

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                          |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                           |    |                                                    |     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|-----|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                    |    |                                                    |     |
| 1a      | Name of plan<br>PRECOAT PENSION PLAN                                                                                                                                                                                                                                                                                                      | 1b | Three-digit plan number (PN) ▶                     | 003 |
|         |                                                                                                                                                                                                                                                                                                                                           | 1c | Effective date of plan<br>08/01/2022               |     |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>PRECOAT MEZZANINE LLC<br><br>3100 W. 7TH STREET, SUITE 500<br>FORT WORTH, TX 76107 | 2b | Employer Identification Number (EIN)<br>82-1011883 |     |
|         |                                                                                                                                                                                                                                                                                                                                           | 2c | Plan Sponsor's telephone number<br>817-810-0095    |     |
|         |                                                                                                                                                                                                                                                                                                                                           | 2d | Business code (see instructions)<br>332810         |     |

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. | 07/14/2026 | HALEY GRAVES                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>PRECOAT PENSION INVESTMENT COMMITTEE<br><br>3100 W. 7TH STREET, SUITE 500<br>FORT WORTH, TX 76107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>3b</b> Administrator's EIN<br>82-1011883                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>3c</b> Administrator's telephone number<br>817-810-0095                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                          |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>4b</b> EIN                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>4d</b> PN                                                                                                                                                             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>5</b> 1735                                                                                                                                                            |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... |  | <b>6a(1)</b> 141<br><b>6a(2)</b> 132<br><b>6b</b> 876<br><b>6c</b> 484<br><b>6d</b> 1492<br><b>6e</b> 210<br><b>6f</b> 1702<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>7</b>                                                                                                                                                                 |

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

11

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

**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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                                         |                                                                                                                                                  |
| ▶ 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<br>PRECOAT PENSION PLAN                                                                                             | B Three-digit plan number (PN) ▶ 003                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>PRECOAT MEZZANINE LLC                                         | D Employer Identification Number (EIN)<br>82-1011883                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 10 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 105429708                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 96497758                  |                          |
| 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                                                                                                                                     | 1090                       | 98210195                  | 98210195                 |
| b      | For terminated vested participants                                                                                                                                                               | 545                        | 22348802                  | 22348802                 |
| c      | For active participants                                                                                                                                                                          | 148                        | 7933554                   | 7973769                  |
| d      | Total                                                                                                                                                                                            | 1783                       | 128492551                 | 128532766                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.31 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 1850000                   |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 1850000                   |                          |

**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.

|                          |                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>JESUS FLORES-KOMIYAMA</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>500 NORTH AKARD STREET<br/>SUITE 4100<br/>DALLAS, TX 75201</div> <div>Address of the firm</div> | <div>06/25/2026</div> <div>Date</div> <div>26-07909</div> <div>Most recent enrollment number</div> <div>214-530-4200</div> <div>Telephone number (including area code)</div> |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>21.69</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 9318                   |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> % ..... |                       | 482                    |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 9800                   |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 75.07 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 75.07 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 76.46 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/13/2025               | 1280000                           | 0                               |                          |                                   |                                 |
| 04/15/2025               | 1280000                           | 0                               |                          |                                   |                                 |
| 07/15/2025               | 1060000                           | 0                               |                          |                                   |                                 |
| 10/15/2025               | 1210000                           | 0                               |                          |                                   |                                 |
| 06/09/2026               | 770000                            | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 5600000                           | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 5376036 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                                                 |                                                     |                                                           |                                     |
|-------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| <b>21</b> Discount rate:                        |                                                     |                                                           |                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.93 %                              | 2nd segment:<br>5.27 %                                    | 3rd segment:<br>5.59 %              |
|                                                 | <input type="checkbox"/> N/A, full yield curve used |                                                           |                                     |
| <b>b</b> Applicable month (enter code) .....    | <b>21b</b>                                          | 4                                                         |                                     |
| <b>22</b> Weighted average retirement age ..... | <b>22</b>                                           | 64                                                        |                                     |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined      | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |

|                |                            |
|----------------|----------------------------|
| <b>Part VI</b> | <b>Miscellaneous Items</b> |
|----------------|----------------------------|

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

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
|-----------------|--------------------------------------------------------------------------------|

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

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 1850000            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 32035008            | 3508328            |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 5358328            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 5358328            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 5376036            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 17708              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2024                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                                                                                                                                                   |                                                                                                                                                                                                                             |                                         |
| A Name of plan<br>PRECOAT PENSION PLAN                                                                                                                                                                                                       | B Three-digit plan number (PN) ▶                                                                                                                                                                                            | 003                                     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PRECOAT MEZZANINE LLC                                                                                                                                                              | D Employer Identification Number (EIN)<br>82-1011883                                                                                                                                                                        |                                         |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

---

---

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

**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)

TOWERS WATSON INVESTMENT SVCS, INC.

52-1868818

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 119162                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LEGAL & GENERAL INVESTMENT MGMT

20-8058531

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 16867                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 24 28 50 51         | NONE                                                                                              | 9070                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

STATE STREET GLOBAL ADVRS TRUST CO.

81-4017137

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 51 56            | NONE                                                                                              | 887                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 83                                                                                                                                                                              | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div>       |
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| A Name of plan<br>PRECOAT PENSION PLAN                                                                                                                                            |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 003                                                                  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>PRECOAT MEZZANINE LLC                                                                                            |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>82-1011883                                                  |
| Part I                                                                                                                                                                            | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)                                                         |                                                                                                       |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACWI EQUITY INDEX NL B                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.                                                                                             |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 80-0544932-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32231016 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 25-6078093-023                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3455759  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INT US GOVT BOND NL                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY                                                                                             |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 04-0025081-144                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4896088  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LEGAL & GENERAL TRSY 15+ STRIPS CIT                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 35-7085469-021                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24239794 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RESCAP COLLECTIVE INVESTMENT TRUST                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 83-2153978-127                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4359432  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST DIVERSIFIED CREDIT                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.                                                                                                |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 82-6695738-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18703847 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUP TRUST LONG CREDIT FUND                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES INC.                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 82-6695738-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15164565 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| Schedule D (Form 5500) 2024 v. 240311                                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                       |

**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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

|                                                                                 |                                                      |
|---------------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>PRECOAT PENSION PLAN                                          | B Three-digit plan number (PN) ▶ 003                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PRECOAT MEZZANINE LLC | D Employer Identification Number (EIN)<br>82-1011883 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 1977358               | 1968211         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 9943                  | 12194           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 103472101             | 103050499       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities.....                                              | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                           | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....       | <b>1f</b>    | 105459402             | 105030904       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                           | <b>1j</b>    | 85631                 | 9674            |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 85631                 | 9674            |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                  | <b>1l</b>    | 105373771             | 105021230       |

**Part II Income and Expense Statement**

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

|                                                                                              |                 |            |           |
|----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                      |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                 | <b>2a(1)(A)</b> | 5590853    |           |
| (B) Participants .....                                                                       | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                              | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            | 5590853   |
| <b>b Earnings on investments:</b>                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                         | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                         | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                 | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                  | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                              | <b>2b(1)(F)</b> | 110934     |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 110934    |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                       | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                          | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                              | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                          | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....           | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                  | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                              | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B) .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 5403658   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 11105445  |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 11390154 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 11390154 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |          |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |          |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 67832    |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 67832    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 11457986 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -352541 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **GRANT THORNTON LLP**

(2) EIN: **36-6055558**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |         |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576209.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>PRECOAT PENSION PLAN                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PRECOAT MEZZANINE LLC                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>82-1011883                                            |     |
| 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):<br><br>EIN(s): _____<br><br>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                                                                                               | 2   |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |     |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: 41.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 39.0 %

High-Yield Debt: 15.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 5.0 % Other: 0.0 %

**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\_\_\_\_\_.

**Precoat Pension Plan**  
**Financial Statements**  
**Years Ended September 30, 2025 and 2024**

**PRECOAT PENSION PLAN**  
**FINANCIAL STATEMENTS**  
**Years ended September 30, 2025 and 2024**

**Table of Contents**

|                                                                                                                             | Page                      |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Report of Independent Certified Public Accountants                                                                          | <a href="#"><u>3</u></a>  |
| Financial Statements:                                                                                                       |                           |
| Statements of Net Assets Available for Benefits                                                                             | <a href="#"><u>7</u></a>  |
| Statements of Changes in Net Assets Available for Benefits                                                                  | <a href="#"><u>8</u></a>  |
| Notes to Financial Statements                                                                                               | <a href="#"><u>9</u></a>  |
| Supplementary Information:                                                                                                  |                           |
| Schedule H, line 4i - Schedule of Assets (Held at End of Plan Year)                                                         | <a href="#"><u>17</u></a> |
| Schedule H, line 4j - Schedule of Reportable Transactions - Series of Transactions in Excess of Five Percent of Plan Assets | <a href="#"><u>18</u></a> |
|                                                                                                                             |                           |

---

**GRANT THORNTON LLP**

211 N. Robinson, Suite 1200  
Oklahoma, OK 73102

**D** +1 405 218 2800

**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Trustees  
Precoat Pension Plan

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

We have performed audits of the financial statements of Precoat Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of September 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

**Opinion**

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

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

**Basis for opinion**

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

**Responsibilities of management for the financial statements**

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

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

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

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

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

In performing an audit in accordance with US GAAS, we:

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

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

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

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

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

#### **Other matter – supplemental schedules required by ERISA**

The supplemental schedules of assets (held at end of year) as of September 30, 2025 and of reportable transactions for the year ended September 30, 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 supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

*Grant Thornton LLP*

Oklahoma City, Oklahoma  
July 13, 2026

**PRECOAT PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                          | <b>As of September 30,</b>   |                              |
|------------------------------------------|------------------------------|------------------------------|
|                                          | <b>2025</b>                  | <b>2024</b>                  |
| <b>Assets</b>                            |                              |                              |
| Investments, at fair value               | \$ 103,050,499               | \$ 103,472,101               |
| Employer contributions receivable        | 1,968,211                    | 1,977,358                    |
| Accrued interest                         | 12,194                       | 9,943                        |
| Total assets                             | 105,030,904                  | 105,459,402                  |
| <b>Liabilities</b>                       |                              |                              |
| Accrued expenses payable                 | 9,674                        | 85,631                       |
| Total Liabilities                        | 9,674                        | 85,631                       |
| <b>Net Assets available for benefits</b> | <u><u>\$ 105,021,230</u></u> | <u><u>\$ 105,373,771</u></u> |

See accompanying notes to financial statements.

