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

2025

This Form is Open to Public Inspection

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 multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
DRUMMOND COMPANY, INC. REVISED PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1978

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)
DRUMMOND COMPANY, INC.

P.O. BOX 10246
BIRMINGHAM, AL 35202

P.O. BOX 10246
BIRMINGHAM, AL 35202

2b Employer Identification Number (EIN) 63-0653224

2c Plan Sponsor's telephone number 205-945-6300

2d Business code (see instructions) 212110

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.	10/01/2026	KENNETH DORTCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	KENNETH DORTCH
	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

DRUMMOND COMPANY, INC. PENSION PLAN COMMITTEE

P.O. BOX 10246
BIRMINGHAM, AL 35202

3b Administrator's EIN
63-0653224

3c Administrator's telephone number
205-945-6300

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**	1132
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	252
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	230
b	Retired or separated participants receiving benefits	**6b**	569
c	Other retired or separated participants entitled to future benefits	**6c**	161
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	960
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	152
f	Total. Add lines **6d** and **6e**.	**6f**	1112
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	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 Characteristic Codes in the instructions:

1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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

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 _____
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

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
DRUMMOND COMPANY, INC. REVISED 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
DRUMMOND COMPANY, INC.

D Employer Identification Number (EIN)
63-0653224

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	221541457
b Actuarial value	**2b**	203563106

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	715	101699686	101699686
b For terminated vested participants	165	9042024	9042024
c For active participants	252	40605960	40767576
d Total	1132	151347670	151509286

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2879513
b Expected plan-related expenses	**6b**	200000
c Target normal cost	**6c**	3079513

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

09/23/2026
Date

NANCY TEAGUE LEE
Type or print name of actuary

26-07500
Most recent enrollment number

NWPS
Firm name

206-713-3801
Telephone number (including area code)

160 W. SANTA CLARA STREET
SUITE 1550
SAN JOSE, CA 95113
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	35448606
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	35448606
10	Interest on line 9 using prior year's actual return of 14.29 %	0	5065606
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
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		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	40514212

Part III Funding Percentages

14	Funding target attainment percentage	14	107.61 %
15	Adjusted funding target attainment percentage	15	134.36 %
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	112.25 %
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
	0	0			
			Totals ► 18(b)	0	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	0

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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	3079513
b Excess assets, if applicable, but not greater than line 31a	**31b**	3079513

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
DRUMMOND COMPANY, INC. REVISED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DRUMMOND COMPANY, INC.

D Employer Identification Number (EIN)
63-0653224

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIRST STATE TRUST COMPANY

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 21		36981	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

STONEGATE INVESTMENT GROUP

86-3675511

(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		332878	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

AXA EQUITABLE

13-5570651

(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?
23		14152	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

BLACK & PINCKARD

26-0079381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		11000	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

NWPS

94-2614826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		28216	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

BLACKROCK

32-0174431

(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?
28		175651	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

MADISON

39-1194160

(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?
28		123964	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

ZEIGLAR CAPITAL MANAGEMENT, LLC

27-2347044

(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?
28		343725	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(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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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

2025

This Form is Open to Public Inspection

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

A Name of plan
DRUMMOND COMPANY, INC. REVISED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DRUMMOND COMPANY, INC.

D Employer Identification Number (EIN)
63-0653224

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	468172	477328
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3323393	4871424
(2) U.S. Government securities	1c(2)	21008431	21346519
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	20244191	22187961
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	163281994	178312733
(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)	618067	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	12597209	13609129

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	221541457	240805094
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	221541457	240805094

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	791431	
(B) U.S. Government securities	2b(1)(B)	11655	
(C) Corporate debt instruments	2b(1)(C)	829364	
(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)		1632450
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2080033	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2080033
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	98722716	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	98610111	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		112605
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	26791862	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		26791862

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		30616950
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10286746	
(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)		10286746
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)	891894	
(6) Bank or trust company trustee/custodial fees	2i(6)	36981	
(7) Actuarial fees	2i(7)	28216	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	109476	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1066567
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11353313
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		19263637
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BLACK & PINCKARD **(2)** EIN: 26-0079381

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588155.

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

2025

This Form is Open to Public Inspection.

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

A Name of plan
DRUMMOND COMPANY, INC. REVISED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DRUMMOND COMPANY, INC.

D Employer Identification Number (EIN)
63-0653224

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**

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): _____ _____

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** 4

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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: 63.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 32.0 %
High-Yield Debt: _____% Real Assets: 4.0 % Cash or Cash Equivalents: 1.0 % 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_____.

Drummond Company, Inc.
Revised Pension Plan

Financial Statements and Supplemental Schedules

As of and for the years ended December 31, 2025 and 2024
with Report of Independent Auditors

Drummond Company, Inc.
Revised Pension Plan

Financial Statements and Supplemental Schedules

As of and for the years ended December 31, 2025 and 2024

Contents

Report of Independent Auditors....1

Financial Statements

Statements of Net Assets Available for Benefits....4
Statements of Changes in Net Assets Available for Benefits....5
Notes to Financial Statements....6

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)....15
Schedule H, Line 4j – Schedule of Reportable Transactions....20

BLACK & PINCKARD LLC

Independent Auditor's Report

Plan Sponsor
Drummond Company, Inc. Revised Pension Plan

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

We have performed audits of the financial statements of Drummond Company, Inc. Revised Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (an ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 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 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 December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are 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 of the Financial Statements 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 audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions as of December 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, is 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 schedule 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).

Black + Pinckard LLC

Hoover, Alabama
September 28, 2026

Drummond Company, Inc.
Revised Pension Plan

Statements of Net Assets Available for Benefits

	December 31, 2025	December 31, 2024
Assets		
Investments, at fair value:		
Common stock	$ 178,312,733	$ 163,281,994
Exchange traded fund	-	618,067
US Government securities	20,120,422	18,894,231
US Government asset and mortgage backed securities	1,226,097	2,114,200
Non government obligations	22,187,961	20,244,191
Hedge fund	11,837,880	10,679,272
Cash equivalent	4,871,424	3,323,393
Total investments, at fair value	238,556,517	219,155,348
Investments, at contract value:		
Immediate participation guarantee contract	1,771,249	1,917,937
Total investments	240,327,766	221,073,285
Interest and dividends receivable	477,328	468,172
Net assets available for benefits	$ 240,805,094	$ 221,541,457

See accompanying notes.

Drummond Company, Inc.
Revised Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31, 2025	2024
Additions		
Investment income:		
Interest and dividends	$ 3,712,483	$ 3,718,819
Net appreciation in fair value of investments	26,904,467	25,397,943
Total investment income	30,616,950	29,116,762
Deductions		
Distributions to participants and beneficiaries	10,286,746	10,165,391
Investment expenses	891,894	764,070
Administrative expenses	174,673	191,171
Total deductions	11,353,313	11,120,632
Net increase	19,263,637	17,996,130
Net assets available for benefits:		
Beginning of year	221,541,457	203,545,327
End of year	$ 240,805,094	$ 221,541,457

See accompanying notes.

