# 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 09/01/2024 and ending 08/31/2025

**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.)
- [X] 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:
- [X] 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
PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN

**1b** Three-digit plan number (PN) ▶ 005

**1c** Effective date of plan 01/01/1974

**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)
PLYMOUTH TUBE COMPANY

29W150 WARRENVILLE ROAD
WARRENVILLE, IL 60555

**2b** Employer Identification Number (EIN) 38-0933700

**2c** Plan Sponsor's telephone number 630-393-4424

**2d** Business code (see instructions) 339900

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 06/15/2026 | ANDREW HENDRICKSON |
| | **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 |

**3a** Plan administrator's name and address [X] 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 PLYMOUTH TUBE COMPANY

**c** Plan Name RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF PLYMOUTH TUBE COMPANY

**4b** EIN 38-0933700

**4d** PN 005

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 237 |
| **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 | **6a(1)** | 32 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 56 |
| **b** | Retired or separated participants receiving benefits | **6b** | 294 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 122 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 472 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 51 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 523 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **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:

1A 1I

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

**9a** Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

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

**A** Name of plan
PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PLYMOUTH TUBE COMPANY

**D** Employer Identification Number (EIN)
38-0933700

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 09 Day 01 Year 2024

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 11753455 |
| **b** Actuarial value | **2b** | 11435156 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 159 | 11428762 | 11428762 |
| **b** For terminated vested participants | 46 | 1524441 | 1524441 |
| **c** For active participants | 32 | 1048151 | 1048151 |
| **d** Total | 237 | 14001354 | 14001354 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |

| | | |
|---|---|---|
| **5** Effective interest rate | **5** | 5.26 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 17662 |
| **c** Target normal cost | **6c** | 17662 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary

04/09/2026
Date

DAVID KLOKE, F.S.A
Type or print name of actuary

26-09037
Most recent enrollment number

AON CONSULTING, INC.
Firm name

312-381-1000
Telephone number (including area code)

200 EAST RANDOLPH STREET, STE. 600
CHICAGO, IL 60601
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 11.42 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 98 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13 % | | 5 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 103 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 81.67 % |
| 15 | Adjusted funding target attainment percentage | 15 | 81.67 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 85.20 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 12/11/2024 | 62000 | 0 | | | |
| 03/11/2025 | 62000 | 0 | | | |
| 06/10/2025 | 62000 | 0 | | | |
| 09/12/2025 | 62000 | 0 | | | |
| 12/15/2025 | 47944 | 0 | | | |
| | | | | | |
| | | | Totals ► 18(b) | 295944 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 284770 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.84 % | 5.24 % | 5.59 % | ☐ N/A, full yield curve used |

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

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

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ..... ☐ Yes ☒ No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☐ Yes ☒ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) ..... | **31a** | 17662 |
| **b** Excess assets, if applicable, but not greater than line 31a ..... | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment ..... | 2566198 | 267108 |
| **b** Waiver amortization installment ..... | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount ..... | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... | **34** | 284770 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement ..... | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) ..... | **36** | 284770 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... | **37** | 284770 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 0 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... | **39** | 0 |
| **40** Unpaid minimum required contributions for all years ..... | **40** | 0 |

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN | 005 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
| PLYMOUTH TUBE COMPANY | 38-0933700 |

## 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)

PRINCIPAL BANK

42-0127290

| (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 50 | TRUSTEE | 3953 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

**A** Name of plan
PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
PLYMOUTH TUBE COMPANY

**D** Employer Identification Number (EIN)
38-0933700

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PLYMOUTH TUBE CO.DB MASTER TRUST

**b** Name of sponsor of entity listed in (a): PLYMOUTH TUBE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 38-0933700-245 | M | 10953949 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

**A** Name of plan
PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
PLYMOUTH TUBE COMPANY

**D** Employer Identification Number (EIN)
38-0933700

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 90000 | 158000 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 941 | 9494766 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 356776 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 11306293 | 10953949 |
| **(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) | 358032 | 0 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 11755266 | 20963491 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | 0 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 11755266 | 20963491 |

## 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) | 343000 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 343000 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 9199 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 9199 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (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) | | 735211 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1087410 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1361058 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 1361058 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 12135 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 12135 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1373193 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -285783 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 9494008 |
| (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)** [X] 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)** [X] 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: SIKICH CPA LLC **(2)** EIN: 54-1172176

**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.) | **4a** | | 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.) | **4b** | | 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.) | **4c** | | 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.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | 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? | **4f** | | 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? | **4g** | | 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? | **4h** | | 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.) | **4i** | 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.) | **4j** | 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? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **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. | **4n** | | | |

**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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 566816.

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

**A** Name of plan
PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
PLYMOUTH TUBE COMPANY

**D** Employer Identification Number (EIN)
38-0933700

## Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 42-0127290

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

**If the plan is a defined benefit plan, go to line 8.**

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

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

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

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

SIKICH

# Plymouth Tube Company Defined Benefit Plan (formerly known as Retirement Income Plan for Salaried Employees of Plymouth Tube Company)

Financial Statements and
Independent Auditor's Report

**For the Years Ended August 31, 2025 and 2024**

**PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN**
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# INDEPENDENT AUDITOR'S REPORT

To the Pension Committee of
Plymouth Tube Company Defined Benefit Plan

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

We have performed audits of the accompanying financial statements of Plymouth Tube Company Defined Benefit Plan (formerly known as Retirement Income Plan for Salaried Employees of Plymouth Tube Company) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and the statement of accumulated plan benefits as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and the related statement of changes in accumulated plan benefits for the years then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended August 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

## Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

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

**Responsibilities of Management for the Financial Statements**

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

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

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

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

**Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of August 31, 2025, and schedule of reportable transactions for the year ended August 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Naperville, Illinois
June 15, 2026

# FINANCIAL STATEMENTS

**PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

August 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **ASSETS** | | |
| Investments at fair value | $ 356,776 | $ 358,032 |
| Plan interest in Plymouth Tube Company Defined Benefit Master Trust | 10,953,949 | 11,306,293 |
| Total investments | 11,310,725 | 11,664,325 |
| Receivables | | |
| Company contributions | 158,000 | 90,000 |
| Transfer from other qualified plans | 9,494,008 | - |
| Interest | 758 | 941 |
| Total receivables | 9,652,766 | 90,941 |
| Total assets | 20,963,491 | 11,755,266 |
| **LIABILITIES** | | |
| None | - | - |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 20,963,491 | $ 11,755,266 |

See accompanying notes to financial statements.

**PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN**

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

For the Years Ended August 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| **ADDITIONS IN NET ASSETS ATTRIBUTED TO** | | |
| Investment income | | |
| Change in Plan interest in Plymouth Tube Company Defined Benefit Master Trust | $ 735,211 | $ 1,223,406 |
| Interest | 9,199 | 10,413 |
| Total investment income | 744,410 | 1,233,819 |
| Company contributions | 343,000 | 257,000 |
| Total additions | 1,087,410 | 1,490,819 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO** | | |
| Benefits paid to participants | 1,361,058 | 1,347,617 |
| Administrative expenses | 12,135 | 11,679 |
| Total deductions | 1,373,193 | 1,359,296 |
| NET INCREASE (DECREASE) BEFORE PLAN TRANSFERS | (285,783) | 131,523 |
| Plan transfers in from qualified plans | 9,494,008 | - |
| Total plan transfers | 9,494,008 | - |
| NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR | 11,755,266 | 11,623,743 |
| **NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR** | $ 20,963,491 | $ 11,755,266 |

See accompanying notes to financial statements.

**PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN**

STATEMENT OF ACCUMULATED PLAN BENEFITS

August 31, 2025

| | |
|---|---|
| **ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS** | |
| Vested benefits | |
| Participants currently receiving payments | $ 10,619,439 |
| Other participants | 2,276,311 |
| Total vested benefits | 12,895,750 |
| **TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS** | $ 12,895,750 |

See accompanying notes to financial statements.

**PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Year Ended August 31, 2025

| | |
|---|---|
| **ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, SEPTEMBER 1, 2023** | $ 13,380,322 |
| **INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO** | |
| Change in interest due to the decrease in the discount period | 826,613 |
| Benefits paid to participants | (1,347,617) |
| Benefits accumulated and plan experience | 36,432 |
| Net decrease | (484,572) |
| **ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, SEPTEMBER 1, 2024** | $ 12,895,750 |

See accompanying notes to financial statements.

## 1. DESCRIPTION OF PLAN

The following description of Plymouth Tube Company Defined Benefit Plan (formerly known as Retirement Income Plan for Salaried Employees of Plymouth Tube Company) (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan which covers salaried employees of Plymouth Tube Company (Company) not participating in any other pension plan sponsored by the Company and nonexempt employees of the Hopkinsville location. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is participating in the Plymouth Tube Company Defined Benefit Master Trust (the Master Trust). The Master Trust is organized as defined by 29 CFR 2520.103-1(e) of ERISA. The trustee, Principal Bank (Principal) holds the Plan's investment assets and executes investment transactions for the Plan and Master Trust on behalf of the Plan.

The Plan was amended effective December 31, 2003, such that benefit accruals for employees covered under the Plan ceased. Vested benefits for active employees on December 31, 2003, were determined as if they had terminated employment on December 31, 2003. Employees not fully vested at December 31, 2003, who were active employees on their subsequent vesting date, became fully vested in the benefit they earned as of December 31, 2003.

Effective August 31, 2025, the Board of Directors formally approved termination of the Plymouth Tube Company Winamac Hourly-rated Employee Pension Plan and the Plymouth Tube Company USA Hourly-rated Employees' Pension Plan (the Merged Plans). The assets of the Merged Plans were transferred into the Plan in September of 2025, which is reflected as a receivable on the statement of net assets available for benefits. The management of the Company believes that the merger of the plans was a tax-exempt transaction under the applicable provisions of the Internal Revenue Code and therefore is not subject to federal income taxes. In addition, the Plan's name was changed to Plymouth Tube Company Defined Benefit Plan, also as of August 31, 2025.

Pension Benefits

Employees age 65 or older with five or more years of service are entitled to annual income equal to the sum of (a) 1-2/3% of final average compensation, as defined, multiplied by years of credited service (not to exceed 30) and (b) 1% of final average compensation multiplied by years of credited service in excess of 30 (not to exceed 10) less (c) 1-3/4% of the primary Social Security benefit to which the members are entitled multiplied by years of credited service (not to exceed 40).

The benefit for employees who were covered under the prior Hopkinsville Plan is the sum of the Hopkinsville Plan benefit for service to January 1, 1991 ($5 per month per year of service) and this Plan's benefit for service after January 1, 1991.

## 1. DESCRIPTION OF PLAN (Continued)

Pension Benefits (Continued)

The Plan permits early retirement upon attainment of age 60 with five years of vesting service. Early retirement payment is reduced by 6/10 of 1% for each month prior to normal retirement age.

Participants who terminate service prior to the earlier of the Plan's normal retirement age of 65 or the completion of five years of service receive no benefits under the Plan.

Payment of Benefits

Normal form of retirement benefit payment shall be made under a joint and 50% survivor annuity. Alternative optional forms of distribution available under specific circumstances, as outlined in the plan document, are (1) life annuity payable in equal installments that terminates upon participant's death, (2) life annuity with period certain payable in equal installments until participant's death or until 120 monthly payments are paid to the participant or his/her beneficiary, or (3) joint and 75% or 100% survivor annuity. If the lump-sum actuarial equivalent value of a participant's vested account retirement benefit does not exceed $7,000 ($5,000 prior to January 1, 2024) at the time benefits are paid, it may be distributed in a lump-sum payment form.

Pre-Retirement Death Benefit

In the event of an active married participant's death after the completion of five years of service, it will be assumed the participant had terminated on the day prior to death and elected a joint and 50% survivor benefit payable at their normal retirement or early retirement date and died the next day.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements is in conformity with accounting principles generally accepted in the United States of America (US GAAP) and requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2025 and 2024, the Company made contributions of $275,000 and $540,000, respectively. The Company's contributions for 2025 and 2024 met and/or exceeded the minimum funding requirements of ERISA. An additional $109,944, $21,982 and $26,074 was contributed to the Plan in the subsequent year to satisfy the 2025 minimum funding requirements for the Plymouth Tube Company Winamac Hourly-rated and Plymouth Tube Company USA Hourly-rated Employees' Pension Plan, respectively.

