

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan PENSION AGREEMENT BETWEEN SPARTANBURG STEEL PRODUCTS, INC. AND INT. MOLDERS AND ALLIED WORKERS UNION AFL-CIO-CLC	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 11/01/1999
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SPARTANBURG STEEL PRODUCTS, INC. P.O. BOX 6428 SPARTANBURG, SC 29304-4733	2b Employer Identification Number (EIN) 31-1039895
		2c Plan Sponsor's telephone number 864-585-5211
		2d Business code (see instructions) 332110

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.	08/12/2026	JASON CHESHIRE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor SPARTANBURG STEEL PRODUCTS, INC. RETIREMENT PLAN COMMITTEE P.O. BOX 6428 SPARTANBURG, SC 29304-4733		3b Administrator's EIN 31-1039895
		3c Administrator's telephone number 864-585-5211
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 265
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 102 6a(2) 92 6b 45 6c 113 6d 250 6e 8 6f 258 6g(1) 6g(2) 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7

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

1B 1I 3H

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PENSION AGREEMENT BETWEEN SPARTANBURG STEEL PRODUCTS, INC. AND INT. MOLDERS AND ALLIED WORKERS UNION AFL-CIO-CLC	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SPARTANBURG STEEL PRODUCTS, INC.	D Employer Identification Number (EIN) 31-1039895
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	2555565	
b	Actuarial value	2b	2373920	
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	45	1320898	1320898
b	For terminated vested participants	118	1310518	1310518
c	For active participants	102	921379	965275
d	Total	265	3552795	3596691
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.15 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	0	

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

SIGN HERE	Signature of actuary AMY L. GENTILE Type or print name of actuary USI CONSULTING GROUP Firm name 1001 LAKESIDE AVE SUITE 1200 CLEVELAND, OH 44114 Address of the firm	07/08/2026 Date 26-08186 Most recent enrollment number 216-875-1900 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	90817	60444
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	90817	60444
10 Interest on line 9 using prior year's actual return of <u>19.29</u> %	17519	11660
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		20
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.15</u> %		1
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		21
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	108336	72104

Part III Funding Percentages

14 Funding target attainment percentage	14	60.98 %
15 Adjusted funding target attainment percentage	15	60.98 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	72.70 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/14/2025	25621	0			
05/14/2025	25621	0			
10/14/2025	25621	0			
11/13/2025	25621	0			
06/30/2026	41560	0			
Totals ►			18(b)	144044	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	137002

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
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21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: % ☒ N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1403211	136924	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	136924	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	136924	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	137002	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	78	
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)
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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
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

A Name of plan PENSION AGREEMENT BETWEEN SPARTANBURG STEEL PRODUCTS, INC. AND INT. MOLDERS AND ALLIED WORKERS UNION AFL-CIO-CLC	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 SPARTANBURG STEEL PRODUCTS, INC.	D Employer Identification Number (EIN) 31-1039895

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).....

X

YesNo
- 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

PNC BANK300 FIFTH AVENUEPITTSBURGH, PA 15222

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

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(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)

CAPFINANCIAL PARTNERS LLC

PO BOX 536850
ATLANTA, GA 30353

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	INVESTMENT MANAGEMENT	7630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
	A Name of plan PENSION AGREEMENT BETWEEN SPARTANBURG STEEL PRODUCTS, INC. AND INT. MOLDERS AND ALLIED WORKERS UNION AFL-CIO-CLC	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 SPARTANBURG STEEL PRODUCTS, INC.	D Employer Identification Number (EIN) 31-1039895	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	36420	67181
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	6787	6428
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2512949	2676047
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2556156	2749656
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2556156	2749656

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	144044	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		144044
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	132445	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		132445
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		95967
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		372456

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	168602	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		168602
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	7630	
(6) Bank or trust company trustee/custodial fees	2i(6)	2724	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		10354
j Total expenses. Add all expense amounts in column (b) and enter total	2j		178956