Drummond Company, Inc.
Revised Pension Plan

Notes to Financial Statements

December 31, 2025 and 2024

1. Description of the Plan

The following description of Drummond Company, Inc. Revised Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan was established to provide retirement benefits to eligible employees of Drummond Company, Inc. and certain of its subsidiaries (collectively, the Company). It is a non-contributory defined benefit plan, which covers substantially all non-union employees hired or rehired prior to April 15, 2020, who are 21 years of age and have completed one year of service with a minimum of 1,000 hours. The Plan provides for retirement, disability and death benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age as defined in the Plan document. The Plan permits early retirement at ages 55 through 64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity, single life annuity, or other optional forms of payment as described in the Plan document. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Employees may elect to receive the vested value of their accumulated plan benefits, as defined in the Plan document, as a single sum amount upon retirement or termination, if the present value of the benefit is less than $25,000. In the event of death or disability prior to retirement, the participant or the participant's beneficiary is entitled to the vested portion of the participant's accrued benefit as of the date of death or disability.

Administrative Expenses

Certain administrative expenses have been paid by the Company. Participant initiated distribution fees are deducted from the benefit payment. All other administrative expenses (including trustee, custodial, accounting and actuarial fees) and investment transaction fees (including investment-related expenses which are included in net appreciation in fair value of investments) are paid by the Plan.

1. Description of the Plan (continued)

Contributions

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the initial past service cost plus interest over a period of 30 years. The Plan has met the minimum funding requirements of ERISA for the year ended December 31, 2025.

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 set forth in ERISA. Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefit will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the immediate participation guarantee contract (IPG) which is reported at contract 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. Contract value is the relevant measure for the IPG contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus interest, less administrative expenses and participant withdrawals. Management of the Company determines the Plan's valuation policies utilizing information provided by the investment advisers, the trustee, and the custodian. See Notes 4 and 5 for discussion of fair and contract value measurements.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year and any investment-related expenses.

Accumulated Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 6) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees hired prior to April 15, 2020. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their last five highest consecutive years of compensation out of the ten credited service years preceding termination. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation 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.

Basis of Presentation

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

3. Investment Information

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the years then ended, was obtained or derived from information provided to the Company and certified as complete and accurate by First State Trust Company and Equitable, the trustee and custodian, respectively.

4. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2025 and 2024.

4. Fair Value Measurements (continued)

Cash equivalent: stated at cost, which approximates fair value as the Plan considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

Common stock: stated at fair value, based on quoted market prices.

Exchange traded fund: stated at fair value, based on quoted market prices.

US Government securities: these include treasury debt and are valued using dealer quotes in an active market.

US Government asset and mortgage backed securities: these include government-backed mortgage funds which are valued utilizing an income approach that includes various valuation techniques and sources such as discounted cash flow models, benchmark yields and securities, reported trades, issuer trades and/or other applicable data.

Non government obligations: these include corporate bonds and certain corporate asset backed securities that are denominated in the U.S. dollar and are investment-grade securities. Valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Hedge fund: these include investments via long or short positions in securities (stocks or fixed income) of companies involved in corporate actions or events, primarily mergers and acquisitions, and may include related derivatives and utilization of leverage.

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

The following tables set forth by level and investment category, within the fair value hierarchy, the Plan's assets at fair value:

4. Fair Value Measurements (continued)

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Common stock	$ 178,312,733	$ -	$ -	$ 178,312,733
US Government securities	20,120,422	-	-	20,120,422
US Government asset and mortgage backed securities	-	1,226,097	-	1,226,097
Non government obligations	-	22,187,961	-	22,187,961
Hedge fund	-	11,837,880	-	11,837,880
Cash equivalent	4,871,424	-	-	4,871,424
Total assets at fair value	$ 203,304,579	$ 35,251,938	$ -	$ 238,556,517

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common stock	$ 163,281,994	$ -	$ -	$ 163,281,994
Exchange traded fund	618,067	-	-	618,067
US Government securities	18,894,231	-	-	18,894,231
US Government asset and mortgage backed securities	-	2,114,200	-	2,114,200
Non government obligations	-	20,244,191	-	20,244,191
Hedge fund	-	10,679,272	-	10,679,272
Cash equivalent	3,323,393	-	-	3,323,393
Total assets at fair value	$ 186,117,685	$ 33,037,663	$ -	$ 219,155,348

5. Contract with Insurance Company

In accordance with ASC 960-325-35, *Reporting by Defined Benefit Pension Plans of Investment Contracts*, the IPG contract is valued at contract value at the reporting date as determined by Equitable. Contract value represents the book value of assets transferred from group annuity contracts, plus interest on the assets, less funds used to pay retirement benefits and related administrative expenses.

Under the IPG contract with Equitable, assets have been set aside as reserves for guaranteed retirement benefits and the individual annuities not canceled under the Plan.

5. Contract with Insurance Company (continued)

These retirement benefits and annuities will continue to be insured by Equitable with the Plan fully participating in the contract's actuarial experience.

Actuarial experience related to annuity commitments under the IPG contract is based upon the results obtained each year with respect to investments, mortality, and expenses. Such experience is reflected directly, or "immediately," in the contract assets rather than through Equitable's declaration of dividends over time, which was the case under predecessor contracts.

The IPG contract contains various types of investments, including fixed income securities and real estate, within a pooled general account.

6. Accumulated Plan Benefits

An independent actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant assumptions underlying the actuarial computations at January 1, 2025 and 2024 are as follows:

Actuarial cost method	Projected Unit Credit Method
Discount rate	7.00% compounded annually
Mortality	Non-disabled: 2024 IRS Generational Mortality Table Disabled: Rev. Rul. 96-7 post-1994 Disabilities
Retirement age	Age 65 or attained age if greater

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

The accumulated plan benefit information as of the beginning of each Plan year is as follows:

6. Accumulated Plan Benefits (continued)

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 91,224,924	$ 87,918,952
Other participants	40,602,510	41,305,339
	131,827,434	129,224,291
Non-vested benefits	141,563	522,521
	$ 131,968,997	$ 129,746,812

The increase in the present value of accumulated plan benefits from January 1, 2024 is attributable to interest of $8,732,506, and benefits accumulated and actuarial experience of $3,655,070. The decrease in the present value of accumulated plan benefits from January 1, 2024, is attributable to benefits paid of $10,165,391.

7. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated September 28, 2015, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan administration believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax.

8. Risks and Uncertainties

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

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.