Investment Valuation and Income Recognition

The fair value of the Plan's specific interest in the Master Trust is based on the beginning-of-year value of the Plan's interest in the Master Trust plus actual contributions and investment income or loss less actual distributions and administrative expenses.

The investments of the Plan and Master Trust are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension Committee determines the valuation policies of the Plan and Master Trust utilizing information provided by the investment advisers and trustee. See Note 4 for discussion of fair value measurements.

Investments sold by the Master Trust are removed from assets on a first-in, first-out basis. Purchases and sales of securities of the Plan and Master Trust are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's and Master Trust's gains and losses on investments bought and sold as well as held during the year. The net appreciation (depreciation) and interest and dividends of the Master Trust are allocated to the participating plans based upon plan account balances.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. The Plan pays certain investment advisory fees, Pension Benefit Guaranty Corporation (PBGC) premiums and plan administration fees from plan assets. Certain investment-related expenses are included in change in plan interest in Plymouth Tube Company Defined Benefit Master Trust in the accompanying statements of changes in net assets available for benefits.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting and Regulatory Pronouncements

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the years ended August 31, 2025 and 2024. Plan management continues to evaluate the impact of the optional provisions of SECURE 2.0 and is awaiting additional regulatory guidance from the Internal Revenue Service (IRS) and Department of Labor (DOL). The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements for the plan years ended August 31, 2025 and 2024. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

## 3. INTEREST IN MASTER TRUST

The investments of the Master Trust are maintained under a master trust agreement with the trustee. The Plan, Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan and Plymouth Tube Company USA Hourly-Rated Employees' Pension Plan each have an undivided interest in the Master Trust. As of August 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was approximately 54%. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Total investment income (including net appreciation (depreciation) in the fair value of investments) and administrative expenses of the Master Trust are allocated to the individual plans based upon the balances invested by each plan.

The following table presents the investments held by the Master Trust and the Plan's interest in the investments held by the Master Trust as of August 31, 2025 and 2024:

| | 2025 | | 2024 | |
|---|---|---|---|---|
| | Investments Held by Master Trust | Plan's Interest in Investments Held by Master Trust | Investments Held by Master Trust | Plan's Interest in Investments Held by Master Trust |
| Money market fund | $ 480,061 | $ 258,598 | $ 578,284 | $ 315,236 |
| Venture capital and partnership interests | 3,688,154 | 3,171,812 | 3,564,912 | 1,943,311 |
| Collective trust funds | 16,166,699 | 7,523,539 | 16,597,655 | 9,047,746 |
| TOTAL INVESTMENTS | $ 20,334,914 | $ 10,953,949 | $ 20,740,851 | $ 11,306,293 |

## 3. INTEREST IN MASTER TRUST (Continued)

The following table presents the investment income, net of investment expenses, of the Master Trust for the years ended August 31, 2025 and 2024.

| | 2025 | 2024 |
|---|---|---|
| Net appreciation in fair value of investments | $ 1,337,285 | $ 2,243,345 |
| Interest and dividends | 11,526 | 12,158 |
| Investment expenses/income | 15,177 | (10,454) |
| TOTAL INVESTMENT INCOME | $ 1,363,988 | $ 2,245,049 |

## 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan and Master Trust have the ability to access at the measurement date.

Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

a. Quoted prices for similar assets or liabilities in active markets,

b. Quoted prices for identical or similar assets or liabilities in inactive markets,

c. Inputs other than quoted prices that are observable for the asset or liability,

d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

## 4. FAIR VALUE MEASUREMENTS (Continued)

The asset or liability'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 the assets of the Plan and Master Trust measured at fair value. There have been no changes in the methodologies used at August 31, 2025 and 2024.

*Money market fund:* Valued at cost, which approximates the fair value of the net asset value of shares held at year-end.

*Venture capital and partnership interests:* Valued based on the net asset value (NAV) per share or its equivalent. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Were the Master Trust to initiate a full redemption, the issuer reserves the right to temporarily delay withdrawal from the fund in order to ensure the securities liquidations will be carried out in an orderly business manner.

*Collective trust funds:* Valued at NAV per unit based on quoted market prices of the fund's underlying investments. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Master Trust to initiate a full redemption, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure the securities liquidations will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan and Master Trust believe their 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 date.

## 4. FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2025 and 2024:

| | Assets at Fair Value as of August 31, 2025 | | | |
|---|---|---|---|---|
| Description | Level 1 | Level 2 | Level 3 | Total |
| Money market fund | $ 356,776 | $ - | $ - | $ 356,776 |
| TOTAL INVESTMENTS AT FAIR VALUE | $ 356,776 | $ - | $ - | $ 356,776 |

| | Assets at Fair Value as of August 31, 2024 | | | |
|---|---|---|---|---|
| Description | Level 1 | Level 2 | Level 3 | Total |
| Money market fund | $ 358,032 | $ - | $ - | $ 358,032 |
| TOTAL INVESTMENTS AT FAIR VALUE | $ 358,032 | $ - | $ - | $ 358,032 |

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of August 31, 2025 and 2024:

| | Assets at Fair Value as of August 31, 2025 | | | |
|---|---|---|---|---|
| Description | Level 1 | Level 2 | Level 3 | Total |
| Money market fund | $ 480,061 | $ - | $ - | $ 480,061 |
| TOTAL | $ 480,061 | $ - | $ - | 480,061 |
| Investments measured at net asset value [(a)] | | | | 19,854,853 |
| TOTAL INVESTMENTS AT FAIR VALUE | | | | $ 20,334,914 |

## 4. FAIR VALUE MEASUREMENTS (Continued)

| Description | Assets at Fair Value as of August 31, 2024 Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market fund | $ 578,284 | $ - | $ - | $ 578,284 |
| TOTAL | $ 578,284 | $ - | $ - | 578,284 |
| Investments measured at net asset value [(a)] | | | | 20,162,567 |
| TOTAL INVESTMENTS AT FAIR VALUE | | | | $ 20,740,851 |

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables present the fair value, unfunded commitments, redemption frequency, and redemption notice period for Master Trust investments for which fair value is measured using the net asset value per share practical expedient as of August 31, 2025 and 2024.