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		193500
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SIKICH CPA LLC**

(2) EIN: **54-1172176**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 571824.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan PENSION AGREEMENT BETWEEN SPARTANBURG STEEL PRODUCTS, INC. AND INT. MOLDERS AND ALLIED WORKERS UNION AFL-CIO-CLC		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SPARTANBURG STEEL PRODUCTS, INC.		D Employer Identification Number (EIN) 31-1039895
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1197336		
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 1
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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



Pension Agreement Between
Spartanburg Steel Products, Inc.
and International Molders and
Allied Workers Union, AFL-CIO-CLC

Financial Statements and
Independent Auditor's Report

For the Years Ended October 31, 2025 and 2024

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**
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INDEPENDENT AUDITOR'S REPORT

To the Retirement Plans Committee and Management of
Pension Agreement between Spartanburg Steel Products, Inc.
and International Molders and Allied Workers Union, AFL-CIO-CLC

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

We have performed audits of the accompanying financial statements of Pension Agreement between Spartanburg Steel Products, Inc. and International Molders and Allied Workers Union, AFL-CIO-CLC (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 October 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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 October 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 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 financial statements referred to above, 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 financial statements referred to above, related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Sidich LLP LLC

Richfield, Ohio
August 10, 2026

FINANCIAL STATEMENTS

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

October 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments at fair value	\$ 2,676,047	\$ 2,512,949
Receivables		
Employer contribution	67,181	36,420
Accrued income	6,428	6,787
Total receivables	73,609	43,207
Total assets	2,749,656	2,556,156
LIABILITIES		
None	-	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,749,656</u>	<u>\$ 2,556,156</u>

See accompanying notes to financial statements.

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended October 31, 2025 and 2024

	2025	2024
ADDITIONS IN NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 95,967	\$ 326,617
Dividends	132,445	108,833
Total investment income	228,412	435,450
Employer contributions	144,044	107,352
Total additions	372,456	542,802
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	168,602	256,677
Administrative expenses	10,354	11,306
Total deductions	178,956	267,983
NET INCREASE	193,500	274,819
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	2,556,156	2,281,337
NET ASSETS AVAILABLE FOR BENEFITS END OF YEAR	\$ 2,749,656	\$ 2,556,156

See accompanying notes to financial statements.

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**

NOTES TO THE FINANCIAL STATEMENTS

October 31, 2025 and 2024

1. DESCRIPTION OF PLAN

The following description of Pension Agreement between Spartanburg Steel Products, Inc. and International Molders and Allied Workers Union, AFL-CIO-CLC (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete description of the Plan's provisions.

General

The Plan was established by Spartanburg Steel Products, Inc. (the Company) (previously Spartanburg Automotive, Inc.) and the International Molders and Allied Workers Union, AFL-CIO-CLC (the Union) on July 1, 1982, to provide retirement benefits for eligible hourly employees of the Company and included in the bargaining unit represented by the Union (if hired before age 60). The Plan is a noncontributory defined benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Retirement Plans Committee (the Committee), which is a committee of the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Eligibility

Effective July 31, 2006, participation in the Plan was frozen, limiting participation to only participants in the Plan as of July 31, 2006. Prior to July 31, 2006, a person must have been employed by the Company on a full-time basis and included in the Union.

Benefits and Vesting

Benefits are determined based on the participant's years of credited service. Under the terms of the June 15, 2006 collective bargaining agreement with the Union, all accrued benefits under the Plan are frozen effective July 31, 2006. A participant's credited service for benefit accrual will be frozen such that the participant will not be credited with any service for benefit accrual purposes for plan years beginning after July 31, 2006. Should a participant terminate prior to being fully vested, the benefit they would otherwise be entitled to is forfeited.

Participants obtain a 100% vested right to benefits accrued under the Plan after five years of credited service. Normal retirement age is 65. Early retirement is permitted after attaining age 55 with ten years of credited service. All pension benefit payments commence on the first day of the month following actual retirement and are made under one of the optional forms of payment as defined in the plan document.

