/2028	405,000	390,327	386,714
	U.S. Treasury Note (9128284N7)	2.875%, due 05/15/2028	105,000	99,855	100,296
	U.S. Treasury Note (9128284V9)	2.875%, due 08/15/2028	920,000	869,591	875,159
	U.S. Treasury Note (9128285M8)	3.125%, due 11/15/2028	40,000	39,373	38,276
	U.S. Treasury Note (9128286T2)	2.375%, due 05/15/2029	325,000	298,289	299,575
	Federal Home Loan Mtg Corp Gold Pool G15965	3.00%, due 0/01/2031	25,130	25,911	24,110

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN: 83-0430487 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Federal Home Loan Mtg Corp Pool SD8268	3.50%, due 11/01/2052	57,829	\$ 57,375	\$ 57,094
	Federal Home Loan Mtg Corp Pool SD8279	6.00%, due 11/01/2052	46,396	47,238	46,695
	Federal Home Loan Mtg Corp Pool QF2389	5.50%, due 10/01/2052	52,538	53,076	51,994
	Federal National Mtg Association Pool AS5327	3.00%, due 07/01/2030	24,904	25,730	24,012
	Federal National Mtg Association Pool AS8018	3.00%, due 09/01/2031	22,009	22,738	21,085
	Federal National Mtg Association Pool BK0922	4.50%, due 07/01/2048	58,250	55,492	55,599
	Federal National Mtg Association Pool BQ7629	1.50%, due 11/01/2035	38,224	39,099	33,028
	Federal National Mtg Association Pool BR2619	2.00%, due 02/01/2051	48,079	49,822	38,044
	Federal National Mtg Association Pool BV7928	4.50%, due 08/01/2052	130,341	127,432	122,836
	Federal National Mtg Association Pool CA4088	3.50%, due 09/01/2034	29,371	31,078	27,997
	Federal National Mtg Association Pool CA4881	2.50%, due 12/01/2034	25,503	26,778	23,415
	Federal National Mtg Association Pool CA6638	2.50%, due 08/01/2050	53,760	56,643	44,338
	Federal National Mtg Association Pool CB4847	5.50%, due 10/01/2052	81,235	80,689	80,386
	Federal National Mtg Association Pool FM6733	2.50%, due 02/01/2035	56,805	59,663	53,739
	Federal National Mtg Association Pool FM8248	2.50%, due 08/01/2051	63,479	66,445	52,838

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN: 83-0430487 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Federal National Mtg Association Pool FM1221	3.50%, due 07/01/2049	17,110	\$ 17,717	\$ 15,356
	Federal National Mtg Association Pool FM3522	3.00%, due 02/01/2025	35,207	37,457	33,687
	Federal National Mtg Association Pool FM4138	2.50%, due 09/01/2050	67,985	71,756	56,429
	Federal National Mtg Association Pool FM5328	1.50%, due 01/01/2031	28,673	29,419	26,630
	Federal National Mtg Association Pool FM5792	1.50%, due 12/01/2035	80,815	82,305	69,823
	Federal National Mtg Association Pool FM5798	2.00%, due 01/01/2036	95,827	99,496	85,314
	Federal National Mtg Association Pool MA2484	4.00%, due 12/01/2045	20,700	22,182	19,222
	Federal National Mtg Association Pool MA2498	3.00%, due 01/01/2031	21,577	22,598	20,741
	Federal National Mtg Association Pool MA2803	2.50%, due 11/01/2031	30,690	30,781	28,979
	Federal National Mtg Association Pool MA3283	3.00%, due 02/01/2033	32,199	33,019	30,645
	Federal National Mtg Association Pool MA3664	4.00%, due 05/01/2049	83,542	76,336	77,368
	Federal National Mtg Association Pool MA4261	2.00%, due 02/01/2036	59,792	62,558	53,009
	Federal National Mtg Association Pool MA4285	2.00%, due 03/01/2031	61,337	63,752	57,636
	Federal National Mtg Association Pool MA4785	5.00%, due 10/01/2052	86,303	82,332	83,562