8. Risks and Uncertainties (continued)

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

9. Subsequent Events

Management of the Company evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through, September 28, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedules

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock:				
	Abbott Labs	Common stock	$ 1,244,646	$ 1,378,190
	Adobe Systems Inc	Common stock	1,432,484	1,377,561
	Air Products & Chemicals Inc	Common stock	598,740	503,921
	Alphabet Inc Class A	Common stock	864,794	9,740,247
	Alphabet Inc Class C	Common stock	635,800	1,113,990
	Amazon.com Inc	Common stock	3,162,097	9,320,512
	American Electric Power Inc	Common stock	291,458	404,623
	American International Group	Common stock	227,265	599,363
	Apple Computer Inc	Common stock	1,749,387	5,138,426
	Autodesk Inc	Common stock	2,205,702	3,196,908
	Astrazeneca Plc	Common stock	357,374	517,842
	Avalonbay Communities Inc	Common stock	586,464	533,051
	Baxter International Inc	Common stock	2,263,284	1,168,577
	Becton Dickinson & Co	Common stock	1,619,131	1,639,892
	BP Amoco Plc	Common stock	1,707,484	1,952,764
	Bristol Myers Squibb Co	Common stock	355,322	408,865
	British American Tobacco	Common stock	422,759	711,713
	Broadcom Inc	Common stock	2,748,218	5,896,160
	Campbell Soup Co	Common stock	482,769	435,329
	Cardinal Health Inc	Common stock	954,266	1,931,700
	Carlyle Group Inc	Common stock	423,035	537,901
	CDW Corporation of Delaware	Common stock	882,879	815,838
	Charles Schwab Corp	Common stock	385,928	484,563
	Chipotle Mexican Grill	Common stock	1,281,084	1,024,863
	Cisco Systems Inc	Common stock	770,639	1,105,535
	Citigroup Inc	Common stock	1,301,545	2,656,565
	CNH Industrial	Common stock	276,944	219,159
	Comcast Corp	Common stock	1,106,761	841,523
	Costco Wholesale Corp	Common stock	488,334	1,292,648
	Crown Castle International Corp	Common stock	717,462	615,869
	Crown Holdings Inc	Common stock	465,212	561,186
	CSX Corp	Common stock	480,540	554,987
	CVS Caremark Corp	Common stock	1,253,809	1,703,859
	Disney Walt Co	Common stock	361,544	369,866
	Dollar General Corp	Common stock	1,318,727	1,512,118
	Dominion Energy Inc	Common stock	916,339	964,391
	Eaton Corp Plc	Common stock	1,707,490	1,457,502
	Edison International	Common stock	322,574	379,927
	Electronic Arts	Common stock	514,202	745,804
	Elevance Health Inc	Common stock	876,481	950,692

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock (continued):				
	Evergy Inc	Common stock	$ 322,922	$ 339,253
	Exelon Corp	Common stock	536,631	596,311
	Fedex Corp	Common stock	347,724	381,295
	Fidelity National Information Services Inc.	Common stock	1,630,168	1,309,129
	First Citizens BCSHS	Common stock	729,324	1,970,193
	FNF Group	Common stock	388,257	636,792
	Fortive Corp	Common stock	561,915	547,131
	Fortune Brands Innovations Inc	Common stock	352,378	293,117
	General Motors Co	Common stock	419,546	947,866
	Hasbro Inc	Common stock	570,659	909,380
	Hewlett Packard Enterprises Co	Common stock	774,416	1,000,913
	Home Depot Inc	Common stock	1,638,638	2,580,750
	Honeywell International Inc	Common stock	2,150,255	2,597,428
	HP Inc	Common stock	1,063,755	720,535
	Idexx Labs Inc	Common stock	2,054,309	3,176,308
	Intercontinental Exchange Inc	Common stock	1,350,866	1,538,620
	International Flavors & Fragrances	Common stock	357,567	365,928
	Intuit	Common stock	1,971,304	3,099,463
	Intuitive Surgical Inc	Common stock	2,039,749	2,383,243
	J P Morgan Chase & Co	Common stock	585,327	1,392,313
	Jacobs Solutions Inc	Common stock	10,919	1,854,440
	Keurig Dr Pepper Inc	Common stock	759,262	674,761
	Kraft Heinz Co	Common stock	1,260,962	824,742
	L3harris Technologies Inc	Common stock	657,187	965,845
	Lamb Weston Holdings Inc	Common stock	589,793	410,103
	Leidos Holdings Inc	Common stock	387,276	780,591
	Lily Eli & Co	Common stock	2,604,175	4,321,288
	Lockheed Martin Corp	Common stock	604,876	628,771
	Lyondellbasell INDU	Common stock	432,016	344,235
	Marriott International Inc	Common stock	697,482	1,318,520
	Mastercard Inc	Common stock	1,766,011	5,023,744
	Medtronic Plc	Common stock	1,324,345	1,380,766
	Meta Platforms Inc	Common stock	2,487,827	6,649,087
	Micron Technology Inc	Common stock	394,434	1,558,339
	Microsoft Corp	Common stock	2,352,145	9,266,643

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock (continued):				
	Northrop Grumman Corp	Common stock	$ 2,192,248	$ 2,576,209
	Nvidia Corp	Common stock	665,911	7,328,145
	O'Reilly Automotive	Common stock	1,133,640	1,504,965
	P G & E Corp	Common stock	394,435	365,271
	Palo Alto Networks Inc	Common stock	1,772,917	4,030,296
	Pepsico Inc	Common stock	353,421	340,142
	Pfizer Inc	Common stock	320,999	340,383
	PPG Industries Inc	Common stock	961,809	822,549
	Raytheon Technologies Corp	Common stock	202,990	359,097
	Regeneron Pharmaceuticals Inc	Common stock	2,067,066	2,197,514
	Rexford Industrial Realty	Common stock	479,272	501,037
	Rogers Communications	Common stock	346,406	367,113
	Sanofi-Aventis	Common stock	657,052	644,518
	Sealed Air Corp New	Common stock	1,100,382	879,062
	Servicenow Inc	Common stock	2,559,587	3,681,922
	Shell Plc	Common stock	1,414,488	1,619,499
	Solstice Advanced Materials Inc	Common stock	37,377	35,318
	SS&C Technoligies Holdings	Common stock	1,390,382	1,831,362
	Stag Industrial Inc	Common stock	471,754	480,453
	Sysco Corp	Common stock	343,405	310,235
	Taiwan Semiconductors	Common stock	316,889	717,180
	Teck Resources Limited	Common stock	885,248	1,100,512
	Ulta Salon Cosmetics & Fragrance Inc	Common stock	1,383,006	2,722,545
	Union Pacific Corp	Common stock	328,058	342,354
	Verizon Communications	Common stock	354,875	371,946
	Visa Inc	Common stock	738,536	4,664,443
	Waste Management Inc	Common stock	874,565	1,867,535
	Wells Fargo & Co	Common stock	1,036,915	2,531,312
	Wesco International Inc	Common stock	638,191	768,170
	Western Digital Corp	Common stock	311,847	1,076,688
	Willis Towers Watson Public Ltd	Common stock	572,994	824,786
	Xylem Inc	Common stock	1,698,310	1,557,899
			103,940,368	178,312,733