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**
NOTES TO THE FINANCIAL STATEMENTS (Continued)

1. DESCRIPTION OF PLAN (Continued)

Benefits and Vesting (Continued)

Normal retirement benefits under the Plan provide for monthly compensation for each year of credited service according to the schedule as follows:

<u>Effective</u>	<u>Amount</u>
Prior to July 1, 1985	\$ 6.50
After July 1, 1985	7.50
April 1, 1988	8.50
April 1, 1991	8.75
April 1, 1992	9.25
April 1, 1993	9.50
April 1, 1994	10.00
April 1, 1996	11.00
April 1, 1997	11.25
April 1, 1998	11.50
April 1, 2000	12.00
July 1, 2001	12.25
July 1, 2002	12.50
July 1, 2003	12.75
July 1, 2005 and after	13.25

Death and Disability Benefits

If an active participant dies at age 55 or older, a pre-retirement survivor pension equal to the value of the participant's accumulated pension benefit is paid to the participant's beneficiary. Active participants who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**
NOTES TO THE FINANCIAL STATEMENTS (Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2025 and 2024, the Company made contributions of \$144,044 and \$107,352, respectively. The Company's contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses associated with maintaining the Plan are paid by the Company and are excluded from these financial statements. The Plan also pays certain investment advisory and plan administration fees from plan assets. Certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**
NOTES TO THE FINANCIAL STATEMENTS (Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting and Regulatory Pronouncements

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

3. FAIR VALUE MEASUREMENTS

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

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

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

- a. Quoted prices for similar assets or liabilities in active markets,
- b. Quoted prices for identical or similar assets or liabilities in inactive markets,
- c. Inputs other than quoted prices that are observable for the asset or liability,
- d. Inputs that are derived from or corroborated by observable market data by correlation or other means

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

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

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**
NOTES TO THE FINANCIAL STATEMENTS (Continued)

3. FAIR VALUE MEASUREMENTS (Continued)

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at October 31, 2025 and 2024.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the US Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31:

	2025	2024
	Level 1	Level 1
Mutual funds	\$ 2,676,047	\$ 2,512,949
TOTAL INVESTMENTS AT FAIR VALUE	\$ 2,676,047	\$ 2,512,949

4. CERTIFICATION OF FINANCIAL INFORMATION

The financial data included in the accompanying financial statements as of and for the years ended October 31, 2025 and 2024 and supplemental schedule of assets (held at end of year) as of October 31, 2025 and schedule of reportable transactions for the year ended October 31, 2025, have been certified as complete and accurate by PNC Bank, National Association, a qualified institution. The following certified information was obtained by management and agreed to or derived from information certified as complete and accurate and has not been audited by the independent auditors for the Plan: investments at fair value, accrued income, dividends, and net appreciation in fair value of investments.

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**
NOTES TO THE FINANCIAL STATEMENTS (Continued)

5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by an independent actuary as of November 1, 2024. The actuarial present value of accumulated plan benefits as of the beginning of the plan year is as follows:

Vested benefits:

Participating currently receiving benefits	\$ 1,211,944
Other vested participants	<u>1,985,637</u>
Total vested benefits	3,197,581
Nonvested benefits	<u>42,592</u>

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 3,240,173</u>
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The following is a summary of the changes in the actuarial present value of accumulated plan benefits as of the beginning of plan year:

Actuarial present value of accumulated plan benefits, November 1, 2023	\$ 3,338,658
Increase (decrease) during the year attributable to:	
Benefits accumulated (including gains and losses)	(34,539)
Change in interest due to decrease in the discount period	192,731
Benefits paid	<u>(256,677)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, NOVEMBER 1, 2024	<u>\$ 3,240,173</u>

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

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions, to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of the participants who have died, and (c) present participants or their beneficiaries.