## 4. FAIR VALUE MEASUREMENTS (Continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient (Continued)

| Investment | Fair Value 2025 | Unfunded Commitment 2025 | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Venture capital and partnership interests | | | | |
| Aon Return Enhancing Alternatives Portfolio SP Fund | $ 2,146,716 | $ - | Semi-annual | None |
| Aon Core Real Estate Fund - Class I | 1,541,438 | - | Once every 30 days | None |
| Collective trust funds | | | | |
| Aon High Yield Plus Fund - Class I | 149,907 | - | Daily | None |
| Aon Long Credit Bond Fund | 819,841 | - | Daily | None |
| Aon US Intermediate Government Bond Index Fund | 1,344,260 | - | Daily | None |
| Aon Small Cap Equity Index Fund | 726,848 | - | Daily | None |
| Aon Non-US Equity Index Fund | 1,417,906 | - | Daily | None |
| Aon Large Cap Equity Index Fund | 998,385 | - | Daily | None |
| Aon Global Real Estate Fund - Class I | 386,128 | - | Daily | None |
| Aon Non-US Equity Fund - Class I | 739,504 | - | Daily | None |
| Aon Large Cap Equity Fund - Class I | 3,052,815 | - | Daily | None |
| Aon Multi Asset Credit Fund | 1,968,437 | - | Daily | None |
| NISA Ultra Long Treasury CIF CL A | 1,829,826 | - | Daily | None |
| Aon Enhanced Liability Driven Investing Fund | 532,841 | - | Daily | None |
| NISA Ultra Mid Treasury CIF CIT | 2,200,000 | - | Daily | None |

## 4. FAIR VALUE MEASUREMENTS (Continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient (Continued)

| Investment | Fair Value 2024 | Unfunded Commitment 2024 | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Venture capital and partnership interests | | | | |
| Aon Return Enhancing Alternatives Portfolio SP Fund | $ 2,067,922 | $ - | Semi-annual | None |
| Aon Core Real Estate Fund - Class I | 1,496,990 | - | Once every 30 days | None |
| Collective trust funds | | | | |
| Aon High Yield Plus Fund - Class I | 138,021 | - | Daily | None |
| Aon Long Credit Bond Fund | 2,971,993 | - | Daily | None |
| Aon US Intermediate Government Bond Index Fund | 780,854 | - | Daily | None |
| Aon Small Cap Equity Index Fund | 762,736 | - | Daily | None |
| Aon Non-US Equity Index Fund | 1,739,348 | - | Daily | None |
| Aon Large Cap Equity Index Fund | 1,537,875 | - | Daily | None |
| Aon Global Real Estate Fund - Class I | 661,552 | - | Daily | None |
| Aon Non-US Equity Fund - Class I | 1,495,741 | - | Daily | None |
| Aon Large Cap Equity Fund - Class I | 2,548,160 | - | Daily | None |
| Aon Multi Asset Credit Fund | 2,056,028 | - | Daily | None |
| NISA Ultra Long Treasury CIF CL A | 1,395,325 | - | Daily | None |
| Aon Enhanced Liability Driven Investing Fund | 510,022 | - | Daily | None |

## 5. CERTIFICATION OF FINANCIAL INFORMATION

The following financial data included in the accompanying financial statements as of and for the years ended August 31, 2025 and 2024, has been certified as complete and accurate by Principal Bank (Principal), a qualified institution, and has not been audited by the independent auditors for the Plan:

- Investments at fair value, plan interest in the Plymouth Tube Company Defined Benefit Master Trust, and interest receivable as shown in the statements of net assets available for benefits;
- Change in plan interest in Plymouth Tube Company Defined Benefit Master Trust, and interest as shown in the statements of changes in net assets available for benefits;
- Supplemental schedule of assets (held at end of year);
- Supplemental schedule of reportable transactions; and
- Master Trust investment information, as disclosed in Note 3

## 6. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the participants as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. The significant actuarial assumptions used in the valuations are as follows:

Actuarial Rates

The actuarial present value of accumulated plan benefits was determined using the following actuarial rates as of September 1, 2024 and 2023:

| | 2024 | 2023 |
|---|---|---|
| Discount rate | 6.50% | 6.50% |
| Expected return on assets | 6.50% | 6.50% |

## 6. ACCUMULATED PLAN BENEFITS (Continued)

Mortality

The September 1, 2024 and 2023 mortality table used in the actuarial present value of accumulated plan benefits was the Pri-2012 Mortality Table with Projection Scale MP-2021 released by the Society of Actuaries' Retirement Plans Experience Committee.

Retirement Ages

For 2024 and 2023, it is assumed that normal retirement age is age 65 for employees and the early retirement age is age 60 for employees. The retirement ratios range from 0% at ages 64 and prior to 100% at ages 65 and above.

The computation of the actuarial present value of accumulated plan benefits were made as of September 1 each year. Had the valuations been performed as of August 31, there would be no material differences.

## 7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The net assets of the Plan shall be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the three years preceding plan termination.

b. Other vested benefits insured by PBGC up to the applicable limitation.

c. All other vested benefits (that is, vested benefits not insured by PBGC).

d. All nonvested benefits.

## 7. PLAN TERMINATION (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For 2025 and 2024 plan terminations, that ceiling is $7,432 and $7,108, respectively. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

## 8. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated July 10, 2012, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

US GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 9. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are managed by an affiliate of Principal, the trustee; therefore, these transactions qualify as party-in-interest. Certain investments of the Master Trust were held in investment funds managed by Aon Investments USA, Inc. (Aon), which acts as the investment advisor to the Master Trust. Fees paid by the Plan and Master Trust for investment management services were included as a reduction of the return earned on each fund. Certain administrative expenses were paid by the Plan or the Company. These transactions qualify as party-in-interest. Employees of the Company provide administrative services to the Plan for which no fees are charged.