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Non government obligations:				
	Allstate Corp	1.4500% due 12/15/30	$ 248,130	$ 218,307
	American Express Credit Corp	3.3000% due 05/03/27	895,390	845,135
	AT&T Inc	2.3000% due 06/01/27	790,838	733,253
	Bank of America Corp	3.5000% due 04/19/26	628,938	653,844
	Bank of America Corp	5.0150% due 07/22/33	406,445	418,430
	Caterpillar Financial Services	1.1000% due 09/14/27	753,938	718,893
	Cisco Systems Inc	4.9500% due 02/26/31	709,548	725,603
	Citigroup Inc	4.4120% due 03/31/31	709,740	749,869
	Citigroup Inc	0.0491% due 05/24/33	490,470	505,946
	Costco Wholesale Corp	1.6000% due 04/20/30	912,916	833,075
	Duke Energy Corp	4.5000% due 08/15/32	473,265	498,571
	Fifth Third Bancorp	4.7720% due 07/28/30	453,025	506,153
	Fiserv Inc	3.2000% due 07/01/26	557,585	497,901
	GE Healthcare	4.8000% due 08/14/29	988,760	1,022,152
	Goldman Sachs Group Inc	4.2230% due 05/01/29	480,735	500,989
	Hershey Co	4.9500% due 02/24/32	657,891	673,789
	Huntington Bancshares Inc	2.5500% due 02/04/30	1,107,705	1,072,257
	JP Morgan Chase & Co	1.5780% due 04/22/27	268,779	297,596
	Lowes Cos Inc	2.5000% due 04/15/26	380,008	398,391
	Marathon Pete Corp	5.1500% due 03/01/30	206,272	205,943
	Mastercard Inc	3.3500% due 03/26/30	1,018,832	933,205
	Morgan Stanley	4.2100% due 04/20/28	485,125	501,043
	Pfizer Investment Enterprise	4.7500% due 05/19/33	811,569	824,850
	PNC Financial Services Group Inc	5.0680% due 01/24/34	767,902	767,054
	Public Storage	1.9500% due 11/09/28	171,287	174,271
	Public Storage	3.3850% due 05/01/29	445,143	427,084
	Regions Financial Corp	5.7220% due 06/06/30	723,093	728,953
	Schwab Charles Corp	2.0000% due 03/20/28	697,571	673,370
	Sysco Corp	5.1000% due 09/23/30	716,590	722,437
	T-Mobile USA, Inc	3.8750% due 04/15/30	451,240	491,215
	Unitedhealth Group Inc	4.2000% due 05/15/32	663,677	690,783
	US Bancorp	1.3750% due 07/22/30	754,793	663,856
	Valero Energy Partners Lp	4.5000% due 03/15/28	973,477	906,215
	Welltower Op LI	4.5000% due 07/01/30	758,655	758,187
	Zoetis Inc	3.9000% due 08/20/28	841,879	849,341
			22,401,211	22,187,961

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
US Government asset and mortgage backed securities:				
	Federal National Mortgage Association	0.7500% due 10/08/27	1,287,785	1,226,097
			1,287,785	1,226,097
US Government securities:				
	U.S. Treasury Notes	4.1250% due 02/29/32	499,318	507,188
	U.S. Treasury Notes	5.3750% due 02/15/31	268,419	268,569
	U.S. Treasury Notes	3.8750% due 11/30/29	573,824	571,783
	U.S. Treasury Notes	3.8750% due 12/31/29	854,138	866,389
	U.S. Treasury Notes	4.0000% due 10/31/29	380,783	405,297
	U.S. Treasury Notes	4.1250% due 09/30/27	447,593	454,795
	U.S. Treasury Notes	4.1250% due 11/15/32	1,299,485	1,281,021
	U.S. Treasury Notes	2.3750% due 05/15/27	1,228,494	1,172,176
	U.S. Treasury Notes	4.0000% due 02/15/34	1,140,624	1,185,019
	U.S. Treasury Notes	0.6250% due 03/31/27	1,474,825	1,415,154
	U.S. Treasury Notes	1.3750% due 11/15/31	1,045,787	950,546
	U.S. Treasury Notes	1.8750% due 02/28/29	1,680,143	1,710,480
	U.S. Treasury Notes	3.5000% due 02/15/33	714,173	729,175
	U.S. Treasury Notes	4.0000% due 02/28/30	1,063,881	1,063,461
	U.S. Treasury Notes	4.0000% due 02/29/28	884,861	895,206
	U.S. Treasury Notes	4.0000% due 07/31/30	457,771	455,771
	U.S. Treasury Notes	4.1250% due 08/31/30	550,067	559,808
	U.S. Treasury Notes	3.8750% due 08/15/33	507,951	496,113
	U.S. Treasury Notes	0.6250% due 08/15/30	366,365	391,586
	U.S. Treasury Notes	4.5000% due 11/15/33	470,181	464,971
	U.S. Treasury Notes	4.3750% due 11/30/30	1,247,368	1,286,143
	U.S. Treasury Notes	2.2500% due 08/15/27	582,026	588,398
	U.S. Treasury Notes	2.8750% due 08/15/28	586,901	590,296
	U.S. Treasury Notes	4.2500% due 02/28/31	802,066	818,507
	U.S. Treasury Notes	2.0000% due 11/15/26	239,119	230,879
	U.S. Treasury Notes	4.1250% due 10/31/31	761,458	761,691
			20,127,621	20,120,422
Hedge fund:				
	Nineteen 77 Global Merger Arbitrage LTD	Hedge fund	8,500,000	11,837,880
Cash equivalent:				
	FDIC Bank Deposit Fund	Cash equivalent	4,871,424	4,871,424
			161,128,409	238,556,517
Immediate Participation Guaranteed Contract:				
*	Equitable	Guaranteed contract	1,771,249	1,771,249
			$ 162,899,658	$ 240,327,766

* Indicates party-in-interest to the Plan

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4j
Schedule of Reportable Transactions

December 31, 2025

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (iii) –Series of transactions in excess of 5% of plan assets:						
FDIC Bank Deposit Fund	Cash equivalent	$ 37,041,108	$ –	$ 37,041,108	$ 37,041,108	$ –
		–	35,493,077	35,493,077	35,493,077	–

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2025.
Columns (e) and (f) are not presented as this information is not applicable.

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

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
DRUMMOND COMPANY, INC. REVISED 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
DRUMMOND COMPANY, INC.

D Employer Identification Number (EIN)
63-0653224

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	221,541,457
b Actuarial value	**2b**	203,563,106

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	715	101,699,686	101,699,686
b For terminated vested participants	165	9,042,024	9,042,024
c For active participants	252	40,605,960	40,767,576
d Total	1,132	151,347,670	151,509,286

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,879,513
b Expected plan-related expenses	**6b**	200,000
c Target normal cost	**6c**	3,079,513

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 Nancy Teague Lee — Signature of actuary

9/23/2026 — Date

NANCY TEAGUE LEE — Type or print name of actuary

2607500 — Most recent enrollment number

NWPS — Firm name

206-713-3801 — Telephone number (including area code)

160 W. SANTA CLARA STREET
SUITE 1550
SAN JOSE CA 95113
Address of the firm

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

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

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

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

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A Name of plan
DRUMMOND COMPANY, INC. REVISED 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
DRUMMOND COMPANY, INC.