Benefits under the plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active participants will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**
NOTES TO THE FINANCIAL STATEMENTS (Continued)

5. ACTUARIAL INFORMATION (Continued)

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of November 1, 2024 and 2023 are as follows:

- Discount Rate - 6.00%
- Mortality rates - Pri-2012 Blue Collar Mortality Tables, with Generational Projection Scale MP-2021 with different rates for employees, retirees, contingent survivors and disabled participants
- Retirement age - Retirement eligible participants are assumed to retire at various rate grades by age from 55 to 70.
- Spousal Assumptions - 85% of males and 50% of females are assumed to be married. Female spouses are assumed to be 3 years younger than their male spouses.
- Expected return on plan assets - The lesser of the plan sponsor's long-term rate of return on assets or the third segment rate in the IRS -Prescribed Three Segment Rates. The expected return on assets was 6.00% for plan year beginning November 1, 2024 and 2023.
- Funding discount rates - The effective interest rate used to determine the funding target for minimum required contribution purposes was 5.15% for the plan year beginning November 1, 2024 and 6.15% for the plan year beginning November 1, 2023.
- Form of payment - For active participants, current deferred vested, future deferred vested, future disabilities, and future deaths, assumes that participants will choose Single Life Annuity with five Years Certain 100% of the time.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the accumulated plan benefits.

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**
NOTES TO THE FINANCIAL STATEMENTS (Continued)

6. PLAN TERMINATION

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

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the three years preceding plan termination.
- b) Other vested benefits insured by PBGC up to the applicable limitation.
- c) All other vested benefits (that is, vested benefits not insured by PBGC).
- d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

7. TAX STATUS

The IRS has determined and informed the Company by a letter dated April 11, 2011, that the Plan is designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**
NOTES TO THE FINANCIAL STATEMENTS (Continued)

8. PARTY-IN-INTEREST TRANSACTIONS

Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Company. These transactions qualify as party-in-interest. Employees of the Company provide administrative services to the Plan for which no fees are charged.

9. RISKS AND UNCERTANTIES

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

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

10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 10, 2026, which was the date that these financial statements were available for issuance and determined that there were no significant nonrecognized subsequent events through that date.

Schedule SB, Line 26 - Schedule of Active Participant Data

November 1, 2024 Valuation
Spartanburg Hourly Pension Plan
(EIN: 31-1039895; PN: 002)

Attained Age	Years of Vesting Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	1 (*)	-	2 (*)	-	-	-
45 to 49	-	-	-	-	-	11 (*)	10 (*)	-	-	-
50 to 54	-	-	-	-	-	8 (*)	8 (*)	1 (*)	-	-
55 to 59	-	-	-	-	2 (*)	16 (*)	9 (*)	-	1 (*)	-
60 to 64	-	-	-	-	-	11 (*)	12 (*)	2 (*)	2 (*)	1 (*)
65 to 69	-	-	-	-	-	1 (*)	3 (*)	-	-	-
70 & up	-	-	-	-	-	-	-	-	-	1 (*)

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan



Appendix B

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	Spot rates for the Treasury High Quality Market Corporate Bond Yield Curve for the month of October 2024 as allowed under IRC Section 430(h)(2)(D)(ii): Effective Interest Rate 5.15%																
Maximum Deductible Annual Interest Rates	Spot rates for the Treasury High Quality Market Corporate Bond Yield Curve for the month of October 2024 as allowed under IRC Section 430(h)(2)(D)(ii): Effective Interest Rate 5.15%																
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 6.00% Rationale: Selected by the Plan Sponsor based on a review of historical returns with advice from the investment advisor.																
PBGC and LDROM Annual Interest Rates	Spot rates for the Treasury High Quality Market Corporate Bond Yield Curve for the month of October 2024 as allowed under IRC Section 430(h)(2)(D)(ii): Effective Interest Rate 5.15%																
Salary Scale	Not applicable																
Mortality	Funding: Mortality as provided in Notice 2023-73 male and female, with different rates for annuitants and nonannuitants (as prescribed by IRC 430). Rationale: Selected by the Plan Sponsor to reflect the most recent mortality assumption published by the Society of Actuaries.																
Rates of Retirement	Participants are assumed to retire based on age as follows: <table><tr><td><u>Age</u></td><td><u>Rate</u></td></tr><tr><td>55-59</td><td>1%</td></tr><tr><td>60-61</td><td>2</td></tr><tr><td>62</td><td>40</td></tr><tr><td>63-64</td><td>10</td></tr><tr><td>65</td><td>70</td></tr><tr><td>66-69</td><td>40</td></tr><tr><td>70</td><td>100</td></tr></table>	<u>Age</u>	<u>Rate</u>	55-59	1%	60-61	2	62	40	63-64	10	65	70	66-69	40	70	100
<u>Age</u>	<u>Rate</u>																
55-59	1%																
60-61	2																
62	40																
63-64	10																
65	70																
66-69	40																
70	100																