**PRECOAT PENSION PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                         | <b>Year Ended September 30,</b> |                       |
|---------------------------------------------------------|---------------------------------|-----------------------|
|                                                         | <b>2025</b>                     | <b>2024</b>           |
| <b>Additions</b>                                        |                                 |                       |
| Investment income:                                      |                                 |                       |
| Interest and dividend income                            | \$ 110,934                      | \$ 167,989            |
| Net appreciation in fair value of investments           | 5,403,658                       | 18,752,818            |
| Net Investment Income                                   | 5,514,592                       | 18,920,807            |
| Contributions received or receivable:                   |                                 |                       |
| Employer                                                | 5,590,853                       | 5,313,776             |
| Total contributions                                     | 5,590,853                       | 5,313,776             |
| Total additions                                         | 11,105,445                      | 24,234,583            |
| <b>Deductions</b>                                       |                                 |                       |
| Benefits paid to participants                           | 11,390,154                      | 11,624,632            |
| Other fees and plan expenses                            | 67,832                          | 1,925,937             |
| Total deductions                                        | 11,457,986                      | 13,550,569            |
| Net (Decrease) Increase                                 | (352,541)                       | 10,684,014            |
| Net assets available for benefits at beginning of year  | 105,373,771                     | 94,689,757            |
| <b>Net assets available for benefits at end of year</b> | <b>\$ 105,021,230</b>           | <b>\$ 105,373,771</b> |

See accompanying notes to financial statements.

# **PRECOAT PENSION PLAN** **NOTES TO FINANCIAL STATEMENTS**

## **1. Description of the Plan**

The following description of the Precoat Pension Plan is provided for general information only. Participants should refer to the plan document for more complete information.

### **General**

The Precoat Pension Plan (the "Plan") is a noncontributory, defined benefit plan sponsored by Precoat Mezzanine LLC (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Effective October 2, 2018, the Sequa Pension Plan (the "Prior Plan") was merged into the Sequa Group Pension Plan (collectively referred to as "Prior Plan"). On August 1, 2022, the Company, which is a subsidiary of AZZ Inc., established the Precoat Pension Plan to accept a transfer of assets and liabilities from the Sequa Group Pension Plan (the "Prior Plan"), in accordance with the terms of the Securities Purchase Agreement dated as of March 7, 2022, by and between Sequa Corporation ("Sequa") and AZZ Inc. ("AZZ"), as amended (the "AZZ/Precoat Purchase Agreement").

### **Participation and Benefits – Former Roll Coater**

Prior to October 2, 2018, the Prior Plan covered only hourly employees of Precoat Metals Corp., formerly Roll Coater Inc., who were covered by a collective bargaining agreement providing his or her participation in the Prior Plan. Such employees working in Kingsbury, Indiana, were covered under Part A of the Prior Plan, those working in Hawesville, Kentucky were covered under Part B of the Prior Plan and those working in Greenfield, Indiana were covered under Part C of the Prior Plan. No individual shall be eligible to become a participant under Part A after January 24, 2005, Part B after May 31, 2005 and Part C after June 24, 2006. No employee will accrue any additional benefits under Part A after March 18, 2005, Part B after July 15, 2005 and Part C after August 10, 2006. In October 2011, Roll Coater Inc. was sold to Sequa and merged with Precoat Metals Corp., then a subsidiary of Sequa.

### **Participation and Benefits – Prior Plan**

Effective July 1, 2011, the Prior Plan covered all eligible salaried and hourly non-bargaining employees, as well as certain hourly employees covered by collective bargaining agreements with employers that had adopted the Prior Plan. Prior to July 1, 2011, the Prior Plan only covered certain hourly employees covered by collective bargaining agreements with employers that had adopted the Prior Plan.

Certain collective bargaining employees became eligible for participation in Prior Plan upon attaining the age of 21 and completing one year of service, as defined in the Prior Plan document. Benefit accruals and participation for all bargaining employees were frozen (based on the latest bargaining agreements, the last one effective June 30, 2013). Participation in the Prior Plan for non-bargaining employees was frozen to new employees on December 31, 2005.

Benefit accruals were frozen for non-bargaining participating employees who did not attain age 45 by December 31, 2005. Non-bargaining participating employees who were at least age 45 by December 31, 2005 continued to accrue benefits unless the participant made an irrevocable election to cease participation in the Prior Plan and instead participate in the discretionary Sequa retirement contribution feature of the Sequa 401(k) Plan. Effective December 31, 2017, all benefit accruals under the Prior Plan were frozen and no new participants can become eligible to participate in the Plan.

Participants are eligible for pension benefits upon reaching normal retirement age of 65 provided they are fully vested (credited with at least five years of service). There is no partial vesting before five years of service.

## **PRECOAT PENSION PLAN NOTES TO FINANCIAL STATEMENTS**

### **Funding and Administrative Expenses**

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The Company's policy is to contribute an annual amount by quarterly payments sufficient to meet the minimum funding requirements of ERISA. Administrative expenses are paid out of Plan assets.

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

### **Basis of Accounting**

The accompanying financial statements of the Plan have been prepared under the accrual basis of accounting in accordance with U.S. Generally Accepted Accounting Principles ("U.S. GAAP").

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

Investments reflected in the accompanying financial statements have been reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 11). Purchases and sales of investments were recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. The Plan's gains and losses on investments bought and sold as well as held during the year are included in "Net appreciation in fair value of assets."

### **Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosures of the actuarial present value of accumulated plan benefits and contingent assets and liabilities. These estimates and assumptions are based on management's best estimate and judgment. Management evaluates its estimates and assumptions on an ongoing basis using historical experience and other factors, including consideration of the current economic environment. Management adjusts such estimates when facts and circumstances dictate. As future events and their effects cannot be determined with precision, actual results may differ from those estimates and assumptions.

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

## **3. The Adjusted Funding Target Attainment Percentage**

The Adjusted Funding Target Attainment Percentage ("AFTAP") for the plan year beginning October 1, 2024 it is 75.07% and on October 1, 2023, is 76.46%. The plan is subject to various benefit limitations if its AFTAP falls below 80%. The Pension Protection Act of 2006 ("PPA"), as amended, imposes certain benefit restrictions for qualified defined benefits plans that do not meet certain funding thresholds. Because the Plan's funding percentage as determined by an actuary was at least 60% but less than 80% during 2024 and 2023, the payment of benefits was subject to these restrictions.

## **4. Administrative Expenses**

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in "Net appreciation in fair value of investments" presented in the accompanying statement of changes in net assets available for benefits.

## **5. Plan Termination**

## PRECOAT PENSION PLAN NOTES TO FINANCIAL STATEMENTS

The Company has the right to terminate the Plan in accordance with the Plan provisions and the provisions set forth by ERISA. For 2025 and 2024, the PBGC monthly maximum guaranteed benefit is \$7,790 and \$7,108, respectively, for a single life annuity commencing at age 65. This amount is adjusted periodically by the PBGC. Other forms of benefits or benefit commencement dates prior to age 65 may have a lower maximum monthly amount. Benefit commencement dates after age 65 may have a higher maximum monthly amount.

The Company's Board of Directors approved a resolution to terminate the Plan on April 9, 2026, in a standard termination pursuant to ERISA Section 4041(b). The Plan intends to satisfy all benefit liabilities through the purchase of irrevocable annuity contracts from a qualifying insurance company or lump-sum distributions to eligible participants. See Note 13 for additional information regarding the termination.

### 6. Trust Agreement

The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee") serves as trustee of the Plan and carries out an investment policy established by the Precoat Pension Investment Committee, consistent with the purposes of the Plan and the requirements of applicable laws and regulations. The Trustee is considered a party-in-interest to the Plan.

### 7. Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including any lump sum distributions that are available to participants, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances, including retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date. Willis Towers Watson US LLC, the Company's actuary and retirement consultant, estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. For collective bargaining employees, benefits under the Plan are based on the benefit levels negotiated between the Company and each union, multiplied by the employee's benefit service (generally to a maximum of 30 years). For salaried and hourly non-collective bargaining employees, benefits under the Plan are based on a specified percentage of the participant's average compensation multiplied by years of benefit service.

Actuarial present value of accumulated plan benefit information at September 30, 2024 is as follows:

|                                                            | <b>As of<br/>September 30, 2024</b> |
|------------------------------------------------------------|-------------------------------------|
| Vested Benefits:                                           |                                     |
| Retired Participants and Beneficiaries                     | \$ 92,367,244                       |
| Other Participants                                         | 27,411,189                          |
| Nonvested Benefits                                         | 40,969                              |
| Total Actuarial Present Value of Accumulated Plan Benefits | <u>\$ 119,819,402</u>               |

**PRECOAT PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS**

Changes in the actuarial present value of accumulated plan benefits for the year ended September 30, 2024, are as follows:

|                                                                                   | <b>Year Ended<br/>September 30, 2024</b> |
|-----------------------------------------------------------------------------------|------------------------------------------|
| Actuarial present value of accumulated benefits beginning of period:              | \$ 123,320,205                           |
| Increase (decrease) attributed to:                                                |                                          |
| Benefit Payments                                                                  | (11,624,632)                             |
| Net decrease in discount period, Assumption Changes, and Actuarial (gains) losses | 8,123,829                                |
| Actuarial present value of accumulated benefits as of end of period:              | <u>\$ 119,819,402</u>                    |

- Assumed rate of return on investment      6.25% compounded annually
  
- Mortality basis      The benefit weighted Pri-2012 tables with a base year of 2012 with blue collar adjustments for union employees and no collar adjustments for non-union employees, with separate rates for annuitants and non-annuitants (based on Employees table), and separate rates for retirees/contingent annuitants and contingent survivors projected forward using Scale MP-2021 with generational projection.
  