D Employer Identification Number (EIN)
63-0653224

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

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b Actuarial value	**2b**	203,563,106

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	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
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b For terminated vested participants	165	9,042,024	9,042,024
c For active participants	252	40,605,960	40,767,576
d Total	1,132	151,347,670	151,509,286

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,879,513
b Expected plan-related expenses	**6b**	200,000
c Target normal cost	**6c**	3,079,513

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

Date

NANCY TEAGUE LEE

Type or print name of actuary

2607500

Most recent enrollment number

NWPS

Firm name

206-713-3801

Telephone number (including area code)

160 W. SANTA CLARA STREET
SUITE 1550
SAN JOSE CA 95113

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	35,448,606
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	35,448,606
10	Interest on line 9 using prior year's actual return of 14.29 %	0	5,065,606
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
	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		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	40,514,212

Part III Funding Percentages

14	Funding target attainment percentage	14	107.61 %
15	Adjusted funding target attainment percentage	15	134.36 %
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	112.25 %
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
			Totals ► 18(b)	0	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	0

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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	3,079,513
b Excess assets, if applicable, but not greater than line 31a	**31b**	3,079,513

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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

2025 Form 5500 Schedule SB: Part V
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

SUMMARY OF PLAN PROVISIONS

Plan Type: Qualified defined benefit plan.

Plan Effective Date: April 1, 1978

Plan Year: January 1 - December 31

Latest Amendment Date: April 15, 2020

Eligibility: Exempt and non-exempt employees of the Drummond Company, Inc. and Drummond Coal Sales, Inc. (except members of a union) who have attained age 21 and completed 1,000 hours of service within an eligibility computation period and were hired prior to April 15, 2020.

Normal Retirement: Age 65.

Normal Retirement Benefit: Sum of (i) and (ii) multiplied by the number of years of credited service.

(i) 1.00% of participant's Average Compensation.
(ii) 0.65% of participant's Excess Compensation.

Average Compensation: Five consecutive years selected from the last ten years which produce the highest average.

Excess Compensation: The amount by which Participant's Average Compensation exceeds Covered Compensation for the plan year.

Covered Compensation: 35 year average of the Social Security Taxable Wage Base prior to participant's Social Security Retirement Age.

Normal Form of Benefit: Single Life Annuity for single participants, 50% Joint & Survivor for married participants.

Early Retirement: Age 55 and 5 years of service.

Early Retirement Benefit: Normal Retirement Benefit reduced 8% for the first 3 years, 6% for the next 4 years and 4% for the next 3 years that Early Retirement Date precedes Normal Retirement Date.

Disability Retirement: Age 50, 10 years of service, and Social Security disability award letter.

Disability Retirement Benefit: Normal Retirement Benefit.

Pre-Retirement Death: Vested and married for at least one year.

Pre-Retirement Death Benefit: The amount the spouse would have received had the participant survived to early retirement age and died on the following day having elected the 50% Joint and Survivor Annuity.

2025 Form 5500 Schedule SB: Part V
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Cost Method: Unit Credit.

Actuarial Assumptions:

Interest Discount Rate: Adjusted 2025 segment rates with lookback month September 2024, (5.07%, 5.31%, and 5.50%). Unadjusted 2025 segment rates using the same lookback month for maximum tax-deductible contribution calculations (5.07%, 5.33%, and 5.36%). 7.00% per annum for ASC 960 calculations.

Investment Return: 7.00% long term rate used for Actuarial Value of Assets calculation for plan year ending December 31, 2024 (capped at the 3rd segment rate, if less). 4.75% (1st segment rate from prior year valuation) used for investment gain/loss.

Salary Scale: Compensation rate as provided by Drummond.

Social Security Wage Base: 3.25% per annum.

Mortality: Non-disabled: 2024+ IRS Generational Mortality Table.
Disabled: Rev. Rul. 96-7 post-1994 Disabilities.
ASC 960: 2024+ IRS Generational Mortality Table.

Disability: 50% of Social Security disability rates from Actuarial Note No. 74.

Operational Expense: $200,000 per year as of the beginning of the year.

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Turnover: Sample Rates are as follows:

Age	Rate	Age	Rate
21-25	15.0%	51-55	2.5%
26-30	15.0	56-60	2.5
31-35	10.0	61-64	1.0
36-40	10.0	65 & Over	0.0
41-45	5.0		
46-50	5.0		

Retirement Age: Probability of retiring within one year from age:

Age	Rate	Age	Rate
55	5.0%	65	25.0%
56	5.0	66	25.0
57	5.0	67	25.0
58	5.0	68	25.0
59	5.0	69	25.0
60	5.0	70 & Over	100.0
61	5.0		
62	15.0		
63	15.0		
64	15.0		

Vested inactive participants are assumed to retire at age 65.

Form of Payment: Married participants are assumed to elect a 50% Joint & Survivor Annuity and single participants are assumed to elect a Single Life Annuity.

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Marital Status:	90% of participants are assumed to be married. Female spouse is assumed to be 4 years younger than the male spouse.
Asset Valuation:	Under the smoothing approach provided by PPA as amended by the Worker, Retiree and Employer Recovery Act of 2008, asset returns are smoothed over a two year period. The resulting value may not be less than 90% nor more than 110% of market value.
Funding Relief:	Drummond elected to apply the funding shortfall relief beginning with the January 1, 2019 plan year as well as the segment rate relief beginning with the January 1, 2020 plan year as permissible under the American Rescue Plan Act of 2021.

2025 Form 5500 Schedule SB: Line 22
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

Description of Weighted Average Retirement Age

(1) Age	(2) l(x)	(3) q(ret)(x)	(4) l(x) * q(ret)(x)	(5) = (1) * (4) / l (55)
55	1,000,000	0.05	50,000	2.75000
56	950,000	0.05	47,500	2.66000
57	902,500	0.05	45,125	2.57213
58	857,375	0.05	42,869	2.48639
59	814,506	0.05	40,725	2.40279
60	773,781	0.05	38,689	2.32134
61	735,092	0.05	36,755	2.24203
62	698,337	0.15	104,751	6.49453
63	593,586	0.15	89,038	5.60939
64	504,548	0.15	75,682	4.84366
65	428,866	0.25	107,217	6.96907
66	321,650	0.25	80,413	5.30723
67	241,238	0.25	60,310	4.04074
68	180,929	0.25	45,232	3.07579
69	135,697	0.25	33,924	2.34077
70	101,773	1	101,773	7.12411

Weighted Average Retirement Age	63.240

2025 Form 5500 Schedule SB: Line 26a
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

Schedule of Active Participant Data (as of January 1, 2025)

	Credited Service										
Attained Age	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	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	4	1	0	0	0	0	0	0	5
35 to 39	0	3	4	8	1	0	0	0	0	0	16
40 to 44	0	1	10	8	5	0	0	0	0	0	24
45 to 49	0	2	7	4	7	1	0	0	0	0	21
50 to 54	0	2	13	14	8	7	0	3	0	0	47
55 to 59	0	3	16	8	8	5	1	5	1	0	47
60 to 64	0	6	3	11	3	10	7	2	6	1	49
65 to 69	0	2	3	5	11	6	0	2	2	5	36
70 & up	0	0	1	1	1	2	0	0	0	2	7
Total	0	19	61	60	44	31	8	12	9	8	252