Appendix B (Continued)

Rates of Turnover

Wyatt 255 Tables. Sample rates and ages as follows:

<u>Age</u>	<u>Rates (M)</u>	<u>Rates (F)</u>
25	9.93%	14.94%
30	6.91	9.93
35	4.87	6.91
40	2.81	4.87
45	1.67	2.81
50	0.40	1.67

Rates of Disability

Wyatt 1985 Disability Study Class 1 – Male and Female. Sample rates and ages as follows:

<u>Age</u>	<u>Rates (M)</u>	<u>Rates (F)</u>
25	0.04%	0.05%
30	0.05	0.08
35	0.07	0.14
40	0.12	0.21
45	0.20	0.32
50	0.36	0.53
55	0.72	0.95
60	1.26	1.16

Assumptions Made In Valuing Spouse's Benefit

85% of male participants and 50% of female participants included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. Wives are assumed to be three years younger than the husband.

Optional Form Selection

All employees are assumed to elect the normal form of payment.

Provision for Expenses

The non-investment related expenses expected to be paid from plan assets for the upcoming year were included in the Target Normal Cost for Minimum Required Contribution purposes.

Standing Elections

The plan sponsor has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.

Appendix B (Continued)

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

Funding Method

Pure Unit Credit

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

Employees Valued

Only participants as of the valuation date were valued.

Changes in Assumptions and Methods since the Last Actuarial Valuation

The interest rates used for determining the funding target were the spot rates for the month of October 2023.

The mortality table for the funding target was changed as required under PPA '06.

Justification for Changes in Actuarial Assumptions

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**

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

EIN: 31-1039895 PLAN NO. 002

For the Year Ended October 31, 2025

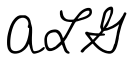
(a) Identity of Party Involved		(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<u>Category (i) - Individual transaction in excess of 5% of plan assets</u>								
Federated Hermes	Federated Hermes Government Obligations Fund	\$ 248,541	\$ -	\$ -	\$ -	\$ 248,541	\$ 248,541	\$ -
Federated Hermes	Federated Hermes Government Obligations Fund	-	253,169	-	-	253,169	253,169	-
Delaware Funds	Delaware Corporate Bond Fund	-	248,000	-	-	277,632	249,894	(29,632)
Delaware Funds	Delaware Corporate Bond Fund	-	484,290	-	-	528,839	476,708	(44,549)
American Funds	American Europacific Growth Fund	-	166,974	-	-	129,829	151,305	37,145
Fidelity Investments	Fidelity Advisor Corporate Bond Fund - Class I	460,000	-	-	-	460,000	460,000	-
MFS	MFS International Equity Fund	160,000	-	-	-	160,000	160,000	-
Vanguard Funds	Vanguard Long-term Investment Grade Admiral Fund	261,000	-	-	-	261,000	261,000	-
<u>Category (iii) - Series of transactions in excess of 5% of plan assets</u>								
Delaware Funds	Delaware Corporate Bond Fund (11 purchases)	30,848	-	-	-	30,848	30,848	-
Delaware Funds	Delaware Corporate Bond Fund (2 sales)	-	732,290	-	-	806,471	726,598	(74,181)
American Funds	American Europacific Growth Fund (3 purchases)	10,368	-	-	-	10,368	10,368	-
American Funds	American Europacific Growth Fund (2 sales)	-	170,974	-	-	133,104	155,121	37,870
Fidelity Investments	Fidelity Advisor Corporate Bond Fund - Class I (2 purchases)	460,951	-	-	-	460,951	460,951	-
Vanguard Funds	Vanguard Long-term Investment Grade Admiral Fund (14 purchases)	303,591	-	-	-	303,591	303,591	-
Federated Hermes	Federated Hermes Government Obligations Fund (6 purchases)	314,002	-	-	-	314,002	314,002	-
Federated Hermes	Federated Hermes Government Obligations Fund (6 sales)	-	325,472	-	-	325,472	325,472	-