## 10. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

## 11. SUBSEQUENT EVENT

The Plan has evaluated subsequent events through June 15, 2026, which was the date that these financial statements were available for issuance and determined that there were no significant nonrecognized subsequent events through that date.

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

## Schedule SB, line 26a — Schedule of Active Participant Data as of September 1, 2024

**Number of Participants**

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | | | | | | | | | | |
| 25-29 | | | | | | | | | | |
| 30-34 | | | | | | | | | | |
| 35-39 | | | | | | | | | | |
| 40-44 | | | 1 | | | 1 | | | | |
| 45-49 | | | | 1 | | 2 | 2 | | | |
| 50-54 | | | | | 2 | | 3 | | | |
| 55-59 | | | | | | 1 | 3 | | 5 | |
| 60-64 | | | | | | | 2 | 2 | 3 | 1 |
| 65-69 | | | | | 1 | | 2 | | | |
| 70+ | | | | | | | | | | |

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# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

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

| | |
|---|---|
| **Interest Rates for Minimum Funding Purposes** | Based on segment rates with a four month lookback (as of May 2024) each adjusted as needed to fall within the interest rate stabilization corridor as established under ARPA |
| 1st Segment Rate | 4.84% |
| 2nd Segment Rate | 5.24% |
| 3rd Segment Rate | 5.59% |
| **Interest Rates for Maximum Tax Purposes** | Based on segment rates with a four month lookback (as of May 2024), without regard to interest rate stabilization |
| 1st Segment Rate | 4.84% |
| 2nd Segment Rate | 5.24% |
| 3rd Segment Rate | 5.22% |
| **Optional Payment Form Election Percentage** | 50% Life Annuity and 50% Joint and 50% Survivor Annuity |
| **Retirement Age** | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | Age 65 |
| **Mortality Rates** | |
| Healthy and Disabled | 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b) |
| **Withdrawal Rates** | See Table 2 |
| **Disability Rates** | None |
| **Decrement Timing** | Beginning of year decrements |
| **Surviving Spouse Benefit** | It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses. |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

| | |
|---|---|
| **Benefit Limits** | Projected benefits are limited by the current IRC section 415 maximum benefit of $275,000. |
| **Valuation of Plan Assets** | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| **Expected Return on Assets** | |
| 2022 Plan Year | 6.00%<br><br>The applicable third segment rate limitation is 5.92%. |
| 2023 Plan Year | 6.50%<br><br>The applicable third segment rate limitation is 5.74%. |
| **Trust Expenses Included in Target Normal Cost** | Equal to prior year administrative expenses paid out of trust, adjusted for actual plan year PBGC premiums. For 2024, this is $17,662. |
| **Actuarial Method** | Standard unit credit cost method |
| **Valuation Date** | September 1, 2024 |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

## Table 1

**Retirement Rates**

| Age | Rate |
|---|---|
| 64- | 0% |
| 65+ | 100% |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

## Table 2

**Withdrawal Rates**

| Age | Rate | Age | Rate |
|---|---|---|---|
| 15 | 9.9384% | 45 | 6.3540% |
| 16 | 9.9384% | 46 | 6.0053% |
| 17 | 9.9384% | 47 | 5.6227% |
| 18 | 9.9384% | 48 | 5.2000% |
| 19 | 9.9384% | 49 | 4.7337% |
| 20 | 9.9384% | 50 | 4.2247% |
| 21 | 9.8898% | 51 | 3.6823% |
| 22 | 9.8398% | 52 | 3.1228% |
| 23 | 9.7877% | 53 | 2.5661% |
| 24 | 9.7331% | 54 | 2.0347% |
| 25 | 9.6742% | 55 | 1.5488% |
| 26 | 9.6114% | 56 | 1.1247% |
| 27 | 9.5438% | 57 | 0.7718% |
| 28 | 9.4704% | 58 | 0.4939% |
| 29 | 9.3906% | 59 | 0.2879% |
| 30 | 9.3031% | 60 | 0.1465% |
| 31 | 9.2065% | 61 | 0.0594% |
| 32 | 9.1000% | 62 | 0.0152% |
| 33 | 8.9820% | 63 | 0.0000% |
| 34 | 8.8511% | 64 | 0.0000% |
| 35 | 8.7062% | 65 | 0.0000% |
| 36 | 8.5466% | 66 | 0.0000% |
| 37 | 8.3717% | 67 | 0.0000% |
| 38 | 8.1815% | 68 | 0.0000% |
| 39 | 7.9756% | 69 | 0.0000% |
| 40 | 7.7543% | 70 | 0.0000% |
| 41 | 7.5151% | 71 | 0.0000% |
| 42 | 7.2556% | 72 | 0.0000% |
| 43 | 6.9760% | 73 | 0.0000% |
| 44 | 6.6758% | 74 | 0.0000% |

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# 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 09/01/2024 and ending 08/31/2025

**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.)
- [X] 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:
- [X] 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
Plymouth Tube Company Defined Benefit Plan

**1b** Three-digit plan number (PN) ▶ 005

**1c** Effective date of plan 01/01/1974

**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)

Plymouth Tube Company

29W150 Warrenville Road

Warrenville IL 60555

**2b** Employer Identification Number (EIN) 38-0933700

**2c** Plan Sponsor's telephone number 630-393-4424

**2d** Business code (see instructions) 339900

**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** | Signed by: Andrew Hendrickson F7563DE1B575475... | 6/15/2026 \| 10:43 AM CDT Date | Andrew Hendrickson 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 |

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**3a** Plan administrator's name and address [X] 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 Plymouth Tube Company

**c** Plan Name Retirement Income Plan For Salaried Employees of Plymouth Tube Company

**4b** EIN 38-0933700

**4d** PN 005

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 237 |
| **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 | **6a(1)** | 32 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 56 |
| **b** | Retired or separated participants receiving benefits | **6b** | 294 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 122 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 472 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 51 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 523 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **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:
1A 1I

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

**9a** Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

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

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

**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_____

**PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, ITEM 4j

EIN: 38-0933700 PLAN: #005

For the Year Ended August 31, 2025

| (a) Identity of Party Involved | (b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (f) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| **Category (iii) - Series of transactions in excess of 5% of plan assets** | | | | | | |
| Principal | Principal Deposit Sweep Program (22 purchases) | $ 1,368,827 | $ - | $ 1,368,827 | $ 1,368,827 | $ - |
| Principal | Principal Deposit Sweep Program (24 sales) | - | 1,370,084 | 1,370,084 | 1,370,084 | - |