2025 Form 5500 Schedule SB: Line 26b
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Partcipants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	698,692	65,519	9,522,535	10,286,746
2026	1,251,256	143,715	9,891,131	11,286,102
2027	1,789,075	195,883	9,625,475	11,610,433
2028	2,085,025	261,010	9,347,224	11,693,259
2029	2,332,602	317,942	9,056,095	11,706,639
2030	2,516,617	349,585	8,751,896	11,618,098
2031	2,709,649	383,290	8,434,534	11,527,473
2032	2,816,815	452,236	8,104,094	11,373,145
2033	2,911,781	476,131	7,760,889	11,148,801
2034	3,000,387	532,875	7,405,520	10,938,782
2035	3,061,460	659,148	7,038,915	10,759,523
2036	3,116,245	702,051	6,662,290	10,480,586
2037	3,155,743	709,338	6,277,106	10,142,187
2038	3,176,248	756,373	5,885,058	9,817,679
2039	3,186,807	755,893	5,488,089	9,430,789
2040	3,189,678	782,943	5,088,395	9,061,016
2041	3,179,863	781,160	4,688,477	8,649,500
2042	3,148,579	825,472	4,291,139	8,265,190
2043	3,091,605	861,694	3,899,459	7,852,758
2044	3,026,744	864,760	3,516,735	7,408,239
2045	2,955,656	870,251	3,146,364	6,972,271
2046	2,882,018	871,377	2,791,706	6,545,101
2047	2,794,137	863,798	2,455,855	6,113,790
2048	2,692,646	850,651	2,141,496	5,684,793
2049	2,587,410	832,959	1,850,829	5,271,198
2050	2,504,023	807,157	1,585,433	4,896,613
2051	2,404,699	779,036	1,346,210	4,529,945
2052	2,275,244	748,641	1,133,376	4,157,261
2053	2,145,964	719,726	946,444	3,812,134
2054	2,011,905	698,240	784,322	3,494,467
2055	1,875,964	663,177	645,439	3,184,580
2056	1,747,494	625,879	527,850	2,901,223
2057	1,619,394	586,450	429,411	2,635,255
2058	1,491,629	549,522	347,862	2,389,013
2059	1,369,266	510,602	280,940	2,160,808
2060	1,257,987	472,318	226,488	1,956,793
2061	1,148,207	434,926	182,506	1,765,639
2062	1,044,948	398,667	147,202	1,590,817
2063	948,233	363,776	119,005	1,431,014
2064	858,100	330,389	96,560	1,285,049
2065	774,473	298,668	78,736	1,151,877
2066	697,039	268,696	64,610	1,030,345
2067	625,661	240,534	53,427	919,622
2068	560,083	214,205	44,589	818,877
2069	500,019	189,719	37,611	727,349
2070	445,149	167,071	32,102	644,322
2071	395,153	146,239	27,754	569,146
2072	349,712	127,200	24,320	501,232
2073	308,478	109,913	21,603	439,994
2074	271,101	94,330	19,446	384,877

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock:				
	Abbott Labs	Common stock	$ 1,244,646	$ 1,378,190
	Adobe Systems Inc	Common stock	1,432,484	1,377,561
	Air Products & Chemicals Inc	Common stock	598,740	503,921
	Alphabet Inc Class A	Common stock	864,794	9,740,247
	Alphabet Inc Class C	Common stock	635,800	1,113,990
	Amazon.com Inc	Common stock	3,162,097	9,320,512
	American Electric Power Inc	Common stock	291,458	404,623
	American International Group	Common stock	227,265	599,363
	Apple Computer Inc	Common stock	1,749,387	5,138,426
	Autodesk Inc	Common stock	2,205,702	3,196,908
	Astrazeneca Plc	Common stock	357,374	517,842
	Avalonbay Communities Inc	Common stock	586,464	533,051
	Baxter International Inc	Common stock	2,263,284	1,168,577
	Becton Dickinson & Co	Common stock	1,619,131	1,639,892
	BP Amoco Plc	Common stock	1,707,484	1,952,764
	Bristol Myers Squibb Co	Common stock	355,322	408,865
	British American Tobacco	Common stock	422,759	711,713
	Broadcom Inc	Common stock	2,748,218	5,896,160
	Campbell Soup Co	Common stock	482,769	435,329
	Cardinal Health Inc	Common stock	954,266	1,931,700
	Carlyle Group Inc	Common stock	423,035	537,901
	CDW Corporation of Delaware	Common stock	882,879	815,838
	Charles Schwab Corp	Common stock	385,928	484,563
	Chipotle Mexican Grill	Common stock	1,281,084	1,024,863
	Cisco Systems Inc	Common stock	770,639	1,105,535
	Citigroup Inc	Common stock	1,301,545	2,656,565
	CNH Industrial	Common stock	276,944	219,159
	Comcast Corp	Common stock	1,106,761	841,523
	Costco Wholesale Corp	Common stock	488,334	1,292,648
	Crown Castle International Corp	Common stock	717,462	615,869
	Crown Holdings Inc	Common stock	465,212	561,186
	CSX Corp	Common stock	480,540	554,987
	CVS Caremark Corp	Common stock	1,253,809	1,703,859
	Disney Walt Co	Common stock	361,544	369,866
	Dollar General Corp	Common stock	1,318,727	1,512,118
	Dominion Res Inc	Common stock	916,339	964,391
	Eaton Corp Plc	Common stock	1,707,490	1,457,502
	Eddison International	Common stock	322,574	379,927
	Electronic Arts	Common stock	514,202	745,804
	Elevance Health Inc	Common stock	876,481	950,692

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock (continued):				
	Evergy Inc	Common stock	$ 322,922	$ 339,253
	Exelon Corp	Common stock	536,631	596,311
	Fedex Corp	Common stock	347,724	381,295
	Fidelity National Information Services Inc.	Common stock	1,630,168	1,309,129
	First Citizens BCSHS	Common stock	729,324	1,970,193
	FNF Group	Common stock	388,257	636,792
	Fortive Corp	Common stock	561,915	547,131
	Fortune Brands Innovations Inc	Common stock	352,378	293,117
	General Motors Co	Common stock	419,546	947,866
	Hasbro Inc	Common stock	570,659	909,380
	Hewlett Packard Enterprises Co	Common stock	774,416	1,000,913
	Home Depot Inc	Common stock	1,638,638	2,580,750
	Honeywell International Inc	Common stock	2,150,255	2,597,428
	HP Inc	Common stock	1,063,755	720,535
	Idexx Labs Inc	Common stock	2,054,309	3,176,308
	Intercontinental Exchange Inc	Common stock	1,350,866	1,538,620
	International Flavors & Fragrances	Common stock	357,567	365,928
	Intuit	Common stock	1,971,304	3,099,463
	Intuitive Surgical Inc	Common stock	2,039,749	2,383,243
	J P Morgan Chase & Co	Common stock	585,327	1,392,313
	Jacobs Solutions Inc	Common stock	10,919	1,854,440
	Keurig Dr Pepper Inc	Common stock	759,262	674,761
	Kraft Heinz Co	Common stock	1,260,962	824,742
	L3harris Technologies Inc	Common stock	657,187	965,845
	Lamb Weston Holdings Inc	Common stock	589,793	410,103
	Leidos Holdings Inc	Common stock	387,276	780,591
	Lily Eli & Co	Common stock	2,604,175	4,321,288
	Lockheed Martin Corp	Common stock	604,876	628,771
	Lyondellbasell INDU	Common stock	432,016	344,235
	Marriott International Inc	Common stock	697,482	1,318,520
	Mastercard Inc	Common stock	1,766,011	5,023,744
	Medtronic Plc	Common stock	1,324,345	1,380,766
	Meta Platforms Inc	Common stock	2,487,827	6,649,087
	Micron Technology Inc	Common stock	394,434	1,558,339
	Microsoft Corp	Common stock	2,352,145	9,266,643

