

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ ☒
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 MEADVILLE FORGING COMPANY USWA PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 10/31/1984
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) MEADVILLE FORGING COMPANY, L.P. 15309 BALDWIN STREET EXT 459 MEADVILLE, PA 16335-9401	2b Employer Identification Number (EIN) 25-1850430
		2c Sponsor's telephone number 814-332-8200
		2d Business code (see instructions) 332110
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN
		3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
		4d PN
5a	Total number of participants at the beginning of the plan year	5a 85
b	Total number of participants at the end of the plan year	5b 85
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)
d(1)	Total number of active participants at the beginning of the plan year	5d(1) 45
d(2)	Total number of active participants at the end of the plan year	5d(2) 42
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	09/18/2026	ROBERT A. LACK
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 577347. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2984516	3218138
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2984516	3218138
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	141000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	181082	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		322082
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30827	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	10655	
g Other expenses	8g	46978	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		88460
i Net income (loss) (subtract line 8h from line 8c)	8i		233622
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		2000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.....	☒ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.....	11a 0
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☐ No
a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	
☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year.....	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	
☐ Yes ☒ No	
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

Part VIII IRS Compliance Questions

14a 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
14b 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
15 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 _____.

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ 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 MEADVILLE FORGING COMPANY USWA PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MEADVILLE FORGING COMPANY, L.P.	D Employer Identification Number (EIN) 25-1850430
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 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	2984516	
b	Actuarial value	2b	2984516	
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	2	98365	98365
b	For terminated vested participants	38	1525072	1525072
c	For active participants	45	2125712	2125712
d	Total	85	3749149	3749149
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	5.38 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	56836	
c	Target normal cost	6c	56836	

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 TIMOTHY J. ABRAMIC Type or print name of actuary FUTUREPLAN BY ASCENSUS Firm name P.O. BOX 56034 BOSTON, MA 02205 Address of the firm	09/24/2026 Date 26-06223 Most recent enrollment number 312-488-6737 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)	668	3793
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)	668	3793
10 Interest on line 9 using prior year's actual return of <u>-4.42</u> %	-30	-168
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		85097
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.15</u> %		4382
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		89479
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)	638	3625

Part III Funding Percentages

14 Funding target attainment percentage	14	79.49 %
15 Adjusted funding target attainment percentage	15	94.62 %
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	102.84 %
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
09/02/2026	141000	0			
Totals ►			18(b)	141000	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	129164

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.00 %2nd segment:
5.27 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

56836

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:**a** Net shortfall amortization installment

768896

71511

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

128347

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**

128347

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

129164

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

817

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 of Active Participant Data

The following table shows the distribution of the plan's active participant population by age and service and other demographic statistics.

Years of Credited Service

Age	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0
35 - 39	1	0	0	0	0	0	0	0	0	1
40 - 44	1	0	0	0	0	0	0	0	0	1
45 - 49	0	6	3	0	0	0	0	0	0	9
50 - 54	0	2	5	3	2	0	0	0	0	12
55 - 59	1	1	6	3	1	1	0	0	0	13
60 - 64	0	2	1	1	3	0	0	0	0	7
65 - 69	0	0	1	1	0	0	0	0	0	2
Over 70	0	0	0	0	0	0	0	0	0	0
Total	3	11	16	8	6	1	0	0	0	45

Average Age 54.29

Average Past Service 12.71

Statement of Actuarial Assumptions/Methods

Summary of Methods

Valuation date: January 1, 2025.

Actuarial cost method: Unit Credit Cost Method pursuant to Code Section 430 of the Pension Protection Act of 2006 (PPA).

Actuarial value of assets: The actuarial value of assets is equal to the market value of assets on the valuation date plus interest adjusted contributions receivable.

Changes since last valuation: There were no changes since the last valuation.

Primary Assumptions

Interest Minimum Funding: ARPA IRC 430(h) Funding Segment Rates for January 2025; 5.00% per year for 1st segment, 5.27% for 2nd segment, and 5.50% thereafter.

Maximum Deductible Funding Target: IRC 404(o) Funding Segment Rates for January 2025; 5.00% per year for 1st segment, 5.27% for 2nd segment, and 5.40% thereafter.

Mortality IRS 2025+ Small Plan Combined Static Mortality Table

Retirement: Age 65.