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PENSION AGREEMENT BETWEEN SPARTANBURG STEEL PRODUCTS, INC. AND INT. MOLDERS AND ALLIED WORKERS UNION AFL-CIO-CLC	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SPARTANBURG STEEL PRODUCTS, INC.	D Employer Identification Number (EIN) 31-1039895
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	2,555,565	
b	Actuarial value	2b	2,373,920	
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	45	1,320,898	1,320,898
b	For terminated vested participants	118	1,310,518	1,310,518
c	For active participants	102	921,379	965,275
d	Total	265	3,552,795	3,596,691
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.15%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	0	

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

SIGN HERE Amy L. Gentile  Signature of actuary	07/08/2026 Date 2608186 Most recent enrollment number 216-875-1900 Telephone number (including area code)
AMY L. GENTILE Type or print name of actuary USI Consulting Group Firm name 1001 LAKESIDE AVE SUITE 1200 CLEVELAND OH 44114 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	90,817	60,444
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	90,817	60,444
10 Interest on line 9 using prior year's actual return of <u>19.29</u> %	17,519	11,660
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		20
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.15</u> %		1
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		21
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	108,336	72,104

Part III Funding Percentages

14 Funding target attainment percentage	14	60.98 %
15 Adjusted funding target attainment percentage	15	60.98 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	72.70 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/14/2025	25,621	0			
05/14/2025	25,621	0			
10/14/2025	25,621	0			
11/13/2025	25,621	0			
06/30/2026	41,560	0			
Totals ►			18(b)	144,044	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	137,002

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: % 2nd segment: % 3rd segment: % ☒ N/A, full yield curve used						
b	Applicable month (enter code).....		21b 64					
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 0					
b	Excess assets, if applicable, but not greater than line 31a		31b 0					
32	Amortization installments:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Outstanding Balance</th> <th style="width: 40%;">Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>1,403,211</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> </tr> </tbody> </table>	Outstanding Balance	Installment	a Net shortfall amortization installment	1,403,211	b Waiver amortization installment	0
Outstanding Balance	Installment							
a Net shortfall amortization installment	1,403,211							
b Waiver amortization installment	0							
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33					
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 136,924					
35	Balances elected for use to offset funding requirement	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Carryover balance</th> <th style="width: 30%;">Prefunding balance</th> <th style="width: 40%;">Total balance</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>0</td> </tr> </tbody> </table>	Carryover balance	Prefunding balance	Total balance	0		0
Carryover balance	Prefunding balance	Total balance						
0		0						
36	Additional cash requirement (line 34 minus line 35).....		36 136,924					
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 137,002					
38	Present value of excess contributions for current year (see instructions)							
a	Total (excess, if any, of line 37 over line 36)		38a 78					
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, Line 22 – Description of Weighted Average Retirement Age
Spartanburg Hourly Pension Plan
November 1, 2024 Valuation
EIN/PN: 31-1039895 / 002

Rates of Retirement

Participants are assumed to retire based on age as follows:

<u>Age</u>	<u>Rate</u>
55-59	1%
60-61	2
62	40
63-64	10
65	70
66-69	40
70	100

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.