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

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

**A** Name of plan
Retirement Income Plan for Salaried Employees of Plymouth Tube Company

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Plymouth Tube Company

**D** Employer Identification Number (EIN)
38-0933700

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 09 Day 01 Year 2024

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 11,753,455 |
| **b** Actuarial value | **2b** | 11,435,156 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 159 | 11,428,762 | 11,428,762 |
| **b** For terminated vested participants | 46 | 1,524,441 | 1,524,441 |
| **c** For active participants | 32 | 1,048,151 | 1,048,151 |
| **d** Total | 237 | 14,001,354 | 14,001,354 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |

| | | |
|---|---|---|
| **5** Effective interest rate | **5** | 5.26% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 0 |
| **b** Expected plan-related expenses | **6b** | 17,662 |
| **c** Target normal cost | **6c** | 17,662 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

David Kloke, F.S.A. DK
Signature of actuary

04/09/2026
Date

David Kloke, F.S.A
Type or print name of actuary

2609037
Most recent enrollment number

Aon Consulting, Inc.
Firm name

312-381-1000
Telephone number (including area code)

200 East Randolph Street, Ste. 600

Chicago IL 60601
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| **7** | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| **8** | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| **9** | Amount remaining (line 7 minus line 8) | 0 | 0 |
| **10** | Interest on line 9 using prior year's actual return of 11.42% | 0 | 0 |
| **11** | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 98 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.13% | | 5 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 103 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| **12** | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| **13** | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| **14** | Funding target attainment percentage | **14** | 81.67% |
| **15** | Adjusted funding target attainment percentage | **15** | 81.67% |
| **16** | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | **16** | 85.20% |
| **17** | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | **17** | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 12/11/2024 | 62,000 | 0 | | | |
| 03/11/2025 | 62,000 | 0 | | | |
| 06/10/2025 | 62,000 | 0 | | | |
| 09/12/2025 | 62,000 | 0 | | | |
| 12/15/2025 | 47,944 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 295,944 | 18(c) 0 |

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

| | | |
|---|---|---|
| **a** Contributions allocated toward unpaid minimum required contributions from prior years. | **19a** | 0 |
| **b** Contributions made to avoid restrictions adjusted to valuation date | **19b** | 0 |
| **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date. | **19c** | 284,770 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.84 % | 5.24 % | 5.59% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 65 |

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 17,662 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 2,566,198 | 267,108 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 284,770 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 284,770 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 284,770 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 0 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

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

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

## Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2024

| Date | Amount | Days to Discount to 9/1/2024 at 5.26% | Interest Adjusted Contribution |
|---|---|---|---|
| December 11, 2024 | $ 62,000 | 101 | $ 61,127 |
| March 11, 2025 | 62,000 | 191 | 60,359 |
| June 10, 2025 | 62,000 | 282 | 59,592 |
| September 12, 2025 | 62,000 | 376 | 58,811 |
| December 15, 2025 | 47,944 | 470 | 44,881 |
| Total Contribution | $ 295,944 | | $ 284,770 |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700  PN: 005

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

All active participants are assumed to retire at age 65.

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

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

| | |
|---|---|
| **Interest Rates for Minimum Funding Purposes** | Based on segment rates with a four month lookback (as of May 2024) each adjusted as needed to fall within the interest rate stabilization corridor as established under ARPA |
| 1st Segment Rate | 4.84% |
| 2nd Segment Rate | 5.24% |
| 3rd Segment Rate | 5.59% |
| **Interest Rates for Maximum Tax Purposes** | Based on segment rates with a four month lookback (as of May 2024), without regard to interest rate stabilization |
| 1st Segment Rate | 4.84% |
| 2nd Segment Rate | 5.24% |
| 3rd Segment Rate | 5.22% |
| **Optional Payment Form Election Percentage** | 50% Life Annuity and 50% Joint and 50% Survivor Annuity |
| **Retirement Age** | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | Age 65 |
| **Mortality Rates** | |
| Healthy and Disabled | 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b) |
| **Withdrawal Rates** | See Table 2 |
| **Disability Rates** | None |
| **Decrement Timing** | Beginning of year decrements |
| **Surviving Spouse Benefit** | It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses. |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

| | |
|---|---|
| **Benefit Limits** | Projected benefits are limited by the current IRC section 415 maximum benefit of $275,000. |
| **Valuation of Plan Assets** | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| **Expected Return on Assets** | |
| 2022 Plan Year | 6.00%<br><br>The applicable third segment rate limitation is 5.92%. |
| 2023 Plan Year | 6.50%<br><br>The applicable third segment rate limitation is 5.74%. |
| **Trust Expenses Included in Target Normal Cost** | Equal to prior year administrative expenses paid out of trust, adjusted for actual plan year PBGC premiums. For 2024, this is $17,662. |
| **Actuarial Method** | Standard unit credit cost method |
| **Valuation Date** | September 1, 2024 |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

## Table 1

**Retirement Rates**

| Age | Rate |
|---|---|
| 64- | 0% |
| 65+ | 100% |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