- Weighted-average retirement age      Age 64

Actuarial assumptions for the period before normal retirement include factors for assumed mortality and termination of employment. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

## **8. 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, and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. When plan contributions are made, the actuarial present value of accumulated plan benefits are reported based on certain assumptions. These assumptions pertain to interest rates, inflation rates, and employee demographics which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is reasonably possible that changes in these estimates and assumptions may be material to the financial statements.

## **9. Tax Status**

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated January 30, 2024 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). U.S. GAAP requires management to evaluate tax positions taken by the

**PRECOAT PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS**

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 administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or derecognition of an asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**10. Certified Information**

Certain information related to the Plan's interest in the Trust disclosed in the accompanying comparative Statement of Net Assets Available and Statement of Changes in Net Assets Available for Benefits, including investments, and accrued interest at September 30, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the years ended September 30, 2025 and 2024 was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

Certain information related to the Plan's interest in the Trust disclosed in the accompanying supplemental schedules, including Schedule H, line 4i - Schedule of Assets (Held at End of Year), and Schedule H, line 4j - Schedule of Reportable Transactions - Series of Transactions in Excess of Five Percent of Plan Asset, for the year ended September 30, 2025 was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

**11. Fair Value Measurements**

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1: Inputs are unadjusted quoted prices for identical assets or liabilities in active markets as of the reporting date.
- Level 2: Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3: Inputs that are not corroborated by market data.

The asset's 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

A description of the valuation methodology used to measure the fair value of assets is shown below.

*Collective trust funds:* Fair values of shares of collective trusts are based upon the net asset values of the funds reported by the fund managers as of the Plan's financial statement dates and recent transaction prices. There are no restrictions as to the redemption of these collective trusts nor does the Plan have any contractual obligations to further invest in any individual collective trusts. There are no unfunded commitments as of September 30, 2025.

**PRECOAT PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its 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.

There have been no changes in methodologies used at September 30, 2025 and 2024. The following table set forth by level within the fair value hierarchy, the Trust's investments, at fair value as of September 30, 2025 and 2024:

**Fair Value Measurements as of September 30, 2025**

|                            | <b>Total Carrying<br/>Value as of<br/>September 30,<br/>2025</b> | <b>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical<br/>Assets (Level<br/>1)</b> | <b>Significant<br/>Observable<br/>Inputs (Level 2)</b> | <b>Unobservable<br/>Inputs (Level<br/>3)</b> |
|----------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| Collective Trust Funds(1)  | \$ 103,050,499                                                   | \$ —                                                                                      | \$ —                                                   | \$ —                                         |
| Total Assets at Fair Value | <u>\$ 103,050,499</u>                                            | <u>\$ —</u>                                                                               | <u>\$ —</u>                                            | <u>\$ —</u>                                  |

**Fair Value Measurements as of September 30, 2024**

|                            | <b>Total Carrying<br/>Value as of<br/>September 30, 2024</b> | <b>Quoted Prices in<br/>Active Markets<br/>for Identical<br/>Assets (Level 1)</b> | <b>Significant<br/>Observable<br/>Inputs (Level<br/>2)</b> | <b>Unobservable<br/>Inputs (Level<br/>3)</b> |
|----------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|
| Collective Trust Funds(1)  | \$ 103,472,101                                               | \$ —                                                                              | \$ —                                                       | \$ —                                         |
| Total Assets at Fair Value | <u>\$ 103,472,101</u>                                        | <u>\$ —</u>                                                                       | <u>\$ —</u>                                                | <u>\$ —</u>                                  |

(1) Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy.

**PRECOAT PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**12. Party-in-interest Transactions**

Parties-in-interest are defined under Department of Labor's regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. Amounts paid by the Plan to parties-in-interest are considered party-in-interest transactions. The Plan held investment interests in collective trust funds issued by the Trustee. The Plan held investment interests in collective trust funds issued by Towers Watson Investment Services Inc. Willis Towers Watson is the investment advisor on the Plan. The Plan also held collective trust fund investments in Bank of New York Mellon, that is the trustee of the Plan. Accordingly, these investments qualify as party-in-interest transactions.

Certain plan expenses were paid by the Plan Sponsor. Fees paid during the year by the Plan Sponsor for professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

**13. Subsequent Events**

We evaluated subsequent events from the date of the financial statements through July 13, 2026, which represents the date these financial statements were available to be issued. Except as described below, there are no subsequent events.

On April 9, 2026, AZZ's Board of Directors approved a resolution to terminate the Plan in a standard termination pursuant to ERISA Section 4041(b). Upon termination, all participants will become fully vested in their accrued benefits. The Plan intends to satisfy all benefit liabilities through the purchase of irrevocable annuity contracts from a qualifying insurance company or lump-sum distributions to eligible participants.

The termination is subject to PBGC notification requirements, IRS determination letter procedures, and completion of benefit settlement activities. The financial impact of the termination on the Plan's net assets available for benefits cannot be reasonably estimated at this time.

## **SUPPLEMENTAL SCHEDULES**

**Precoat Pension Plan**  
**EIN/PIN#: 82-1011883/003**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**  
**September 30, 2025**

| (a)                                 | (b)<br>Identity of issuer, borrower, lessor, or<br>similar party | (c)<br>Description of investment including maturity date, rate of<br>interest, collateral, par, or maturity value | Shares     | (d)<br>Cost         | (e)<br>Current<br>Value |
|-------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------|---------------------|-------------------------|
| <b>Collective Trust Funds</b>       |                                                                  |                                                                                                                   |            |                     |                         |
| (*)                                 | The Bank Of New York Mellon                                      | EB TEMP INV FD<br>996115960                                                                                       | 3,455,759  | \$ 3,455,759        | \$ 3,455,759            |
|                                     | Reliance Trust Company                                           | LGIMA TARGET STRIPS FUND<br>99VVBCB00                                                                             | 233,056    | 22,269,250          | 18,464,990              |
|                                     | Reliance Trust Company                                           | LGIMA TARGET STRIPS FUND<br>99VVBDNF2                                                                             | 29,519     | 4,538,566           | 5,774,803               |
|                                     | State Street Global Advisors Trust Company                       | INTERMED U.S. GOVT BOND INDX NL FUND<br>99VVBL309                                                                 | 170,068    | 4,397,786           | 4,896,088               |
| (*)                                 | Towers Watson Investment Services Inc.                           | TOWERS WATSON GROUP TRUST<br>DIVERSIFIES CREDIT FUND<br>99VVBQJQ4                                                 | 18,703,847 | 14,192,549          | 18,703,847              |
| (*)                                 | Towers Watson Investment Services Inc.                           | WTW GT LONG CREDIT FUND<br>99VVC4TD0                                                                              | 1,285,871  | 14,300,000          | 15,164,565              |
|                                     | Blackrock Institutional Trust Company, N.A.                      | BLACKROCK MSCI ACWI EQUITY INDEX NON-<br>LENDABLE FUND B<br>99VVAKK11                                             | 837,650    | 18,692,438          | 32,231,016              |
|                                     | SEI Trust Company                                                | RESCAP GLOBAL REAL ESTATE SECURITIES CIT<br>CLASS W<br>99VVB8050                                                  | 312,708    | 3,841,061           | 4,359,431               |
| <b>Total Collective Trust Funds</b> |                                                                  |                                                                                                                   |            | <b>\$85,687,409</b> | <b>\$103,050,499</b>    |
| <b>Grand Total</b>                  |                                                                  |                                                                                                                   |            | <b>\$85,687,409</b> | <b>\$103,050,499</b>    |

(\*) Represents party in interest to the plan.

**Precoat Pension Plan**  
**EIN/PIN#: 82-1011883/003**  
**Schedule H, line 4j - Schedule of Reportable Transactions -**  
**Series of Transactions in Excess of Five Percent of Plan Asset**  
**For the Year Ended September 30, 2025**

| <b>(a)</b><br><b>Identify of Party</b><br><b>Involved</b> | <b>Transaction</b><br><b>Count</b> | <b>(b)</b><br><b>Description of Asset (include interest in maturity in</b><br><b>case of a loan)</b> | <b>Shares</b> | <b>(c)</b><br><b>Purchase</b><br><b>price</b> | <b>(d)</b><br><b>Selling</b><br><b>price</b> | <b>(g)</b><br><b>Cost of</b><br><b>Assets</b><br><b>Disposed</b> | <b>(h)</b><br><b>Current</b><br><b>Value</b> | <b>(i)</b><br><b>Net Gain</b><br><b>(loss)</b> |
|-----------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------|----------------------------------------------|------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|
| Bank of New York Mellon                                   | 52                                 | EB TEMP INV FD                                                                                       | 14,183,788    | \$14,183,788                                  | \$ —                                         | \$ —                                                             | \$16,593,205                                 | \$ —                                           |
| Bank of New York Mellon                                   | 20                                 | EB TEMP INV FD                                                                                       | 12,976,044    | —                                             | 12,976,044                                   | 12,976,044                                                       | 12,976,044                                   | —                                              |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of October 1, 2024

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 35-39        | 0                                               | 0   | 0   | 0     | 1     | 0     | 0     | 0     | 0     | 0         | 1     |
| 40-44        | 0                                               | 0   | 0   | 1     | 2     | 3     | 0     | 0     | 0     | 0         | 6     |
| 45-49        | 0                                               | 0   | 0   | 2     | 5     | 3     | 4     | 1     | 0     | 0         | 15    |
| 50-54        | 0                                               | 0   | 0   | 2     | 4     | 9     | 4     | 4     | 1     | 0         | 24    |
| 55-59        | 0                                               | 0   | 0   | 1     | 5     | 7     | 13    | 1     | 3     | 2         | 32    |
| 60-64        | 0                                               | 0   | 0   | 2     | 9     | 15    | 4     | 14    | 2     | 4         | 50    |
| 65-69        | 0                                               | 0   | 0   | 1     | 2     | 2     | 3     | 3     | 1     | 4         | 16    |
| 70 & over    | 0                                               | 0   | 0   | 0     | 0     | 1     | 0     | 2     | 1     | 0         | 4     |
| Total        | 0                                               | 0   | 0   | 9     | 28    | 40    | 28    | 25    | 8     | 10        | 148   |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Applicable month June 2024
- Interest rate basis Segment Rates from Fourth Month Preceding Valuation Date

| Interest rates            | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| • First segment rate      | 4.93%                    | 4.93%                        |
| • Second segment rate     | 5.27%                    | 5.27%                        |
| • Third segment rate      | 5.59%                    | 5.26%                        |
| • Effective interest rate | 5.31%                    | 5.23%                        |

#### Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases 3.00%
- Statutory limits on compensation N/A

**Plan-related expenses** \$1,850,000

As permitted by law, rates reflecting stabilization are used to determine the funding target [and target normal cost], and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Same as described above for Healthy Mortality.