Schedule SB, Line 19 – Discounted Employer Contributions
Spartanburg Hourly Pension Plan
November 1, 2024 Valuation
EIN/PN: 31-1039895 / 002

Employer Contributions Made to the Plan for the November 1, 2024 Plan Year

Date	Amount Paid By Employer	Plan Year	Applicable Effective Rate	Interest Adjusted Contribution
2/14/2025	\$ 25,621	2024	5.15%	\$ 25,254
5/14/2025	25,621	2024	5.15%	24,946
10/14/2025	25,621	2024	5.15% ¹	24,241
11/13/2025	25,621	2024	5.15%	24,326
6/30/2026	<u>41,560</u>	2024	5.15%	<u>38,235</u>
Total	\$ 144,044			\$ 137,002

¹ The contribution is discounted at a rate of 10.15% for the period from 10/14/2025 to 8/15/2025.



Appendix A

Summary of Principal Plan Provisions

Plan Sponsor	Spartanburg Steel Products, Inc.
EIN/PN	31-1039895/002
Effective Date	Originally effective July 1, 1982; restated effective November 1, 2015. The Pension Agreement Between Spartanburg Stainless Products, Inc. and International Molders and Allied Workers Union, AFL-CIO-CLC (the “Stainless Hourly Plan”) was merged into this plan effective November 1, 2019.
Plan Year	The 12-month period beginning each November 1.
Participation	A full-time employee at the Spartanburg, South Carolina location that is included in the bargaining unit represented by the union shall become a participant on their date of hire, or July 1, 1982 if later. The Automotive Hourly Plan was frozen to new entrants effective August 1, 2006. The Stainless Hourly Plan was frozen to new entrants effective October 1, 2006.
Vesting Service	For any period during which an employee accumulates seniority, Vesting Service is calculated on the basis of one-twelfth (1/12) year for each completed month.
Credited Service	For any period during which a participant accumulates seniority, Credited Service is calculated on the basis of one-twelfth (1/12) year for each completed month. Credited Service was frozen as of August 1, 2006 for the Automotive Hourly Plan and October 1, 2006 for the Stainless Hourly Plan.
Accrued Benefit	The benefit is calculated by multiplying Credited Service by the following benefit units in effect when such Credited Service was earned.

<u>Period of Credited Service</u>	<u>Benefit Amount</u>
July 1, 1982 – June 30, 1985	\$6.50
July 1, 1985 – March 31, 1998	\$7.50
April 1, 1988 – March 31, 1991	\$8.50
April 1, 1991 – March 31, 1992	\$8.75
April 1, 1992 – March 31, 1993	\$9.25
April 1, 1993 – March 31, 1994	\$9.50
April 1, 1994 – March 31, 1996	\$10.00
April 1, 1996 – March 31, 1997	\$11.00



Appendix A (Continued)

Accrued Benefit (Continued)

<u>Period of Credited Service</u>	<u>Benefit Amount</u>
April 1, 1997 – March 31, 1998	\$11.25
April 1, 1998 – March 31, 2000	\$11.50
April 1, 2000 – June 30, 2001	\$12.00
July 1, 2001 – June 30, 2002	\$12.25
July 1, 2002 – June 30, 2003	\$12.50
July 1, 2003 – June 30, 2005	\$12.75
July 1, 2005 and after	\$13.25

Accrued Benefits were frozen effective August 1, 2006 for the Automotive Hourly Plan and October 1, 2006 for the Stainless Hourly Plan.

Normal Retirement Benefit

Eligibility:

Age 65.

Benefit Payable:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 10 Years of Vesting Service.

Monthly Benefit:

If the participant terminates employment after attaining age 55, the Accrued Benefit is reduced by 0.4% for each month the commencement date precedes age 62 or 0.4% for each month Credited Service is less than 37 years, whichever reduction is less.