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Common stock (continued):				
	Northrop Grumman Corp	Common stock	$ 2,192,248	$ 2,576,209
	Nvidia Corp	Common stock	665,911	7,328,145
	O'Reilly Automotive	Common stock	1,133,640	1,504,965
	P G & E Corp	Common stock	394,435	365,271
	Palo Alto Networks Inc	Common stock	1,772,917	4,030,296
	Pepsico	Common stock	353,421	340,142
	Pfizer Inc	Common stock	320,999	340,383
	PPG Industries Inc	Common stock	961,809	822,549
	Raytheon Technologies Corp	Common stock	202,990	359,097
	Regeneron Pharmaceuticals Inc	Common stock	2,067,066	2,197,514
	Rexford Industrial Realty	Common stock	479,272	501,037
	Rogers Communications	Common stock	346,406	367,113
	Sanofi-Aventis	Common stock	657,052	644,518
	Sealed Air Corp New	Common stock	1,100,382	879,062
	Servicenow Inc	Common stock	2,559,587	3,681,922
	Shell Plc	Common stock	1,414,488	1,619,499
	Solstice Advanced Materials Inc	Common stock	37,377	35,318
	SS&C Technoligies Holdings	Common stock	1,390,382	1,831,362
	Stag Industrial Inc	Common stock	471,754	480,453
	Sysco Corp	Common stock	343,405	310,235
	Taiwan Semiconductors	Common stock	316,889	717,180
	Teck Resources Limited	Common stock	885,248	1,100,512
	Ulta Salon Cosmetics & Fragrance Inc	Common stock	1,383,006	2,722,545
	Union Pac Corp	Common stock	328,058	342,354
	Verizon Communications	Common stock	354,875	371,946
	Visa Inc	Common stock	738,536	4,664,443
	Waste Management Inc	Common stock	874,565	1,867,535
	Wells Fargo & Co	Common stock	1,036,915	2,531,312
	Wesco International Inc	Common stock	638,191	768,170
	Western Digital Corp	Common stock	311,847	1,076,688
	Willis Towers Watson Public Ltd	Common stock	572,994	824,786
	Xylem Inc	Common stock	1,698,310	1,557,899
			103,940,368	178,312,733

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Non government obligations:				
	Allstate Corp	1.4500% due 12/15/30	$ 248,130	$ 218,307
	American Express Credit Corp	3.3000% due 05/03/27	895,390	845,135
	AT&T Inc	2.3000% due 06/01/27	790,838	733,253
	Bank of America Corp	3.5000% due 04/19/26	628,938	653,844
	Bank of America Corp	5.0150% due 07/22/33	406,445	418,430
	Caterpillar Financial Services	1.1000% due 09/14/27	753,938	718,893
	Cisco Systems Inc	4.9500% due 02/26/31	709,548	725,603
	Citigroup Inc	4.4120% due 03/31/31	709,740	749,869
	Citigroup Inc	0.0491% due 05/24/33	490,470	505,946
	Costco Wholesale Corp	1.6000% due 04/20/30	912,916	833,075
	Duke Energy Corp	4.5000% due 08/15/32	473,265	498,571
	Fifth Third Bancorp	4.7720% due 07/28/30	453,025	506,153
	Fiserv Inc	3.2000% due 07/01/26	557,585	497,901
	GE Healthcare	4.8000% due 08/14/29	988,760	1,022,152
	Goldman Sachs Group Inc	4.2230% due 05/01/29	480,735	500,989
	Hershey Co	4.9500% due 02/24/32	657,891	673,789
	Huntington Bancshares Inc	2.5500% due 02/04/30	1,107,705	1,072,257
	JP Morgan Chase & Co	1.5780% due 04/22/27	268,779	297,596
	Lowes Cos Inc	2.5000% due 04/15/26	380,008	398,391
	Marathon Pete Corp	5.1500% due 03/01/30	206,272	205,943
	Mastercard Inc	3.3500% due 03/26/30	1,018,832	933,205
	Morgan Stanley	4.2100% due 04/20/28	485,125	501,043
	Pfizer Investment Enterprise	4.7500% due 05/19/33	811,569	824,850
	PNC Financial Services Group Inc	5.0680% due 01/24/34	767,902	767,054
	Public Storage	1.9500% due 11/09/28	171,287	174,271
	Public Storage	3.3850% due 05/01/29	445,143	427,084
	Regions Financial Corp	5.7220% due 06/06/30	723,093	728,953
	Schwab Charles Corp	2.0000% due 03/20/28	697,571	673,370
	Sysco Corp	5.1000% due 09/23/30	716,590	722,437
	T-Mobile USA, Inc	3.8750% due 04/15/30	451,240	491,215
	Unitedhealth Group Inc	4.2000% due 05/15/32	663,677	690,783
	US Bancorp	1.3750% due 07/22/30	754,793	663,856
	Valero Energy Partners Lp	4.5000% due 03/15/28	973,477	906,215
	Welltower Op LI	4.5000% due 07/01/30	758,655	758,187
	Zoetis Inc	3.9000% due 08/20/28	841,879	849,341
			22,401,211	22,187,961

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4i
Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
US Government asset and mortgage backed securities:				
	Federal National Mortgage Association	0.7500% due 10/08/27	$ 1,287,785	$ 1,226,097
			1,287,785	1,226,097
US Government securities:				
	U.S. Treasury Notes	4.1250% due 02/29/32	499,318	507,188
	U.S. Treasury Notes	5.3750% due 02/15/31	268,419	268,569
	U.S. Treasury Notes	3.8750% due 11/30/29	573,824	571,783
	U.S. Treasury Notes	3.8750% due 12/31/29	854,138	866,389
	U.S. Treasury Notes	4.0000% due 10/31/29	380,783	405,297
	U.S. Treasury Notes	4.1250% due 09/30/27	447,593	454,795
	U.S. Treasury Notes	4.1250% due 11/15/32	1,299,485	1,281,021
	U.S. Treasury Notes	2.3750% due 05/15/27	1,228,494	1,172,176
	U.S. Treasury Notes	4.0000% due 02/15/34	1,140,624	1,185,019
	U.S. Treasury Notes	0.6250% due 03/31/27	1,474,825	1,415,154
	U.S. Treasury Notes	1.3750% due 11/15/31	1,045,787	950,546
	U.S. Treasury Notes	1.8750% due 02/28/29	1,680,143	1,710,480
	U.S. Treasury Notes	3.5000% due 02/15/33	714,173	729,175
	U.S. Treasury Notes	4.0000% due 02/28/30	1,063,881	1,063,461
	U.S. Treasury Notes	4.0000% due 02/29/28	884,861	895,206
	U.S. Treasury Notes	4.0000% due 07/31/30	457,771	455,771
	U.S. Treasury Notes	4.1250% due 08/31/30	550,067	559,808
	U.S. Treasury Notes	3.8750% due 08/15/33	507,951	496,113
	U.S. Treasury Notes	0.6250% due 08/15/30	366,365	391,586
	U.S. Treasury Notes	4.5000% due 11/15/33	470,181	464,971
	U.S. Treasury Notes	4.3750% due 11/30/30	1,247,368	1,286,143
	U.S. Treasury Notes	2.2500% due 08/15/27	582,026	588,398
	U.S. Treasury Notes	2.8750% due 08/15/28	586,901	590,296
	U.S. Treasury Notes	4.2500% due 02/28/31	802,066	818,507
	U.S. Treasury Notes	2.0000% due 11/15/26	239,119	230,879
	U.S. Treasury Notes	4.1250% due 10/31/31	761,458	761,691
			20,127,621	20,120,422
Hedge fund:				
	Nineteen 77 Global Merger Arbitrage LTD	Hedge fund	8,500,000	11,837,880
Cash equivalent:				
	FDIC Bank Deposit Fund	Cash equivalent	4,871,424	4,871,424
Immediate Participation Guaranteed Contract:				
*	Equitable	Guaranteed contract	1,771,249	1,771,249
			$ 162,899,658	$ 240,327,766