### Termination

Rates varying by group, age, and service

#### Representative Termination Rates

- Former Sequa non-union participants

| Percentage leaving during the year |       |       |       |       |       |       |
|------------------------------------|-------|-------|-------|-------|-------|-------|
| Years of Service                   |       |       |       |       |       |       |
| Age                                | <1    | 1     | 2     | 3     | 4     | >=5   |
| 20                                 | 30.0% | 29.0% | 28.0% | 27.0% | 26.0% | 25.0% |
| 25                                 | 30.0% | 29.0% | 28.0% | 27.0% | 26.0% | 25.0% |
| 30                                 | 21.0% | 20.0% | 19.0% | 18.0% | 17.0% | 16.0% |
| 35                                 | 15.0% | 14.0% | 13.0% | 12.0% | 11.0% | 10.0% |
| 40                                 | 10.0% | 9.0%  | 8.0%  | 7.0%  | 6.0%  | 5.0%  |
| 45                                 | 7.0%  | 6.0%  | 5.0%  | 4.0%  | 3.0%  | 2.0%  |
| 50                                 | 5.0%  | 4.0%  | 3.0%  | 2.0%  | 1.0%  | 0.0%  |
| 55                                 | 4.0%  | 3.0%  | 2.0%  | 1.0%  | 0.0%  | 0.0%  |
| 60                                 | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  |
| 65                                 | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  |

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

## SCHEDULE SB ATTACHMENTS

- Former Sequa union participants

### Percentage leaving during the year

| Age | Rate  |
|-----|-------|
| 20  | 7.90% |
| 25  | 7.72% |
| 30  | 7.22% |
| 35  | 6.28% |
| 40  | 5.15% |
| 45  | 3.98% |
| 50  | 2.56% |
| 55  | 0.94% |
| 60  | 0.09% |

- Former Roll Coater participants:

Sarason T-3, with explicit recognition of anticipated vested benefits

### Percentage leaving during the year

| Age | Rate  |
|-----|-------|
| 25  | 5.27% |
| 30  | 4.83% |
| 35  | 4.47% |
| 40  | 3.84% |
| 45  | 3.21% |
| 50  | 1.52% |
| 55  | 0.33% |

## Disability

Rates varying by group, age, and gender

### Representative Disability Rates

- Former Sequa non-union participants and Former Roll Coater participants

None assumed

- Former Sequa union participants

### Percentage becoming disabled during the year

| Age | Males   | Females |
|-----|---------|---------|
| 20  | 0.1130% | 0.0520% |
| 25  | 0.1340% | 0.0730% |
| 30  | 0.1732% | 0.1266% |
| 35  | 0.2416% | 0.2046% |
| 40  | 0.3516% | 0.3092% |
| 45  | 0.5388% | 0.4622% |
| 50  | 0.8886% | 0.7292% |
| 55  | 1.5386% | 1.1840% |
| 60  | 2.2236% | 1.4462% |
| 65  | 2.4680% | 1.4770% |

Plan Name: Precoat Pension Plan  
 EIN / PN: 82-1011883/003  
 Plan Sponsor: Precoat Mezzanine LLC  
 Valuation Date: October 1, 2024

# SCHEDULE SB ATTACHMENTS

**Retirement**

Rates varying by group and age

- Former Sequa union participants and Former Roll Coater participants 100% at age 65, or valuation date if later

- Former Sequa non-union participants

| Percentage retiring during the year |        |
|-------------------------------------|--------|
| Age                                 | Rate   |
| 55                                  | 5.0%   |
| 56                                  | 3.0%   |
| 57                                  | 3.0%   |
| 58                                  | 3.0%   |
| 59                                  | 3.0%   |
| 60                                  | 3.0%   |
| 61                                  | 3.0%   |
| 62                                  | 25.0%  |
| 63                                  | 10.0%  |
| 64                                  | 10.0%  |
| 65                                  | 100.0% |

**Benefit commencement date:**

- Preretirement death benefit  
Former Sequa participants: The later of the death of the active participant or the date the participant would have attained age 55  
  
Former Roll Coater participants: age 65
- Deferred vested benefit  
All participants: The later of age 65 or termination of employment
- Disability benefit  
Former Sequa union participants: the later of age 40 and 10 years of service or incidence of disablement
- Retirement benefit  
Former Sequa participants: Upon termination of employment  
  
Former Roll Coater participants: age 65

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

## SCHEDULE SB ATTACHMENTS

---

### Form of payment

Former Sequa non-union participants: 50% of participants are assumed to elect a single life annuity and 50% are assumed to elect a 50% J&S annuity.

Former Sequa union participants:

- 40% of participants are assumed to elect a single life annuity,
- 20% are assumed to elect a 50% J&S annuity,
- 20% are assumed to elect a 100% J&S annuity,
- 10% are assumed to elect a 5 year certain and life annuity, and
- 10% are assumed to elect a 15 year certain and life annuity.

Former Roll Coater participants: 100% of participants are assumed to elect a single life annuity

### Percent married

Former Sequa participants: for purposes of valuing pre-retirement surviving spouse benefits, 75% of participants were assumed to be married.

Former Roll Coater participants: for purposes of valuing pre-retirement surviving spouse benefits, 100% of participants were assumed to be married.

For purposes of determining the optional forms expected to be elected at commencement for former Sequa participants, 100% of participants were assumed to be married.

### Spouse age

Wife three years younger than husband

### Covered pay

Not applicable effective January 1, 2018

### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

# SCHEDULE SB ATTACHMENTS

## Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Decrement timing</b>          | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.                                                                                                                                                                                                                                                                                                                                          |
| <b>Actuarial value of assets</b> | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.25% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets, but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.</p> |
| <b>Benefits not valued</b>       | All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Sequa Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|                 |                       |
|-----------------|-----------------------|
| Plan Name:      | Precoat Pension Plan  |
| EIN / PN:       | 82-1011883/003        |
| Plan Sponsor:   | Precoat Mezzanine LLC |
| Valuation Date: | October 1, 2024       |

## SCHEDULE SB ATTACHMENTS

---

For non-union participants: The plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment as well as lump sums to terminated participants if the value is less than \$10,000. Such lump sums are not explicitly valued as such; rather such benefits are valued using the benefit choice assumptions described above.

For union participants (including former Roll Coater participants): The plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such benefits are valued using the benefit choice assumptions described above.

### Sources of Data and Other Information

The plan sponsor, through its third party administrator and trustee, furnished participant data as of October 1, 2024. Information on plan provisions was supplied by the plan sponsor. Information on assets and contributions was supplied by the plan's investment advisor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. No adjustments were made to the data provided by the sources identified above, and we are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

|                 |                       |
|-----------------|-----------------------|
| Plan Name:      | Precoat Pension Plan  |
| EIN / PN:       | 82-1011883/003        |
| Plan Sponsor:   | Precoat Mezzanine LLC |
| Valuation Date: | October 1, 2024       |

|                         |                             |
|-------------------------|-----------------------------|
| <b>Plan Name</b>        | <b>PRECOAT PENSION PLAN</b> |
| <b>Plan Sponsor EIN</b> | <b>82-1011883</b>           |
| <b>ERISA Plan #</b>     | <b>003</b>                  |
| <b>Plan Year Ending</b> | <b>09/30/2025</b>           |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         | X                 |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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 10/01/2024 and ending 09/30/2025

▶ **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.

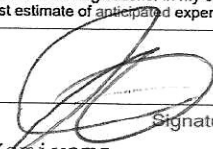
|                                                                                                                                           |  |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>Precoat Pension Plan                                                                                             |  | <b>B</b> Three-digit plan number (PN) ▶ 003                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Precoat Mezzanine LLC                                         |  | <b>D</b> Employer Identification Number (EIN)<br>82-1011883                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 10 Day 01 Year 2024                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                      |                            | <b>2a</b>                 | 105,429,708              |
| <b>b</b> Actuarial value.....                                                                                                                                                                                   |                            | <b>2b</b>                 | 96,497,758               |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 1,090                      | 98,210,195                | 98,210,195               |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 545                        | 22,348,802                | 22,348,802               |
| <b>c</b> For active participants.....                                                                                                                                                                           | 148                        | 7,933,554                 | 7,973,769                |
| <b>d</b> Total.....                                                                                                                                                                                             | 1,783                      | 128,492,551               | 128,532,766              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          |                            | <b>5</b>                  | 5.31%                    |
| <b>6</b> Target normal cost                                                                                                                                                                                     |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....                                                                                                                                                      |                            | <b>6a</b>                 | 0                        |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   |                            | <b>6b</b>                 | 1,850,000                |
| <b>c</b> Target normal cost .....                                                                                                                                                                               |                            | <b>6c</b>                 | 1,850,000                |