## Table 2

**Withdrawal Rates**

| Age | Rate | Age | Rate |
|---|---|---|---|
| 15 | 9.9384% | 45 | 6.3540% |
| 16 | 9.9384% | 46 | 6.0053% |
| 17 | 9.9384% | 47 | 5.6227% |
| 18 | 9.9384% | 48 | 5.2000% |
| 19 | 9.9384% | 49 | 4.7337% |
| 20 | 9.9384% | 50 | 4.2247% |
| 21 | 9.8898% | 51 | 3.6823% |
| 22 | 9.8398% | 52 | 3.1228% |
| 23 | 9.7877% | 53 | 2.5661% |
| 24 | 9.7331% | 54 | 2.0347% |
| 25 | 9.6742% | 55 | 1.5488% |
| 26 | 9.6114% | 56 | 1.1247% |
| 27 | 9.5438% | 57 | 0.7718% |
| 28 | 9.4704% | 58 | 0.4939% |
| 29 | 9.3906% | 59 | 0.2879% |
| 30 | 9.3031% | 60 | 0.1465% |
| 31 | 9.2065% | 61 | 0.0594% |
| 32 | 9.1000% | 62 | 0.0152% |
| 33 | 8.9820% | 63 | 0.0000% |
| 34 | 8.8511% | 64 | 0.0000% |
| 35 | 8.7062% | 65 | 0.0000% |
| 36 | 8.5466% | 66 | 0.0000% |
| 37 | 8.3717% | 67 | 0.0000% |
| 38 | 8.1815% | 68 | 0.0000% |
| 39 | 7.9756% | 69 | 0.0000% |
| 40 | 7.7543% | 70 | 0.0000% |
| 41 | 7.5151% | 71 | 0.0000% |
| 42 | 7.2556% | 72 | 0.0000% |
| 43 | 6.9760% | 73 | 0.0000% |
| 44 | 6.6758% | 74 | 0.0000% |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

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

**General Information**

| | |
|---|---|
| Original Effective Date | June 30, 1962 |
| Effective Date of Last Amendment | May 1, 2018 |
| Plan Year | September 1 to August 31 |
| Employer Fiscal Year | January 1 to December 31 |
| Plan Administrator | Plan Administrative Committee |
| **Eligibility** | All employees of the employer compensated on a salaried basis and not participating in any other defined benefit or defined contribution plan (other than a 401(k) plan) sponsored by the employer, are eligible to participate in this plan upon the first day of the month following completion of one year of service. Participants of the Hopkinsville Plan on January 1, 1991, began participation in this plan on the same date.<br><br>Prior to February 6, 1993, employees were eligible to participate in the plan upon the first day of the month following the completion of one month of service. |
| **Service** | Periods of service for determining benefit accruals, vesting and benefit qualification are determined using the continuous service of a participant (including authorized leaves of absence and periods of total and permanent disability). For the purpose of determining benefit accruals, continuous service shall be all continuous service after the first day of the year of service which qualifies the employee to be an eligible participant. For other purposes, continuous service shall be all continuous service commencing with date of employment. Periods of employment in a classification excluded from participation shall count for vesting and participant purposes but not for benefit accrual. |
| **Normal Retirement Date** | For participants who entered the plan before January 1, 1988, the normal retirement date is the participant's sixty-fifth birthday. For participants who entered the plan on or after January 1, 1988, the normal retirement date is the later of the sixty-fifth birthday or the first day of the plan year which includes the fifth anniversary of the date the participant comes into the plan. |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

**Annual Compensation**

Annual compensation is compensation paid during each calendar year which is subject to withholding.

**Final Average Compensation**

Final average compensation is the highest average compensation for any consecutive three calendar years in the previous 10 years of service.

**Normal Retirement Benefit**

The annual benefit at normal retirement age to be paid in monthly installments equals:

(1) 1⅔% of final average compensation multiplied by years of credited service (not to exceed 30 years); plus

(2) 1% of final average compensation multiplied by years of credited service in excess of 30 years (not to exceed 10 years); minus

(3) 1¾% of primary Social Security benefit multiplied by years of credited service (not to exceed 40 years).

The benefit for employees who were covered under the prior Hopkinsville Plan is the sum of the Hopkinsville Plan benefit for service to January 1, 1991 ($5 per month per year of service) and this plan's benefit for service after January 1, 1991.

The plan was frozen as of December 31, 2003. No benefits shall accrue after this date.

**Delayed Retirement**

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his normal retirement benefit or the benefit based on service and compensation as of actual retirement date.

**Accrued Benefit**

The accrued benefit at any time prior to a participant's normal retirement date shall be the normal retirement benefit based on credited service and final average compensation on the date of determination. The primary Social Security benefit is calculated using the current law and assuming the employee earns level Social Security taxable compensation after the date of the determination.

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

**Early Retirement Benefit**

Upon the completion of five years of service and the attainment of age 60, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at early retirement date. Payments may begin immediately, with the benefit being reduced by 0.6 of 1% for each month by which the payment date precedes the normal retirement date.

**Death Benefit**

In the event of a married participant's death after the completion of five years of service, it will be assumed the participant had terminated on the day prior to death and elected a joint and one half survivor benefit payable at his normal retirement or early retirement date and died the next day.

**Severance Benefit**

Upon the termination of employment after five or more years of service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

| Years of Service | Vested Percent |
|---|---|
| Less than 5 | 0% |
| 5 or more | 100% |

In the event that a participant has met the service requirements for early retirement at the date of termination, he may elect to receive his vested interest at age 60. Such benefit will be reduced as described under Early Retirement Benefit.

**Additional Information**

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700  PN: 005

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Effective August 31, 2025, the Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan and the Plymouth Tube Company USA Hourly-Rated Employees' Pension Plan were merged into the Retirement Income Plan for Salaried Employees of Plymouth Tube Company to form the Plymouth Tube Company Defined Benefit Plan.

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

## Schedule SB, line 26a — Schedule of Active Participant Data as of September 1, 2024

**Number of Participants**

| Attained Age | Years of Credited Service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | | | | | | | | | | |
| 25-29 | | | | | | | | | | |
| 30-34 | | | | | | | | | | |
| 35-39 | | | | | | | | | | |
| 40-44 | | | 1 | | | 1 | | | | |
| 45-49 | | | | 1 | | 2 | 2 | | | |
| 50-54 | | | | | 2 | | 3 | | | |
| 55-59 | | | | | | 1 | 3 | | 5 | |
| 60-64 | | | | | | | 2 | 2 | 3 | 1 |
| 65-69 | | | | | 1 | | 2 | | | |
| 70+ | | | | | | | | | | |

N-32

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Income Plan for Salaried Employees of Plymouth Tube Company
EIN: 380933700 PN: 005

# Schedule SB, line 32 — Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|---|---|---|---|---|
| Shortfall | $ 935,129 | September 1, 2020 | 11 | $ 107,915 |
| Shortfall | $ (377,376) | September 1, 2021 | 12 | $ (40,861) |
| Shortfall | $ 1,382,503 | September 1, 2022 | 13 | $ 141,398 |
| Shortfall | $ 135,785 | September 1, 2023 | 14 | $ 13,193 |
| Shortfall | $ 490,157 | September 1, 2024 | 15 | $ 45,463 |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

## Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2024

| Date | Amount | Days to Discount to 9/1/2024 at 5.26% | Interest Adjusted Contribution |
|---|---|---|---|
| December 11, 2024 | $ 62,000 | 101 | $ 61,127 |
| March 11, 2025 | 62,000 | 191 | 60,359 |
| June 10, 2025 | 62,000 | 282 | 59,592 |
| September 12, 2025 | 62,000 | 376 | 58,811 |
| December 15, 2025 | 47,944 | 470 | 44,881 |
| Total Contribution | $ 295,944 | | $ 284,770 |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700  PN: 005

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

All active participants are assumed to retire at age 65.