* Indicates party-in-interest to the Plan

Drummond Company, Inc.
Revised Pension Plan

EIN: 63-0653224 Plan No.:001

Schedule H, Line 4j
Schedule of Reportable Transactions

December 31, 2025

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (iii) –Series of transactions in excess of 5% of plan assets:						
FDIC Bank Deposit Fund	Cash equivalent	$ 37,041,108	$ –	$ 37,041,108	$ 37,041,108	$ –
		–	35,493,077	35,493,077	35,493,077	–

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2025.
Columns (e) and (f) are not presented as this information is not applicable.

2025 Form 5500 Schedule SB: Part V
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

SUMMARY OF PLAN PROVISIONS

Plan Type: Qualified defined benefit plan.

Plan Effective Date: April 1, 1978

Plan Year: January 1 - December 31

Latest Amendment Date: April 15, 2020

Eligibility: Exempt and non-exempt employees of the Drummond Company, Inc. and Drummond Coal Sales, Inc. (except members of a union) who have attained age 21 and completed 1,000 hours of service within an eligibility computation period and were hired prior to April 15, 2020.

Normal Retirement: Age 65.

Normal Retirement Benefit: Sum of (i) and (ii) multiplied by the number of years of credited service.

(i) 1.00% of participant's Average Compensation.
(ii) 0.65% of participant's Excess Compensation.

Average Compensation: Five consecutive years selected from the last ten years which produce the highest average.

Excess Compensation: The amount by which Participant's Average Compensation exceeds Covered Compensation for the plan year.

Covered Compensation: 35 year average of the Social Security Taxable Wage Base prior to participant's Social Security Retirement Age.

Normal Form of Benefit: Single Life Annuity for single participants, 50% Joint & Survivor for married participants.

Early Retirement: Age 55 and 5 years of service.

Early Retirement Benefit: Normal Retirement Benefit reduced 8% for the first 3 years, 6% for the next 4 years and 4% for the next 3 years that Early Retirement Date precedes Normal Retirement Date.

Disability Retirement: Age 50, 10 years of service, and Social Security disability award letter.

Disability Retirement Benefit: Normal Retirement Benefit.

Pre-Retirement Death: Vested and married for at least one year.

Pre-Retirement Death Benefit: The amount the spouse would have received had the participant survived to early retirement age and died on the following day having elected the 50% Joint and Survivor Annuity.

2025 Form 5500 Schedule SB: Line 26a
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

Schedule of Active Participant Data (as of January 1, 2025)

	Credited Service										
Attained Age	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	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	4	1	0	0	0	0	0	0	5
35 to 39	0	3	4	8	1	0	0	0	0	0	16
40 to 44	0	1	10	8	5	0	0	0	0	0	24
45 to 49	0	2	7	4	7	1	0	0	0	0	21
50 to 54	0	2	13	14	8	7	0	3	0	0	47
55 to 59	0	3	16	8	8	5	1	5	1	0	47
60 to 64	0	6	3	11	3	10	7	2	6	1	49
65 to 69	0	2	3	5	11	6	0	2	2	5	36
70 & up	0	0	1	1	1	2	0	0	0	2	7
Total	0	19	61	60	44	31	8	12	9	8	252

2025 Form 5500 Schedule SB: Part V
Plan Name: Drummond Company, Inc. Revised Pension Plan
Employer ID Number: 63-0653224
Plan Number: 001

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Actuarial Cost Method: Unit Credit.

Actuarial Assumptions:

Interest Discount Rate: Adjusted 2025 segment rates with lookback month September 2024, (5.07%, 5.31%, and 5.50%). Unadjusted 2025 segment rates using the same lookback month for maximum tax-deductible contribution calculations (5.07%, 5.33%, and 5.36%). 7.00% per annum for ASC 960 calculations.

Investment Return: 7.00% long term rate used for Actuarial Value of Assets calculation for plan year ending December 31, 2024 (capped at the 3rd segment rate, if less). 4.75% (1st segment rate from prior year valuation) used for investment gain/loss.

Salary Scale: Compensation rate as provided by Drummond.

Social Security Wage Base: 3.25% per annum.

Mortality: Non-disabled: 2024+ IRS Generational Mortality Table.
Disabled: Rev. Rul. 96-7 post-1994 Disabilities.
ASC 960: 2024+ IRS Generational Mortality Table.

Disability: 50% of Social Security disability rates from Actuarial Note No. 74.

Operational Expense: $200,000 per year as of the beginning of the year.

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Turnover: Sample Rates are as follows:

Age	Rate	Age	Rate
21-25	15.0%	51-55	2.5%
26-30	15.0	56-60	2.5
31-35	10.0	61-64	1.0
36-40	10.0	65 & Over	0.0
41-45	5.0		
46-50	5.0		

Retirement Age: Probability of retiring within one year from age:

Age	Rate	Age	Rate
55	5.0%	65	25.0%
56	5.0	66	25.0
57	5.0	67	25.0
58	5.0	68	25.0
59	5.0	69	25.0
60	5.0	70 & Over	100.0
61	5.0		
62	15.0		
63	15.0		
64	15.0		

Vested inactive participants are assumed to retire at age 65.

Form of Payment: Married participants are assumed to elect a 50% Joint & Survivor Annuity and single participants are assumed to elect a Single Life Annuity.

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS (CONTINUED)

Marital Status:	90% of participants are assumed to be married. Female spouse is assumed to be 4 years younger than the male spouse.
Asset Valuation:	Under the smoothing approach provided by PPA as amended by the Worker, Retiree and Employer Recovery Act of 2008, asset returns are smoothed over a two year period. The resulting value may not be less than 90% nor more than 110% of market value.
Funding Relief:	Drummond elected to apply the funding shortfall relief beginning with the January 1, 2019 plan year as well as the segment rate relief beginning with the January 1, 2020 plan year as permissible under the American Rescue Plan Act of 2021.