**Statement by Enrolled Actuary**

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

|                                                         |                                                                                     |                                        |
|---------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                        |  | <b>Date</b><br>6/25/2026               |
| Jesus Flores-Komiyama                                   |                                                                                     | 2607909                                |
| Type or print name of actuary                           |                                                                                     | Most recent enrollment number          |
| Willis Towers Watson US LLC                             |                                                                                     | 214-530-4200                           |
| Firm name                                               |                                                                                     | Telephone number (including area code) |
| 500 North Akard Street<br>Suite 4100<br>Dallas TX 75201 |                                                                                     |                                        |
| 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 ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2024  
v. 240311**

|                |                                                            |
|----------------|------------------------------------------------------------|
| <b>Part II</b> | <b>Beginning of Year Carryover and Prefunding Balances</b> |
|----------------|------------------------------------------------------------|

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                            | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>21.69%</u> .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 9,318                  |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17%</u> ..... |                       | 482                    |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 9,800                  |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 0                      |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                 |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 75.07 % |
| <b>15</b> | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 75.07 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 76.46 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/13/2025               | 1,280,000                         | 0                               |                          |                                   |                                 |
| 04/15/2025               | 1,280,000                         | 0                               |                          |                                   |                                 |
| 07/15/2025               | 1,060,000                         | 0                               |                          |                                   |                                 |
| 10/15/2025               | 1,210,000                         | 0                               |                          |                                   |                                 |
| 06/09/2026               | 770,000                           | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | Totals ▶                 | 18(b)                             | 5,600,000                       |
|                          |                                   |                                 |                          | 18(c)                             | 0                               |

|    |                                                                                                                            |       |        |
|----|----------------------------------------------------------------------------------------------------------------------------|-------|--------|
|    | Totals                                                                                                                     | 18(b) | 3,600, |
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |       |        |

|                                                                                                                        |            |           |
|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 5,376,036 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.93 %2nd segment:  
5.27 %3rd segment:  
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

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

64

**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** 1,850,000**b** Excess assets, if applicable, but not greater than line 31a..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment..... Outstanding Balance 32,035,008 Installment 3,508,328**b** Waiver amortization installment.....**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 5,358,328

|                                                                       | Carryover balance | Prefunding balance | Total balance |
|-----------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement..... |                   |                    | 0             |

**36** Additional cash requirement (line 34 minus line 35)..... **36** 5,358,328**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 5,376,036**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)..... **38a** 17,708**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 ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|-----------------------------------------------------------|------------|
| 2024      | 119,789             | 1,658,029                      | 11,153,202                                                | 12,931,020 |
| 2025      | 273,730             | 782,197                        | 10,645,559                                                | 11,701,486 |
| 2026      | 346,181             | 983,427                        | 10,131,538                                                | 11,461,146 |
| 2027      | 410,496             | 1,125,262                      | 9,630,310                                                 | 11,166,068 |
| 2028      | 462,208             | 1,274,066                      | 9,123,363                                                 | 10,859,637 |
| 2029      | 498,630             | 1,402,211                      | 8,620,331                                                 | 10,521,172 |
| 2030      | 518,789             | 1,479,020                      | 8,138,715                                                 | 10,136,524 |
| 2031      | 531,641             | 1,546,288                      | 7,666,130                                                 | 9,744,059  |
| 2032      | 553,636             | 1,605,110                      | 7,198,335                                                 | 9,357,081  |
| 2033      | 584,532             | 1,646,007                      | 6,734,472                                                 | 8,965,011  |
| 2034      | 616,592             | 1,673,360                      | 6,283,372                                                 | 8,573,324  |
| 2035      | 645,880             | 1,689,317                      | 5,849,604                                                 | 8,184,801  |
| 2036      | 654,431             | 1,702,651                      | 5,431,312                                                 | 7,788,394  |
| 2037      | 649,537             | 1,716,613                      | 5,021,944                                                 | 7,388,094  |
| 2038      | 644,968             | 1,718,852                      | 4,623,179                                                 | 6,986,999  |
| 2039      | 642,550             | 1,700,766                      | 4,240,202                                                 | 6,583,518  |
| 2040      | 635,387             | 1,665,718                      | 3,872,067                                                 | 6,173,172  |
| 2041      | 629,422             | 1,621,366                      | 3,520,287                                                 | 5,771,075  |
| 2042      | 626,662             | 1,575,475                      | 3,181,893                                                 | 5,384,030  |
| 2043      | 614,795             | 1,530,626                      | 2,858,269                                                 | 5,003,690  |
| 2044      | 600,696             | 1,480,337                      | 2,553,105                                                 | 4,634,138  |
| 2045      | 584,655             | 1,424,203                      | 2,266,625                                                 | 4,275,483  |
| 2046      | 561,711             | 1,362,435                      | 1,998,577                                                 | 3,922,723  |
| 2047      | 539,652             | 1,295,555                      | 1,749,511                                                 | 3,584,718  |
| 2048      | 516,727             | 1,230,770                      | 1,519,816                                                 | 3,267,313  |
| 2049      | 490,169             | 1,163,207                      | 1,309,707                                                 | 2,963,083  |
| 2050      | 463,140             | 1,088,711                      | 1,119,192                                                 | 2,671,043  |
| 2051      | 435,799             | 1,011,685                      | 948,074                                                   | 2,395,558  |
| 2052      | 407,163             | 934,097                        | 795,930                                                   | 2,137,190  |
| 2053      | 378,259             | 856,657                        | 662,112                                                   | 1,897,028  |
| 2054      | 349,343             | 780,310                        | 545,738                                                   | 1,675,391  |
| 2055      | 320,835             | 706,001                        | 445,711                                                   | 1,472,547  |
| 2056      | 292,874             | 634,600                        | 360,761                                                   | 1,288,235  |
| 2057      | 265,636             | 566,594                        | 289,484                                                   | 1,121,714  |
| 2058      | 239,639             | 502,596                        | 230,407                                                   | 972,642    |
| 2059      | 214,939             | 443,095                        | 182,030                                                   | 840,064    |
| 2060      | 191,634             | 388,320                        | 142,883                                                   | 722,837    |
| 2061      | 169,945             | 338,456                        | 111,572                                                   | 619,973    |
| 2062      | 149,780             | 293,489                        | 86,800                                                    | 530,069    |
| 2063      | 131,207             | 253,163                        | 67,395                                                    | 451,765    |
| 2064      | 114,294             | 217,406                        | 52,317                                                    | 384,017    |
| 2065      | 98,950              | 186,070                        | 40,678                                                    | 325,698    |
| 2066      | 85,133              | 158,760                        | 31,732                                                    | 275,625    |
| 2067      | 72,803              | 135,106                        | 24,873                                                    | 232,782    |
| 2068      | 61,856              | 114,753                        | 19,617                                                    | 196,226    |
| 2069      | 52,197              | 97,333                         | 15,580                                                    | 165,110    |
| 2070      | 43,733              | 82,486                         | 12,469                                                    | 138,688    |
| 2071      | 36,369              | 69,873                         | 10,062                                                    | 116,304    |
| 2072      | 30,008              | 59,180                         | 8,192                                                     | 97,380     |
| 2073      | 24,556              | 50,123                         | 6,733                                                     | 81,412     |

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

## SCHEDULE SB ATTACHMENTS

### Schedule SB, Line 22 Description of Weighted Average Retirement Age as of October 1, 2024

#### Former Sequa non-union participants

| <u>Age</u> | <u>Rate of Retirement</u> | <u>Population Survivorship</u> | <u>Number Retiring</u> | <u>Weighted Retirement by Age</u> | <u>Average Retirement Age</u> |
|------------|---------------------------|--------------------------------|------------------------|-----------------------------------|-------------------------------|
| 55         | 0.0500                    | 100,000                        | 5,000                  | 275,000                           |                               |
| 56         | 0.0300                    | 95,000                         | 2,850                  | 159,600                           |                               |
| 57         | 0.0300                    | 92,150                         | 2,765                  | 157,577                           |                               |
| 58         | 0.0300                    | 89,386                         | 2,682                  | 155,531                           |                               |
| 59         | 0.0300                    | 86,704                         | 2,601                  | 153,466                           |                               |
| 60         | 0.0300                    | 84,103                         | 2,523                  | 151,385                           |                               |
| 61         | 0.0300                    | 81,580                         | 2,447                  | 149,291                           |                               |
| 62         | 0.2500                    | 79,132                         | 19,783                 | 1,226,551                         |                               |
| 63         | 0.1000                    | 59,349                         | 5,935                  | 373,900                           |                               |
| 64         | 0.1000                    | 53,414                         | 5,341                  | 341,852                           |                               |
| 65         | 1.0000                    | 48,073                         | 48,073                 | 3,124,738                         |                               |
| Total      |                           | 868,891                        | 100,000                | 6,268,891                         | 62.7                          |

#### Former Sequa union participants and former Roll Coater participants

100% are assumed to retire at age 65, or valuation date if later.

#### Determination of rounded weighted-average retirement age

Approximately 50% of the plan's active liability is attributable to former Sequa non-union participants. Therefore, the rounded weighted-average retirement age is equal to:

$$(50\% \times 62.7) + (50\% \times 65.0) = 63.85$$

**Weighted Average Retirement Age Rounded = 64**

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Summary of Plan Provisions

### Former Sequa Pension Plan – non-union employees

#### Plan Provisions

##### Covered employees

All employees other than employees covered by a collective bargaining agreement, non-resident aliens with total earnings constituting foreign service income for U.S. federal income tax purposes, employees who are a citizen of the United States but a permanent resident of foreign jurisdiction, and any employees accruing a pension benefit under a defined benefit plan of the employer or an affiliated employer other than this plan.

Effective June 30, 2011 the Sequa Retirement Plan (which covered salaried and non-union employees) was merged into the Sequa Pension Plan (which covered union employees). All participants of the Sequa Retirement Plan became participants of the Sequa Pension Plan as of the merger date. Benefits remained unchanged for the Sequa Pension Plan participants and the former Sequa Retirement Plan participants.

##### Participation date

Effective January 1, 1989, an employee is eligible to participate on the date the employee attains age 21 and completes one year of service. Each employee who was a participant in the plan immediately before January 1, 1989, shall continue to be a participant in the plan.