Disability: The 1985 Pension Disability Table based on Occupational Class 3 utilizing sex-distinct male and female rates. Sample rates:

<u>Age</u>	<u>Males</u>	<u>Females</u>
25	0.218%	0.150%
40	0.597%	0.547%
55	2.118%	1.962%

Withdrawal: Sample rates:

<u>Age</u>	<u>Males</u>	<u>Females</u>
25	9.94%	14.95%
40	2.82%	4.88%
55	0.00%	0.40%

Statement of Actuarial Assumptions/Methods (continued)

Primary Assumptions (continued)

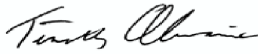
Salary Increases:	N/A.
Percentage married:	Males 85%, females 50%.
Age difference:	Husbands are assumed to be three years older than their wives.
Maximum benefit:	Limited as set forth by IRC Section 415.
Maximum compensation:	Limited as set forth by IRC Section 401(a)(17).
Expenses:	Administrative Expenses of \$56,836 are assumed for the Plan Year beginning on January 1, 2025.
Changes since the last valuation:	The mortality table and interest rate were updated as required by the Pension Protection Act of 2006 (PPA). The mortality table was changed from the IRS 2024+ Small Plan Combined Static Mortality Table to the IRS 2025+ Small Plan Combined Static Mortality Table. The interest rate was changed from the ARPA IRC 430(h) Funding Segment Rates for January 2024 (4.75%, 4.96% and 5.59%) to the ARPA IRC 430(h) Funding Segment Rates for January 2025 (5.00%, 5.27% and 5.50%). All other assumptions are identical to the assumptions used in the prior valuation.

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
► 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 MEADVILLE FORGING COMPANY USWA PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MEADVILLE FORGING COMPANY, L.P.	D Employer Identification Number (EIN) 25-1850430
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 01 Day 01 Year 2025			
2 Assets:			
a Market value	2a	2,984,516	
b Actuarial value	2b	2,984,516	
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	2	98,365	98,365
b For terminated vested participants	38	1,525,072	1,525,072
c For active participants	45	2,125,712	2,125,712
d Total	85	3,749,149	3,749,149
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	5.38%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	56,836	
c Target normal cost	6c	56,836	

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	September 24, 2026 Date
TIMOTHY J. ABRAMIC		2606223
Type or print name of actuary		Most recent enrollment number
FuturePlan by Ascensus		312-488-6737
Firm name		Telephone number (including area code)
P.O. BOX 56034		
BOSTON MA 02205		
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)	668	3,793
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)	668	3,793
10 Interest on line 9 using prior year's actual return of <u>-4.42%</u>	-30	-168
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		85,097
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.15%</u>		4,382
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		89,479
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)	638	3,625

Part III Funding Percentages

14 Funding target attainment percentage	14	79.49%
15 Adjusted funding target attainment percentage	15	94.62%
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	102.84%
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
09/02/2026	141,000	0			
Totals ►			18(b)	141,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	129,164

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	56,836	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	768,896	71,511	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	128,347	
	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	128,347	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	129,164	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	817	
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

Participants are assumed to retire at their Normal Retirement Age, which is the later of age 65 and five years of plan participation.

Summary of Plan Provisions

This summary of plan provisions as of January 1, 2025 has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

Effective Date:	August 1, 1984 as amended and restated effective January 1, 2002 and as amended to reflect the plan freeze effective December 31, 2008.
Participation:	Participants in the prior National Industrial Group Pension Plan (NIGPP) automatically participate in this Plan on the effective date. All other employees who are covered by the bargaining agreement shall participate.
Vesting Service:	One year is credited for each Plan Year after July 16, 1984 in which at least 750 hours of service are completed; vesting service prior to July 1, 1984 is based upon the provisions of the prior plan, NIGPP. In addition, one year of vesting service is credited for 750 or more hours during calendar year 1984, as well as for 375 or more hours during the short plan year July 1, 2001 through December 31, 2001.
Credited Service:	Service is credited for each Plan Year as a ratio of actual hours to 1,800 (calculated to the nearest 1/10th year). However, service is credited for the short plan year July 1, 2001 through December 31, 2001 as a ratio of actual hours to 1,800 (calculated to the nearest 1/20th year). Credited Service prior to July 16, 1984 is based upon the provisions of the prior plan, NIGPP. Effective December 31, 2008, Credited Service is frozen.
Normal Retirement:	Eligible upon attainment of age 65. For participants who retired prior to November 1, 1995, a monthly benefit, if paid on a life annuity basis, equal to years of Credited Service multiplied by the applicable benefit unit as shown in the following table:

<u>For Benefits Payments Made</u>		<u>Monthly</u>
<u>On or After</u>	<u>But Before</u>	<u>Benefit Unit</u>
11/01/1984	11/01/1986	\$13.95
11/01/1986	11/01/1987	14.20
11/01/1987	11/01/1988	14.45
11/01/1988	11/01/1989	14.70
11/01/1989	11/01/1990	14.95
11/01/1990	11/01/1991	15.45
11/01/1991	11/01/1992	16.45
11/01/1992	11/01/1993	16.95
11/01/1993	11/01/1994	17.45
11/01/1994		18.45

Summary of Plan Provisions (continued)

Normal Retirement (continued):

For participants who retire on or after November 1, 1995, but prior to November 1, 1999, a monthly benefit, if paid on a life annuity basis, equal to years of Credited Service multiplied by the applicable benefit unit shown in the following table:

<u>Date of Retirement</u>		<u>Monthly</u>
<u>On or After</u>	<u>But Before</u>	<u>Benefit Unit</u>
11/01/1995	11/01/1996	\$19.30
11/01/1996	11/01/1997	20.15
11/01/1997	11/01/1998	21.00
11/01/1998	11/01/1999	21.85

For participants who retire on or after November 1, 1999, a monthly benefit, if paid on a life annuity basis, equal to years of Credited Service earned during each of the following periods multiplied by the applicable benefit unit shown in the following table for such periods:

<u>Credited Service Earned</u>		<u>Monthly</u>
<u>On or After</u>	<u>But Before</u>	<u>Benefit Unit</u>
	11/01/1999	\$21.85
11/01/1999	11/01/2000	29.35
11/01/2000	11/01/2001	36.85
11/01/2001	11/01/2002	44.35
11/01/2002	01/01/2005	51.85
01/01/2005	01/01/2006	53.85
01/01/2006	01/01/2007	55.85
01/01/2007	01/01/2008	57.85
01/01/2008	01/01/2009	59.85
01/01/2009		0.00

Early Retirement:

Eligible upon attainment of age 55 with 10 years of Vesting or Credited Service.

The monthly benefit, if paid on a life annuity basis, is equal to the accrued normal retirement pension payable at age 65, or alternatively, a reduced pension payable immediately reduced by .5% for each month that pension commencement precedes age 65.

Disability Retirement:

Eligible upon total and permanent disability after 10 years of Vesting or Credited Service. A participant shall be considered to have a total and permanent disability if such participant is entitled to disability insurance benefits under the United States Social Security Act.

Summary of Plan Provisions (continued)

Disability Retirement (continued):	The monthly benefit, if paid on a life annuity basis, is equal to the accrued normal retirement benefit payable at age 65, or if eligible for Social Security Disability benefit, payable immediately in an unreduced amount.
Deferred Vested Termination:	Eligible upon attainment of any age with 5 years of Vesting or Credited Service. The monthly benefit, if paid on a life annuity basis, is equal to the accrued normal retirement pension based on the applicable benefit unit in effect at termination and payable at age 65. Participants completing at least 10 years of Vesting or Credited Service prior to termination may commence with a reduced pension payable as early as age 55 reduced in the same manner as for early retirement.
Pre-Retirement Spouse's Benefit:	Eligible upon death of an active participant while eligible for normal or early retirement. All vested participants (whether actively employed or not) are automatically covered in the event of their death at any time after August 22, 1984, and before their pension payments begin. For an active participant who dies while eligible for early or normal retirement, the benefit is a lifetime annuity to the spouse determined as though the participant had retired on their date of death with an immediate benefit reduced for early retirement and payment under the 50% Spouse's annuity form. For vested participants (whether or not active) whose death occurs prior to attaining their Earliest Retirement Age, the surviving spouse shall receive a benefit commencing on the first day of the month following the participant's Earliest Retirement Age determined as though the participant had separated from service on the date of death (if they had not already separated), survived to their Earliest Retirement Age, retired with an immediate benefit reduced for early commencement and payment under the 50% Spouse's annuity form.
Automatic Forms of Payment:	A married participant shall receive their benefit on a reduced basis with 50% of such benefit payable to their spouse following the participant's death unless they elect an optional form. A single participant shall receive their benefit on a life annuity basis (i.e., normal form).
Optional Forms of Payment:	In lieu of the normal form, one of the following optional forms may be elected: a. Life Annuity; b. 50% Spouse's Annuity; or c. Level Benefit Adjustment Option
Actuarial Equivalence:	Based upon 6.00% interest and a 50% male and 50% female unisex blend of the unloaded rates in the 1994 GAR Table projected to 2002 using scale AA.
Changes in Plan Provisions since last Actuarial Valuation:	There were no changes in plan provisions since the last valuation.