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN: 83-0430487 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Stocks:				
	Eaton Corp PLC	Common Stock	30	\$ 9,557	\$ 9,956
	Flutter Entertainment PLC	Common Stock	13	3,490	3,360
	Helen of Troy Limited	Common Stock	102	11,380	6,103
	Spotify Technology SA	Common Stock	16	7,282	7,158
	Expro Group Holdings NV	Common Stock	712	12,925	8,879
	AAR CORP	Common Stock	242	9,203	14,830
	Adidas AG Sponsored ADR	Common Stock	76	9,278	9,255
	Adobe Inc	Common Stock	18	3,703	8,004
	Advanced Micro Devices Inc	Common Stock	90	8,261	10,871
	Advanced Energy Inds Inc	Common Stock	152	8,301	17,576
	Airbnb Inc Class A	Common Stock	87	12,998	11,433
	Albany International Corp CL A	Common Stock	159	6,840	12,715
	Alphabet Inc/CA-CL C	Common Stock	236	29,771	44,944
	Amazon Com Inc	Common Stock	429	33,978	94,118
	Amkor Technology Inc	Common Stock	372	7,908	9,557
	Analog Devices Inc	Common Stock	27	5,955	5,736
	Apple Inc	Common Stock	259	22,272	64,859
	Applovin Corp-Class A	Common Stock	14	4,434	4,534
	Archrock Inc	Common Stock	524	5,092	13,042
	Astrazeneca PLC	Common Stock	105	7,123	6,880
	Boeing Co	Common Stock	104	19,966	18,408
	Box Inc - Class A	Common Stock	525	13,994	16,590
	Broadcom Inc	Common Stock	288	23,372	66,770
	CTS Corp	Common Stock	260	11,321	13,710
	Cabot Corp	Common Stock	209	9,674	19,084
	Cadence Design Systems Inc	Common Stock	60	14,433	18,028
	Casella Waste Sys Inc	Common Stock	254	7,054	26,876
	Cheesecake Factory Inc	Common Stock	420	15,205	19,925
	Conmed Corp	Common Stock	163	15,779	11,156

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN: 83-0430487 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Core Laboratories Luxembourg	Common Stock	547	\$ 20,064	\$ 9,469
	Copt Defense Properties	Common Stock	290	8,419	8,976
	Costco Wholesale Corp	Common Stock	24	7,339	21,990
	Cracker Barrel Old Country	Common Stock	137	15,819	7,242
	Crowdstrike Holdings Inc - A	Common Stock	44	7,038	15,055
	Darling Ingredients Inc	Common Stock	409	9,911	13,779
	Datadog Inc - Class A	Common Stock	67	8,249	9,574
	Dexcom Inc	Common Stock	75	5,261	5,833
	Diodes Inc	Common Stock	182	12,986	11,224
	Disney Walt Co	Common Stock	174	18,998	19,375
	Edwards Lifesciences Corp	Common Stock	79	5,875	5,848
	Enersys	Common Stock	155	5,755	14,327
	Entegris, Inc	Common Stock	88	903	8,717
	Enterprise Financial Service	Common Stock	296	13,886	16,694
	Meta Platforms Inc	Common Stock	106	26,763	62,064
	First Merchants Corp	Common Stock	401	14,201	15,996
	Firstcash Hldgs Inc	Common Stock	153	7,633	15,851
	Flowserve Corp	Common Stock	451	13,364	25,942
	Form Factor Inc	Common Stock	512	6,967	22,528
	Four Corners Property Trust	Common Stock	434	10,627	11,779
	Franklin Electric Inc	Common Stock	205	5,991	19,977
	GATX Corp	Common Stock	129	6,805	19,990
	GE Aerospace	Common Stock	61	10,078	10,174
	Goldman Sachs Group Inc	Common Stock	13	4,830	7,444
	Heartland Finl USA Inc	Common Stock	288	15,128	17,656
	Helmerich & Payne Inc	Common Stock	352	11,535	11,271
	Hexcel Corp	Common Stock	284	8,631	17,807
	Hilton Worldwide Hldgs - W/I	Common Stock	43	9,453	10,628
	Home Depot Inc	Common Stock	20	7,051	7,780