Effective December 31, 2005 all active participants who had attained age 45 on or before December 31, 2005 were required to make a one-time irrevocable election either to continue earning accruals in the plan after December 31, 2005 or to freeze accruals and to participate instead in the discretionary profit-sharing portion of the Sequa 401(k) plan. All accruals were frozen for all active participants who had not attained age 45 on or before December 31, 2005.

Effective June 30, 2011 the Sequa Retirement Plan (which covered salaried and non-union employees) was merged into the Sequa Pension Plan (which covered union employees). All participants of the Sequa Retirement Plan became participants of the Sequa Pension Plan as of the merger date. Benefits remained unchanged.

Effective December 31, 2017, accruals were frozen for all participants.

|                 |                       |
|-----------------|-----------------------|
| Plan Name:      | Precoat Pension Plan  |
| EIN / PN:       | 82-1011883/003        |
| Plan Sponsor:   | Precoat Mezzanine LLC |
| Valuation Date: | October 1, 2024       |

# SCHEDULE SB ATTACHMENTS

## Definitions

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service         | The sum of all periods of service and credited severance periods, measured in full years and completed months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Pension service         | <p>Pension service was frozen for all participants effective December 31, 2017.</p> <p><i>Retirement and Consolidated (including TACR)</i></p> <p>The sum of all periods of service beginning at the date an employee became a participant in this plan or a prior plan. However, if an employee elected to begin making the required employee contributions on the earliest date eligible, benefit service will begin at his date of hire, subject to age restrictions (not before age 25 prior to January 1, 1985; not before age 21 on or after January 1, 1985). Effective January 1, 1989, benefit service for new employees is calculated from date of employment.</p> <p><i>After Six</i></p> <p>Completed months of service from the employee's date of hire. Excludes service before February 27, 1968 for Superior Pants employees.</p> |
| Pensionable pay         | <p>Base pay, overtime, bonuses, commissions, and annual incentives before any voluntary salary reduction (sections 401(k), 125, or 132(f) of the Internal Revenue Code). Pensionable pay excludes severance pay, salary continuation pay paid by an insurer, short and long term disability pay, workers compensation, relocation expenses, dues, housing, furnishing and auto allowances, fringe benefits, and any nonqualified plan of deferred compensation contributions.</p> <p>Pensionable pay after December 31, 2017 shall not be considered in determining accrued benefits for any participant.</p>                                                                                                                                                                                                                                     |
| Average earnings        | <p>For Retirement and Consolidated (including TACR), the monthly average of a participant's pensionable pay beginning at the later of 1994 or date of employment and ending at termination of employment. For After Six, the monthly average of a participant's pensionable pay beginning at the later of 1984 or date of employment and ending at termination of employment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Social Security benefit | The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Covered compensation    | The amount of monthly compensation with respect to which old age and survivor's insurance benefits would be provided to the participant under the Social Security Act, in effect as of the date of termination, determined as if the participant's annual compensation was equal to the maximum amount of earnings subject to tax under the Federal Income Contributions Act (OASDI portion).                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                 |                       |
|-----------------|-----------------------|
| Plan Name:      | Precoat Pension Plan  |
| EIN / PN:       | 82-1011883/003        |
| Plan Sponsor:   | Precoat Mezzanine LLC |
| Valuation Date: | October 1, 2024       |

## SCHEDULE SB ATTACHMENTS

---

The calculation of an individual's covered compensation amount was frozen as of December 31, 2017 for any participants accruing benefits as of this date.

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65

Monthly pension benefit Benefit accruals were frozen effective December 31, 2017 for all participants.

For Retirement and Consolidated (including TACR) the greater of (a) or (b) plus (c):

(a) The sum of (i) and (ii)

(i) 0.9% of average earnings multiplied by years of pension service

(ii) 0.6% of average earnings in excess of covered compensation multiplied by years of pension service not in excess of 35 years

(b) 1.1% of average earnings multiplied by years of pension service

(c) The product of (i), (ii), and (iii)

(i) The participant's shortfall addition per year percentage

(ii) Average earnings

(iii) Pension service earned after December 31, 1996 and before January 1, 2000

Additional minimum benefits apply under this plan for certain individuals.

For After Six the greater of (a), (b), (c), or (d):

(a) 0.9% of average earnings multiplied by pension service plus 0.6% of average earnings that exceeds covered compensation multiplied by pension service not in excess of 35 years

(b) 1.1% of average earnings multiplied by pension service

(c) The monthly accrued benefit under the plan as of December 31, 1988

(d) For non-highly compensated participants who were age 55 with 10 years of service as of January 1, 1989, their expected benefit under the prior plan formula prorated for termination before normal retirement date.

Monthly preretirement death benefit 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and deferred to the participant's earliest retirement age

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

## SCHEDULE SB ATTACHMENTS

### Eligibility for Benefits

|                             |                                                                                                                                                                                                                                                                                              |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement           | Retirement on NRD                                                                                                                                                                                                                                                                            |
| Early retirement            | Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service. For the participants of the Chromalloy American Corporation Pension Plan, retirement before NRD and on or after both attaining age 50 and completing ten years of vesting service. |
| Postponed retirement        | Retirement after NRD                                                                                                                                                                                                                                                                         |
| Vested termination          | Termination for reasons other than death or retirement after completing five years of vesting service                                                                                                                                                                                        |
| Preretirement death benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse                                                                                                                                                                           |

### Benefits Paid Upon the Following Events

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement    | Monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Early retirement     | <p>Monthly pension benefit determined as of early retirement date, reduced 6.67% for each of the first five years and 3.33% for each of the next five years that payment precedes the participant's NRD</p> <p>For prior plan participants in the Chromalloy American Corporation Pension Plan for Salaried Employees as of December 31, 1988, an unreduced early retirement benefit is provided for participants whose age plus years of vesting service is at least equal to 90.</p> |
| Postponed retirement | Monthly pension benefit determined as of actual retirement date                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Vested termination   | Monthly pension benefit determined as of termination date, reduced 6.67% for each of the first five years and 3.33% for each of the next five years that payment precedes the participant's NRD                                                                                                                                                                                                                                                                                        |
| Preretirement death  | Monthly preretirement death benefit reduced 6.67% for each of the first five years and 3.33% for each of the next five years that payment precedes the participant's NRD                                                                                                                                                                                                                                                                                                               |

|                 |                       |
|-----------------|-----------------------|
| Plan Name:      | Precoat Pension Plan  |
| EIN / PN:       | 82-1011883/003        |
| Plan Sponsor:   | Precoat Mezzanine LLC |
| Valuation Date: | October 1, 2024       |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forms of payment                 | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms available ongoing are a 100%, 75%, or a 66⅔% joint and survivor annuity, or a 5-, 10-, 15-, or 20-year certain and life annuity. Actuarial equivalence is based on an interest rate of 7.00% and Revenue Ruling 2001-62 mortality table. In addition a lump sum option is available if the value of the participant's benefit does not exceed \$10,000. |
| Pension increases                | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Plan participants' contributions | As of January 1, 1989 employee contributions are no longer required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Purchased annuities              | Certain participants in pay status with monthly benefits less than \$350 had annuities purchased on their behalf on November 21, 2017 from Minnesota Life Insurance Company – A Securian Company.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Maximum on benefits and pay      | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## Future Plan Changes

None

## Changes in Benefits Valued Since Prior Valuation

None

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

# SCHEDULE SB ATTACHMENTS

## Former Sequa Pension Plan – union employees

### Plan Provisions

|                          |                        |            |
|--------------------------|------------------------|------------|
| Initial eligibility date | Chromalloy Los Angeles | 8/01/1987  |
|                          | Precoat St. Louis      | 2/01/1992  |
|                          | Precoat Granite City   | 11/21/1993 |
|                          | Precoat McKeesport     | 5/01/1996  |
|                          | Precoat Portage        | 9/01/1996  |
|                          | Casco                  | 8/01/1997  |
|                          | MEGTEC                 | 9/02/1997  |
|                          | Chromalloy Oklahoma    | 11/01/1997 |
|                          | Thermo Wisconsin       | 2/06/1999  |
|                          | ARC Knoxville          | 5/03/1999  |

**Covered employees** Effective June 30, 2011 the Sequa Retirement Plan (which covered salaried and non-union employees) was merged into the Sequa Pension Plan (which covered union employees). All participants of the Sequa Retirement Plan became participants of the Sequa Pension Plan as of the merger date. Benefits remained unchanged for the Sequa Pension Plan participants and the former Sequa Retirement Plan participants.

*Precoat St. Louis, Precoat Granite City, Casco and MEGTEC*

All eligible employees who were actively employed on the day prior to the initial eligibility date became eligible to participate on the initial eligibility date listed above. Employees hired after the initial eligibility date are eligible to participate on the date the employee attains age 21 and completes one year of service in which 1,000 hours are worked.

*Chromalloy Los Angeles, Precoat McKeesport, Precoat Portage and Chromalloy Oklahoma*

All employees who were participants in the prior plan the day prior to the initial eligibility date listed above, became participants on the date listed above. All other employees at these locations are eligible to participate on the date the employee attains age 21 and completes one year of service in which 1,000 hours are worked.

*ARC Knoxville*

All eligible employees who were actively employed on the day prior to the initial eligibility date became eligible to participate on the initial eligibility date listed above provided they had an offer of employment from ARC dated April 7, 1999. Employees hired after the initial eligibility date are eligible to participate on the date the employee attains age 21 and completes one year of service in which 1,000 hours are worked.

*Thermo Wisconsin*

All eligible employees who were actively employed on the initial eligibility date became eligible to participate on the initial eligibility date listed

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

# SCHEDULE SB ATTACHMENTS

above. Employees hired after the initial eligibility date are eligible to participate on the date the employee attains age 21 and completes one year of service in which 1,000 hours are worked.

## Participation date

Date of becoming a covered employee

For ARC Knoxville, no union employees hired on or after October 1, 2010 shall be eligible to participate in the plan.

For Precoat Granite City, no union employees hired on or after November 20, 2011 shall be eligible to participate in the plan.