Funding Shortfall and Schedule of Amortization Bases

<u>Date</u>	<u>Original</u>	<u>Original</u>	<u>Shortfall Amort</u>	<u>Remaining</u>		<u>Remaining</u>
<u>Established</u>	<u>Amortization</u>	<u>Shortfall Amort</u>	<u>Shortfall Amort</u>	<u>Amort</u>		<u>Shortfall Amort</u>
	<u>Period</u>	<u>Installment Base</u>	<u>Installment</u>	<u>Period</u>	<u>PV Factor</u>	<u>Installment Base</u>

Shortfall Amortization Charge

\$71,511

Funding Shortfall for Amortization

\$768,896

<u>Remaining</u>		<u>\$1 Discount</u>	<u>PV Factor</u>	<u>Development of Funding Shortfall for Amortization Purposes</u>	
<u>Amort</u>		<u>at Yield to</u>	<u>Remaining</u>		
<u>Period</u>	<u>Yield</u>	<u>Valn. Date</u>	<u>Amort Per</u>		
1	5.00%	1.000000	1.000000	1. Funding Target for MRC	3,749,149
2	5.00%	0.952381	1.952381	2. Transition Percentage, Current Plan Year	100%
3	5.00%	0.907029	2.859410	3. Adjusted Funding Target: (1) x (2)	3,749,149
4	5.00%	0.863838	3.723248	4. Actuarial Value of Assets	2,984,516
5	5.00%	0.822702	4.545951	5. Total Credit Balance	4,263
6	5.27%	0.773530	5.319480	6. Adjusted Value of Assets: (4) - (5)	<u>2,980,253</u>
7	5.27%	0.734805	6.054285	7. Funding Shortfall, Current Plan Year: (3) - (6)	768,896
8	5.27%	0.698020	6.752305		
9	5.27%	0.663076	7.415380		
10	5.27%	0.629881	8.045261		
11	5.27%	0.598348	8.643609		
12	5.27%	0.568394	9.212003		
13	5.27%	0.539939	9.751942		
14	5.27%	0.512909	10.264850		
15	5.27%	0.487231	10.752081		

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed 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).OMB Nos. 1210-0110
1210-0089**2025****This Form is Open to
Public Inspection**▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.****Part I Annual Report Identification Information**

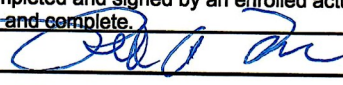
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)**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** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)**D** If the plan is a collectively-bargained plan, check here ☒**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 MEADVILLE FORGING COMPANY USWA PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
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) MEADVILLE FORGING COMPANY, L.P. 15309 BALDWIN STREET EXT 459 MEADVILLE PA 16335-9401	1c Effective date of plan 10/31/1984
	2b Employer Identification Number (EIN) 25-1850430
	2c Sponsor's telephone number 814-332-8200
	2d Business code (see instructions) 332110
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
	4d PN
5a Total number of participants at the beginning of the plan year.....	5a 85
b Total number of participants at the end of the plan year.....	5b 85
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	5c(1)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c(2)
d(1) Total number of active participants at the beginning of the plan year.....	5d(1) 45
d(2) Total number of active participants at the end of the plan year.....	5d(2) 42
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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			ROBERT A. LACK
	Signature of plan administrator	Date 4/18/26	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

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

Form 5500-SF (2025)
v. 250312