If the participant terminates employment before attaining age 55, but after reaching 10 years of Credited Service, the Accrued Benefit is actuarially reduced for each month the commencement date precedes his Normal Retirement Date.



Appendix A (Continued)

Late Retirement Benefit

Eligibility:

After age 65.

Monthly Benefit:

The greater of the Accrued Benefit at Late Retirement Date and the Accrued Benefit at Normal Retirement Date actuarially increased to Late Retirement Date.

Disability Retirement Benefit

Eligibility:

Prior to Age 65 with 10 years of Vesting Service upon total and permanent disability.

Monthly Benefit:

The Accrued Benefit, unreduced. Additionally, if the participant is denied Social Security benefits, the monthly amount payable from the pension plan will be double the Accrued Benefit until he reaches Normal Retirement Age.

Termination Benefit

Eligibility:

Upon termination of employment, prior to retirement, after completion of at least 5 years of Vesting Service.

Benefit Payable:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility:

100% vested and married for at least one year.

Benefit Payable:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.



Appendix A (Continued)

Optional Forms of Payment

The normal form of benefit payment is a 5-Year Certain and Continuous annuity. The following optional forms are available under this plan:

10, 15 and 20 Year Certain and Continuous
50% Joint & Survivor Annuity
50%, 75% and 100% Joint & Survivor Annuity with 5 Years Certain

The conversion factors for optional forms and early retirement reduction factors are based on the UP-1984 Table of Pensioner Mortality and 7.00% interest.

Benefits Available as Lump Sums

This plan pays only small benefit amounts (lump sum less than \$7,000).

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Changes in Plan Provisions

None.



**PENSION AGREEMENT BETWEEN SPARTANBURG
STEEL PRODUCTS, INC. AND INTERNATIONAL MOLDERS
AND ALLIED WORKERS UNION, AFL-CIO-CLC**

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

EIN: 31-1039895 PLAN NO. 002

October 31, 2025

(a) Party In Interest	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
	Blackstone	Blackstone Alternative Multi-Strategy Y Fund	\$ 119,207	\$ 134,427
	Fidelity Investments	Fidelity Advisor Corporate Bond Fund - Class I	460,951	458,834
	Federated Hermes	Federated Hermes Government Obligations Fund	125,022	125,022
	John Hancock	John Hancock Disciplined Value Intl Fund Class I	123,123	168,084
	MFS	MFS Mid Cap Growth Fund R6	55,974	58,448
	MFS	MFS International Equity Fund	160,000	160,239
	New York Life Investments	NYLI MacKay High Yield Corporate Bond Class I	153,696	142,337
	Principal Funds	Principal Real Estate Securities Institutional Fund	112,868	139,661
	Principal Funds	Principal Small Cap Growth Fund I R6	28,435	25,167
	Vanguard Funds	Vanguard 500 Index Adm Fund	95,880	298,668
	Vanguard Funds	Vanguard Long-term Investment Grade Admiral Fund	1,085,971	886,500
	Victory Portfolios	Victory Sycamore Established Value Fund Class R6	57,493	56,683
	Victory Portfolios	Victory RS Partners Fund - Class R6	23,000	21,977
TOTAL INVESTMENTS			<u>\$ 2,601,620</u>	<u>\$ 2,676,047</u>

Schedule SB, Line 32 – Schedule of Amortization Bases
Spartanburg Hourly Pension Plan
November 1, 2024 Valuation
EIN/PN: 31-1039895 / 002

Schedule of Amortization Bases

Shortfall Amortization Bases¹

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
11/1/2024	\$ 378,664	15	\$ 34,441
11/1/2023	33,890	14	3,227
11/1/2022	<u>990,657</u>	13	<u>99,256</u>
Total	\$ 1,403,211		\$ 136,924

Waiver Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
11/1/2024	<u>\$ 0</u>	N/A	<u>\$ 0</u>
Total	\$ 0		\$ 0

¹ 15-year amortization was adopted effective with the 2019 plan year per the terms of ARPA.