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

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

**General Information**

| | |
|---|---|
| Original Effective Date | June 30, 1962 |
| Effective Date of Last Amendment | May 1, 2018 |
| Plan Year | September 1 to August 31 |
| Employer Fiscal Year | January 1 to December 31 |
| Plan Administrator | Plan Administrative Committee |
| **Eligibility** | All employees of the employer compensated on a salaried basis and not participating in any other defined benefit or defined contribution plan (other than a 401(k) plan) sponsored by the employer, are eligible to participate in this plan upon the first day of the month following completion of one year of service. Participants of the Hopkinsville Plan on January 1, 1991, began participation in this plan on the same date.<br><br>Prior to February 6, 1993, employees were eligible to participate in the plan upon the first day of the month following the completion of one month of service. |
| **Service** | Periods of service for determining benefit accruals, vesting and benefit qualification are determined using the continuous service of a participant (including authorized leaves of absence and periods of total and permanent disability). For the purpose of determining benefit accruals, continuous service shall be all continuous service after the first day of the year of service which qualifies the employee to be an eligible participant. For other purposes, continuous service shall be all continuous service commencing with date of employment. Periods of employment in a classification excluded from participation shall count for vesting and participant purposes but not for benefit accrual. |
| **Normal Retirement Date** | For participants who entered the plan before January 1, 1988, the normal retirement date is the participant's sixty-fifth birthday. For participants who entered the plan on or after January 1, 1988, the normal retirement date is the later of the sixty-fifth birthday or the first day of the plan year which includes the fifth anniversary of the date the participant comes into the plan. |

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

**Annual Compensation**

Annual compensation is compensation paid during each calendar year which is subject to withholding.

**Final Average Compensation**

Final average compensation is the highest average compensation for any consecutive three calendar years in the previous 10 years of service.

**Normal Retirement Benefit**

The annual benefit at normal retirement age to be paid in monthly installments equals:

(1) 1⅔% of final average compensation multiplied by years of credited service (not to exceed 30 years); plus

(2) 1% of final average compensation multiplied by years of credited service in excess of 30 years (not to exceed 10 years); minus

(3) 1¾% of primary Social Security benefit multiplied by years of credited service (not to exceed 40 years).

The benefit for employees who were covered under the prior Hopkinsville Plan is the sum of the Hopkinsville Plan benefit for service to January 1, 1991 ($5 per month per year of service) and this plan's benefit for service after January 1, 1991.

The plan was frozen as of December 31, 2003. No benefits shall accrue after this date.

**Delayed Retirement**

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his normal retirement benefit or the benefit based on service and compensation as of actual retirement date.

**Accrued Benefit**

The accrued benefit at any time prior to a participant's normal retirement date shall be the normal retirement benefit based on credited service and final average compensation on the date of determination. The primary Social Security benefit is calculated using the current law and assuming the employee earns level Social Security taxable compensation after the date of the determination.

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700 PN: 005

**Early Retirement Benefit**

Upon the completion of five years of service and the attainment of age 60, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at early retirement date. Payments may begin immediately, with the benefit being reduced by 0.6 of 1% for each month by which the payment date precedes the normal retirement date.

**Death Benefit**

In the event of a married participant's death after the completion of five years of service, it will be assumed the participant had terminated on the day prior to death and elected a joint and one half survivor benefit payable at his normal retirement or early retirement date and died the next day.

**Severance Benefit**

Upon the termination of employment after five or more years of service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

| Years of Service | Vested Percent |
|---|---|
| Less than 5 | 0% |
| 5 or more | 100% |

In the event that a participant has met the service requirements for early retirement at the date of termination, he may elect to receive his vested interest at age 60. Such benefit will be reduced as described under Early Retirement Benefit.

**Additional Information**

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

# Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
# Retirement Income Plan for Salaried Employees of Plymouth Tube Company
# EIN: 380933700  PN: 005

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Effective August 31, 2025, the Plymouth Tube Company Winamac Hourly-Rated Employees' Pension Plan and the Plymouth Tube Company USA Hourly-Rated Employees' Pension Plan were merged into the Retirement Income Plan for Salaried Employees of Plymouth Tube Company to form the Plymouth Tube Company Defined Benefit Plan.

# SUPPLEMENTAL SCHEDULES

**PLYMOUTH TUBE COMPANY DEFINED BENEFIT PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 38-0933700 PLAN: #005

August 31, 2025

| (a) | (b) Identity of Issue, Borrower, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Money Market Fund** | | | |
| * | Principal | Principal Deposit Sweep Program | $ 356,776 | $ 356,776 |
| | **TOTAL INVESTMENTS** | | $ 356,776 | $ 356,776 |

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

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Retirement Income Plan for Salaried Employees of Plymouth Tube Company
EIN: 380933700 PN: 005

# Schedule SB, line 32 — Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|---|---|---|---|---|
| Shortfall | $ 935,129 | September 1, 2020 | 11 | $ 107,915 |
| Shortfall | $ (377,376) | September 1, 2021 | 12 | $ (40,861) |
| Shortfall | $ 1,382,503 | September 1, 2022 | 13 | $ 141,398 |
| Shortfall | $ 135,785 | September 1, 2023 | 14 | $ 13,193 |
| Shortfall | $ 490,157 | September 1, 2024 | 15 | $ 45,463 |