For Precoat St. Louis, no union employees hired on or after February 1, 2012 shall be eligible to participate in the plan.

For Chromalloy Oklahoma, no union employees hired on or after December 31, 2012 shall be eligible to participate in the plan.

For Chromalloy Los Angeles, no union employees hired on or after December 31, 2012 shall be eligible to participate in the plan.

For Precoat Portage, no union employees hired on or after May 1, 2013 shall be eligible to participate in the plan.

## Definitions

### Vesting service

One year for each 1,000-hour calendar year of employment by Sequa

### Pension service

*Precoat Portage*

The sum of (a) and (b):

- (a) Total number of years and months that the participant received credit for pension income prior to the initial eligibility date.
- (b) After the initial eligibility date, the participant earns one year of benefit service for each Plan Year in which he works 1,000 hours. In addition, the total number of months in which the participant has been credited with 83 hours of service.

*Precoat McKeesport*

The sum of (a) and (b):

- (a) Total number of years and months that the participant received credit for pension income prior to February 3, 1996.
- (b) After February 2, 1996, the participant earns one year of benefit service for each Plan Year in which he works 1,000 hours. In addition, the total number of months in which the participant has been credited with 83 hours of service.

*Chromalloy Los Angeles, Precoat St. Louis, Precoat Granite City, Casco, Chromalloy Oklahoma, MEGTEC, ARC Knoxville and Thermo Wisconsin*

If employee was not vested in the prior plan before being eligible to participate in the Sequa Pension Plan, the sum of (a) and (b):

- (a) Total number of years and months that the participant received credit for pension income prior to the initial eligibility date.

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

## SCHEDULE SB ATTACHMENTS

---

- (b) After the initial eligibility date, the participant earns one year of benefit service for each Plan Year in which he works 1,000 hours. In addition, the total number of months in which the participant has been credited with 83 hours of service.

If employee was vested in the prior plan before being acquired by Sequa Corporation:

After the initial eligibility date, the participant earns one year of benefit service for each Plan Year in which he works 1,000 hours. In addition, the total number of months in which the participant has been credited with 83 hours of service.

For ARC Knoxville, no pension service shall be granted after February 28, 2011.

For Precoat Granite City, no pension service shall be granted after January 31, 2012.

For Precoat St. Louis, no pension service shall be granted after March 31, 2012.

For Chromalloy Oklahoma, no pension service shall be granted after December 31, 2012.

For Chromalloy Los Angeles, no pension service shall be granted after December 31, 2012.

For Precoat Portage, no pension service shall be granted after June 30, 2013.

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65

Monthly preretirement death benefit 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and deferred to the participant's earliest retirement age.

Monthly pension benefit Product of (a) and (b):  
(a) Dollar amount for applicable service dates (benefit multiplier)  
(b) Years of pension service (subject to stated maximum service limits)  
The dollar amount and maximum service limits are determined by collective bargaining agreement.

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

## SCHEDULE SB ATTACHMENTS

---

| Chromalloy Los Angeles<br>(last 30-year service<br>maximum) | Annual Dollar Amount | Effective Date | Applicable Service |
|-------------------------------------------------------------|----------------------|----------------|--------------------|
|                                                             | \$222                | 8-01-1990      | All                |
|                                                             | \$234                | 11-04-1996     | All                |
|                                                             | \$246                | 11-03-1997     | All                |
|                                                             | \$264                | 11-02-1998     | All                |
|                                                             | \$324                | 11-08-1999     | All                |
|                                                             | \$336                | 11-06-2000     | All                |
|                                                             | \$348                | 11-05-2001     | All                |
|                                                             | \$360                | 11-04-2002     | All                |
|                                                             | \$372                | 11-08-2004     | All                |
|                                                             | \$384                | 11-07-2005     | All                |
|                                                             | \$396                | 11-05-2007     | All                |
|                                                             | \$408                | 1-01-2010      | All                |
|                                                             | \$420                | 1-01-2012      | All                |

Accruals froze as of December 31, 2012

|                                | Annual Dollar<br>Amount | Effective Date | Applicable<br>Service |
|--------------------------------|-------------------------|----------------|-----------------------|
| Precoat St. Louis              | \$396                   | 2-01-1992      | All                   |
| (last 30-year service maximum) | \$420                   | 2-01-2001      | All                   |
|                                | \$456                   | 2-01-2002      | All                   |
|                                | \$528                   | 2-01-2007      | All                   |
|                                | \$540                   | 2-01-2009      | All                   |
|                                | \$552                   | 2-01-2011      | All                   |

Accruals froze as of March 31, 2012

---

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

## SCHEDULE SB ATTACHMENTS

|                                                         |          |            |     |
|---------------------------------------------------------|----------|------------|-----|
| Precoat Granite City                                    | \$396    | 11-21-1993 | All |
| (last 30-year service maximum)                          | \$420    | 11-21-1997 | All |
|                                                         | \$456    | 11-21-2001 | All |
|                                                         | \$600    | 11-20-2002 | All |
|                                                         | \$660    | 1-01-2009  | All |
| Accruals froze as of January 31, 2012                   |          |            |     |
| Precoat McKeesport                                      | \$285.84 | 8-01-1995  | All |
| (first 30-year service maximum if hired after 2-2-1996, | \$312    | 2-04-1999  | All |
| no service maximum if hired before 2-3-1996)            | \$318    | 2-04-2000  | All |
|                                                         | \$324    | 2-04-2001  | All |
|                                                         | \$330    | 2-04-2002  | All |
|                                                         | \$336    | 2-04-2003  | All |
|                                                         | \$348    | 2-04-2004  | All |
|                                                         | \$372    | 2-04-2005  | All |
|                                                         | \$384    | 2-04-2006  | All |
|                                                         | \$396    | 2-04-2007  | All |
|                                                         | \$408    | 2-04-2008  | All |
| Precoat Portage                                         | \$216    | 5-01-1992  | All |
| (last 30-year service maximum)                          | \$300    | 1-01-2000  | All |
|                                                         | \$420    | 5-01-2000  | All |
|                                                         | \$480    | 5-01-2005  | All |
|                                                         | \$540    | 5-01-2010  | All |
| Accruals froze as of June 30, 2013                      |          |            |     |
| Casco                                                   | \$348    | 8-01-1997  | All |
| (last 30-year service maximum)                          | \$360    | 8-01-1998  | All |
|                                                         | \$372    | 8-21-2000  | All |
|                                                         | \$384    | 8-20-2001  | All |
|                                                         | \$396    | 8-19-2002  | All |

Plan Name: Precoat Pension Plan  
 EIN / PN: 82-1011883/003  
 Plan Sponsor: Precoat Mezzanine LLC  
 Valuation Date: October 1, 2024

## SCHEDULE SB ATTACHMENTS

|                                                       | Annual Dollar<br>Amount | Effective Date | Applicable<br>Service |
|-------------------------------------------------------|-------------------------|----------------|-----------------------|
| Chromalloy Oklahoma<br>(last 30-year service maximum) | \$276                   | 11-01-1997     | All                   |
|                                                       | \$300                   | 11-01-1998     | All                   |
|                                                       | \$312                   | 11-01-1999     | All                   |
|                                                       | \$336                   | 11-01-2000     | All                   |
|                                                       | \$360                   | 11-01-2001     | All                   |
|                                                       | \$372                   | 11-01-2002     | After 11-01-2002      |
|                                                       | \$384                   | 11-01-2003     | After 11-01-2002      |
|                                                       | \$396                   | 11-01-2004     | After 11-01-2002      |
|                                                       | \$408                   | 11-01-2005     | After 11-01-2002      |
|                                                       | \$420                   | 11-01-2006     | After 11-01-2002      |
|                                                       | \$432                   | 11-01-2009     | After 11-01-2007      |
|                                                       | \$444                   | 11-01-2011     | After 11-01-2007      |
| Accruals froze as of December 31, 2012                |                         |                |                       |
| MEGTEC<br>(last 30-year service maximum)              | \$420                   | 9-02-1997      | All                   |
|                                                       | \$456                   | 3-18-2001      | All                   |
|                                                       | \$612                   | 3-18-2002      | All                   |
| ARC Knoxville<br>(last 30-year service maximum)       | \$300                   | 5-03-1999      | All                   |
|                                                       | \$324                   | 5-03-2000      | All                   |
|                                                       | \$348                   | 5-03-2001      | All                   |
|                                                       | \$360                   | 5-03-2002      | All                   |
|                                                       | \$372                   | 5-03-2003      | All                   |
|                                                       | \$384                   | 5-03-2004      | All                   |
|                                                       | \$396                   | 5-02-2005      | All                   |
|                                                       | \$408                   | 5-02-2006      | All                   |
|                                                       | \$420                   | 5-02-2007      | All                   |
|                                                       | \$456                   | 1-01-2008      | After 1-01-2008       |
| Accruals froze as of February 28, 2011                |                         |                |                       |
| Thermo Wisconsin<br>(last 30-year service maximum)    | \$420                   | 2-06-1999      | All                   |
|                                                       | \$444                   | 6-01-2000      | All                   |
|                                                       | \$456                   | 6-01-2001      | All                   |

Plan Name: Precoat Pension Plan  
 EIN / PN: 82-1011883/003  
 Plan Sponsor: Precoat Mezzanine LLC  
 Valuation Date: October 1, 2024

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

|                             |                                                                                                                    |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------|
| Normal retirement           | Retirement on NRD                                                                                                  |
| Early retirement            | Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service           |
| Postponed retirement        | Retirement after NRD                                                                                               |
| Vested termination          | Termination for reasons other than death or retirement after completing five years of vesting service or age 55    |
| Disability                  | Permanent and total disability and on or after attaining age 40 and completing ten years of vesting service        |
| Preretirement death benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse |