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN: 83-0430487 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Horace Mann Educators Corp New	Common Stock	192	\$ 6,111	\$ 7,532
	Houlihan Lokey Inc	Common Stock	211	9,780	36,642
	Industria De Diseno Textil Ind	Common Stock	166	4,925	4,235
	Integer Holdings Corporation	Common Stock	180	13,099	23,854
	Intuitive Surgical Inc	Common Stock	23	6,796	12,005
	Eli Lilly & Co	Common Stock	37	8,274	28,564
	Littlefuse Inc	Common Stock	60	3,254	14,139
	Marriott International Inc	Common Stock	23	3,859	6,416
	Mastercard Inc CL A	Common Stock	54	11,636	28,435
	Mercadolibre Inc	Common Stock	13	16,215	22,106
	Meritage Homes Corporation	Common Stock	95	4,269	14,613
	Microsoft Corp	Common Stock	183	30,415	77,135
	Moody's Corp	Common Stock	24	7,799	11,361
	Moog Inc	Common Stock	127	7,400	24,999
	Netflix Inc	Common Stock	51	21,401	45,457
	Novo Nordisk A S	Common Stock	173	9,996	14,881
	Nvidia Corp	Common Stock	771	9,275	103,538
	O Reilly Automotive Inc	Common Stock	13	10,715	15,415
	Oceaneering International Inc	Common Stock	665	11,053	17,343
	One gas Inc - W/I	Common Stock	209	13,848	14,473
	PDL Biopharma Inc	Common Stock	4,129	12,610	4
	Palo Alto Networks Inc	Common Stock	40	6,345	7,278
	Parsons Corp	Common Stock	309	12,416	28,505
	Pebblebrook Hotel Trust	Common Stock	430	11,324	5,827
	Plexus Corp	Common Stock	119	8,261	18,621
	Progressive Corp Ohio	Common Stock	49	10,782	11,741
	Reinsurance Group of America	Common Stock	111	8,390	23,713
	Ryder System Inc	Common Stock	105	3,699	16,470
	SPX Technologies	Common Stock	162	8,759	23,574

(continued)

ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN: 83-0430487 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - MODIFIED
CASH BASIS AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date and Rate of Interest	Face Value / Shares	(d) Cost	(e) Current Value
	Sabre Corp	Common Stock	4,439	\$ 22,365	\$ 16,202
	Salesforce Inc	Common Stock	43	11,333	14,376
	The Scotts Miracle - Gro Company	Common Stock	265	16,555	17,580
	Service Now Inc	Common Stock	18	9,168	19,082
	Snowflake Inc - Class A	Common Stock	41	11,359	6,331
	Southstate Corporation	Common Stock	219	16,170	21,786
	Stag Industries Inc	Common Stock	417	13,245	14,103
	Stifel Finl Corp	Common Stock	180	5,082	19,094
	TJX Companies Inc New	Common Stock	56	3,616	6,765
	Tesla Inc	Common Stock	93	7,536	37,557
	Trade Desk Inc/The - Class A	Common Stock	113	7,073	13,281
	Timken Co	Common Stock	139	5,456	9,920
	Trinet Group Inc	Common Stock	101	9,420	9,168
	Trustmark Corp	Common Stock	521	13,743	18,428
	Uber Technologies Inc	Common Stock	212	9,339	12,788
	United Community Banks/GA	Common Stock	561	17,290	18,126
	United Bankshares Inc W Virginia	Common Stock	417	13,392	15,658
	United Fire Group Inc	Common Stock	162	3,587	4,609
	Vertex Pharmaceuticals Inc	Common Stock	37	13,425	14,900
	Vertiv Holdings LLC	Common Stock	72	7,899	8,180
	Visa Inc	Common Stock	66	9,406	20,859
	Walmart Inc	Common Stock	220	17,244	19,877
	Wolverine World Wide Inc	Common Stock	502	12,658	11,140
	Total			<u>\$ 37,603,782</u>	<u>\$ 44,433,482</u>

* Party-in-interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

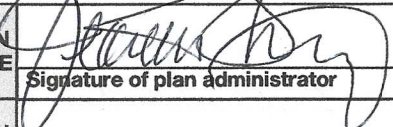
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 501
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) ORMET CORPORATION HOURLY RETIREE BENEFIT TRUST 60 BLVD. OF THE ALLIES, 5TH FLOOR PITTSBURGH PA 15222	1c Effective date of plan 06/01/2005 2b Employer Identification Number (EIN) 83-0430487 2c Plan Sponsor's telephone number 866-277-5087 2d Business code (see instructions) 331310

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

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

SIGN HERE		10/14/2025	JEANETTE STUMP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

**ORMET CORPORATION HOURLY RETIREE GROUP BENEFIT PLAN
EIN 83-0430487 PLAN (501)**

SCHEDULE OF REPORTABLE TRANSACTIONS - MODIFIED CASH BASIS (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain (Loss)
Category (iii): Series of transactions with the same security in excess of 5% of the current value of plan assets:					
PNC Bank, NA*	IAM Bank Sweep Collateralized	\$ 1,344,872	\$ 1,399,767	\$ 1,399,767	-

* Aggregate of thirty four purchases and twenty two sales, none of which exceed 5% of the plan assets at the beginning of the year.