## Benefits Paid Upon the Following Events

|                      |                                                                                                                                                                                                                                                                                                                            |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement    | Monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                               |
| Early retirement     | <p>Monthly pension benefit determined as of early retirement date, reduced 6.67% for each of the first five years and 3.33% for each of the next five years that payment precedes the participant's NRD</p> <p>For MEGTEC participants, the reduction is 5% for each year that payment precedes the participant's NRD.</p> |
| Postponed retirement | Monthly pension benefit determined as of actual retirement date                                                                                                                                                                                                                                                            |
| Vested termination   | <p>Monthly pension benefit determined as of termination date, reduced 6.67% for each of the first five years and 3.33% for each of the next five years that payment precedes the participant's NRD</p> <p>For MEGTEC participants, the reduction is 5% for each year that payment precedes the participant's NRD.</p>      |
| Disablement          | Monthly pension benefit determined as of the date of disablement, payable immediately without reduction for early commencement                                                                                                                                                                                             |
| Preretirement death  | Monthly preretirement death benefit reduced 6.67% for each of the first five years and 3.33% for each of the next five years that payment precedes the participant's NRD                                                                                                                                                   |

## Other Plan Provisions

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forms of payment | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms available ongoing are a 100%, 75%, or a 50% joint and survivor annuity, or a 5-, 10-, 15-, or 20-year certain and life annuity. Actuarial equivalence is based on an interest rate of 7.00% and Revenue Ruling 2001-62 mortality table. In |
| Plan Name:       | Precoat Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| EIN / PN:        | 82-1011883/003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Plan Sponsor:    | Precoat Mezzanine LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Valuation Date:  | October 1, 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

# SCHEDULE SB ATTACHMENTS

|                                  |                                                                                                                                                                                                                                             |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                  | addition a lump sum option is available if the value of the participant's benefit does not exceed \$5,000.                                                                                                                                  |
| Pension increases                | None                                                                                                                                                                                                                                        |
| Plan participants' contributions | None                                                                                                                                                                                                                                        |
| Purchased annuities              | Certain participants in pay status with monthly benefits less than \$350 had annuities purchased on their behalf on November 21, 2017 from Minnesota Life Insurance Company – A Securian Company.                                           |
| Maximum on benefits and pay      | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. |

## Future Plan Changes

None

## Changes in Benefits Valued Since Prior Valuation

None

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

# SCHEDULE SB ATTACHMENTS

## Former Roll Coater, Inc. Pension Plan for Bargaining Unit Associates (union employees)

### Plan Provisions

Unless otherwise indicated, plan provisions governing participants in Parts A, B and C are the same. Material differences will be noted.

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>     | November 24, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Covered employees</b>  | Any hourly-paid employee of the Plan Sponsor who is covered by a collective bargaining agreement providing for his or her participation in the Plan. Such employees working in Kingsbury, Indiana are covered under Part A of the Plan, those working in Hawesville, Kentucky are covered under Part B of the Plan, and those working in Greenfield, Indiana are covered under Part C of the Plan.                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Participation date</b> | <p>Individuals who had been participating in the prior (Arvin Meritor) plan will become participants as of November 24, 2004. Any other Covered Employee would become a participant as of the October 1 following his or her date of employment if employed in a position in which it is anticipated that at least 1,000 Hours of Service will be completed each year (otherwise, the October 1 nearest the date on which 1,000 Hours of Service are completed during a Plan Year).</p> <p>No individual shall be eligible to become a participant under Part A after January 24, 2005. No individual shall be eligible to become a participant under Part B after June 1, 2005. No individual shall be eligible to become a participant under Part C after June 24, 2006.</p> |

### Definitions

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting service</b> | The number of years of service under the prior plan as of November 24, 2004 plus the number of calendar years after 2004 in which the participant completes 1,000 Hours of Service, with partial credit (0.1 Year of Service for each full 170 Hours of Service completed in a calendar year after 2004, not to exceed 1 full year) if fewer than 1,000 Hours of Service are completed during a calendar year, with appropriate credit for the period from November 24, 2004 to December 31, 2004 (not to duplicate credit for calendar 2004 under the prior plan). |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                       |
|-----------------|-----------------------|
| Plan Name:      | Precoat Pension Plan  |
| EIN / PN:       | 82-1011883/003        |
| Plan Sponsor:   | Precoat Mezzanine LLC |
| Valuation Date: | October 1, 2024       |

# SCHEDULE SB ATTACHMENTS

## Benefit service

The number of years of service under the prior plan as of November 24, 2004 plus the number of calendar years after 2004 in which the participant completes 1,700 Hours of Service as a Covered Employee, with partial credit (0.1 Year of Service for each full 170 Hours of Service completed in a calendar year after 2004, not to exceed 1 full year) if fewer than 1,700 Hours of Service are completed during a calendar year, with appropriate credit for the period from November 24, 2004 to December 31, 2004 (not to duplicate credit for calendar 2004 under the prior plan).

No credit for Years of Benefit Service will be given to a participant in Part A after March 18, 2005 and no credit for Years of Benefit Service will be given to a participant in Part B after July 16, 2005. No credit will be given to a participant in Part C after August 10, 2006.

## Normal retirement date (NRD)

The first day of the month coincident with or next following the participant's 65th birthday

## Monthly pension benefit

A monthly benefit, payable commencing on Normal Retirement Date, equal to  $1/12^{\text{th}}$  of the excess of A over B:

A: The product of the number of Years of Benefit Service and the amount from the following table:

| Plan Part                                         | Monthly Dollar Multiplier |
|---------------------------------------------------|---------------------------|
| Part A                                            | \$24.00                   |
| Part B                                            | \$20.00                   |
| Part C (Determinations Before June 25, 2005)      | \$24.00                   |
| Part C (Determinations On or after June 25, 2005) | \$25.00                   |

B: The benefit, if any, earned under the prior (Arvin Meritor) plan as of November 24, 2004.

## Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and deferred to the later of the date of death or the earliest date the participant could have retired.

## Eligibility for Benefits

### Normal retirement

Retirement on NRD

### Early retirement

Retirement before NRD and on or after both attaining age 60 and completing ten years of vesting service

### Late retirement

Retirement after NRD

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

## SCHEDULE SB ATTACHMENTS

---

|                                  |                                                                                                                                                                                                                                        |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disability</b>                | Total and permanent disability (as defined in the Plan) after attainment of age 50 and completion of 10 years of vesting service (attainment of age 40 and completion of 10 years of vesting service if covered by Part B of the Plan) |
| <b>Preretirement death</b>       | Death with a vested benefit before benefits commence, with a surviving spouse                                                                                                                                                          |
| <b>Termination of employment</b> | Completion of 5 years of vesting service                                                                                                                                                                                               |

### Benefits Paid Upon the Following Events

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>         | The monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Early retirement</b>          | The monthly pension benefit determined as of the early retirement date, reduced by 0.6% for each month that payment precedes the participant's NRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Late retirement</b>           | The monthly pension benefit determined as of the actual retirement date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Disability</b>                | The monthly pension benefit reduced by the amount of any workers' compensation payments (and, if covered under Part A or Part C of the plan, further reduced by 50% of any disability benefits received under Social Security)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Preretirement death</b>       | A monthly life annuity provided to the surviving spouse commencing on the later of the earliest date the participant could have retired or the date of death, based on the 50% joint and survivor annuity option as if the participant had separated from service on the date of death, survived to the later of the date of death or the earliest retirement age, retired with a 50% joint and survivor annuity option at that age, and died on the day after the later of the date of death or the date of attaining the earliest retirement age. There will be a charge imposed against any benefits otherwise payable for participants covered under Part B of the Plan who do not waive coverage under the pre-retirement death benefit provision. |
| <b>Termination of employment</b> | The monthly pension benefit, payable commencing on NRD. If the participant had completed 10 years of vesting service, the participant may elect to receive the actuarial equivalent of the monthly pension benefit as early as age 60.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|                 |                       |
|-----------------|-----------------------|
| Plan Name:      | Precoat Pension Plan  |
| EIN / PN:       | 82-1011883/003        |
| Plan Sponsor:   | Precoat Mezzanine LLC |
| Valuation Date: | October 1, 2024       |

# SCHEDULE SB ATTACHMENTS

---

## Other Plan Provisions

### Forms of payment

Monthly pension benefits are paid as described above as a life annuity (for unmarried participants) or as a 50% joint and survivor annuity (for married participants). Optional forms available for married participants include a 75% joint and survivor annuity option or, if the participant elects and the spouse consents, a life annuity.

Actuarial equivalence is based on an interest rate of 7.50% and the 1971 Group Annuity Mortality Table, weighted 90% male / 10% female.

If the value of a participant's benefit does not exceed \$5,000, the participant is required to receive a distribution in the form of a lump sum payment.

## Future Plan Changes

None

## Changes in Benefits Valued Since Prior Valuation

None

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024

|                         |                             |
|-------------------------|-----------------------------|
| <b>Plan Name</b>        | <b>PRECOAT PENSION PLAN</b> |
| <b>Plan Sponsor EIN</b> | <b>82-1011883</b>           |
| <b>ERISA Plan #</b>     | <b>003</b>                  |
| <b>Plan Year Ending</b> | <b>09/30/2025</b>           |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         | X                 |

## SCHEDULE SB ATTACHMENTS

---

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of October 1, 2024**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| Shortfall    | 10/01/2024       | 2,188,502      | 15.00000                              | 2,188,502           | 203,433              |
| Shortfall    | 10/01/2023       | 4,827,329      | 14.00000                              | 4,540,538           | 442,090              |
| Shortfall    | 10/01/2022       | 18,864,194     | 13.00000                              | 17,010,304          | 1,743,268            |
| Shortfall    | 10/01/2021       | (3,688,357)    | 12.00000                              | (3,291,854)         | (357,120)            |
| Shortfall    | 10/01/2020       | (4,936,130)    | 11.00000                              | (4,352,394)         | (503,203)            |
| Shortfall    | 10/01/2019       | 18,341,245     | 10.00000                              | 15,939,912          | 1,979,860            |
| Total        |                  |                |                                       | 32,035,008          | 3,508,328            |

Plan Name: Precoat Pension Plan  
EIN / PN: 82-1011883/003  
Plan Sponsor: Precoat Mezzanine LLC  
Valuation Date: October 1, 2024