# 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
AMERICAN CHEMET CORPORATION RETIREMENT INCOME PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 07/01/1974

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
AMERICAN CHEMET CORPORATION

P.O. BOX 1160
EAST HELENA, MT 59635

**2b** Employer Identification Number (EIN) 36-2057681

**2c** Plan Sponsor's telephone number 406-227-5302

**2d** Business code (see instructions) 331110

**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. | 10/12/2026 | MARK SCOTT |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

AMERICAN CHEMET CORPORATION

P.O. BOX 1160
145 HIGHWAY 282
EAST HELENA, MT 59635

**3b** Administrator's EIN
36-2057681

**3c** Administrator's telephone number
406-441-2000

**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** | 128 |
| **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)** | 42 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 36 |
| **b** | Retired or separated participants receiving benefits | **6b** | 33 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 48 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 117 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 3 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 120 |
| **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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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
AMERICAN CHEMET CORPORATION RETIREMENT INCOME PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMERICAN CHEMET CORPORATION

**D** Employer Identification Number (EIN)
36-2057681

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 16495665 |
| **b** Actuarial value | **2b** | 16495665 |

**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 | 32 | 6370198 | 6370198 |
| **b** For terminated vested participants | 54 | 2496932 | 2496932 |
| **c** For active participants | 42 | 4794508 | 4794508 |
| **d** Total | 128 | 13661638 | 13661638 |

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

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

| | | |
|---|---|---|
| **5** Effective interest rate | **5** | 5.38 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 536218 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 536218 |

**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

10/12/2026
Date

KEVIN A. KELLER
Type or print name of actuary

26-08135
Most recent enrollment number

RANDALL & HURLEY, INC.
Firm name

509-838-5500
Telephone number (including area code)

1328 N. WHITMAN LN
LIBERTY LAKE, WA 99019
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 | 2854762 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 502774 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 2351988 |
| 10 | Interest on line 9 using prior year's actual return of 6.68 % | 0 | 157113 |
| 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 5.18 % | | 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 | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 2509101 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 102.37 % |
| 15 | Adjusted funding target attainment percentage | 15 | 120.74 % |
| 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 | 99.42 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 02/14/2025 | 192 | 0 | 05/15/2025 | 198 | 0 |
| 03/06/2025 | 126 | 0 | 06/12/2025 | 198 | 0 |
| 03/19/2025 | 35 | 0 | 07/17/2025 | 204 | 0 |
| 03/20/2025 | 147 | 0 | 07/30/2025 | 6 | 0 |
| 04/18/2025 | 192 | 0 | 08/11/2025 | 35 | 0 |
| 05/06/2025 | 6 | 0 | 08/11/2025 | 70 | 0 |
| | | | Totals ► 18(b) | 1409 | 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 | 1378 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 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** | 64 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

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

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 536218 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 324926 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ )_and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 211292 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 209914 | 209914 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 1378 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 1378 |
| **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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 | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| AMERICAN CHEMET CORPORATION RETIREMENT INCOME PLAN | | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| AMERICAN CHEMET CORPORATION | 36-2057681 | |

## 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)

WILLIAM BLAIR & COMPANY

222 WEST ADAMS STREET
CHICAGO, IL 60606

36-2214610

| (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 51 | NONE | 134598 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE 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
AMERICAN CHEMET CORPORATION RETIREMENT INCOME PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN CHEMET CORPORATION

**D** Employer Identification Number (EIN)
36-2057681

## 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 | 50467 | 60010 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 585925 | 391050 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 12191141 | 11837357 |
| **(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) | 3668132 | 4021565 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 16495665 | 16309982 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 0 | 0 |
| **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 | 16495665 | 16309982 |

## 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) | 1409 | |
| **(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) | | 1409 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 18735 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 18735 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 106485 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 158220 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 264705 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 2201727 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 2046647 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 155080 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 248960 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 248960 |

| | | (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) | | 361436 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1050325 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1098636 | |
| (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) | | 1098636 |
| 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) | 0 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 0 | |
| (4) IQPA audit fees | 2i(4) | 0 | |
| (5) Investment advisory and investment management fees | 2i(5) | 134598 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 | |
| (7) Actuarial fees | 2i(7) | 0 | |
| (8) Legal fees | 2i(8) | 0 | |
| (9) Valuation/appraisal fees | 2i(9) | 0 | |
| (10) Other trustee fees and expenses | 2i(10) | 0 | |
| (11) Other expenses | 2i(11) | 2774 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 137372 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1236008 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -185683 |
| 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)** [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: KCOE ISOM, LLP **(2)** EIN: 94-2222122

**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 | | 500000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **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 588069.

# 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
AMERICAN CHEMET CORPORATION RETIREMENT INCOME PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN CHEMET CORPORATION

**D** Employer Identification Number (EIN)
36-2057681

## Part I Distributions

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

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

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

EIN(s): 36-2057681

**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** 8

## 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

# American Chemet Corporation
# Retirement Income Plan

**East Helena, Montana**

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION
WITH INDEPENDENT AUDITORS' REPORT

**December 31, 2025 and 2024**

KCOE ISOM

**American Chemet Corporation Retirement Income Plan**
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December 31, 2025 and 2024


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**INDEPENDENT AUDITORS' REPORT**

To the Plan Administrator
American Chemet Corporation Retirement Income Plan
East Helena, Montana

## *Opinion*

We have audited the financial statements of American Chemet Corporation Retirement Income Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024; the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2025; the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the years then ended, and the accumulated plan benefits as of January 1, 2025, and the changes in accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

## *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 Auditors' Responsibilities for the Audits 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 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

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 that the financial statements are available to be issued.

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

### *Auditors' Responsibilities for the Audits of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditors' 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.

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

**INDEPENDENT AUDITORS' REPORT**
(Continued)

***Supplementary Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor (DOL)'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 has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplementary schedule, we evaluated whether the supplementary schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

KCoe Isom, LLP

October 1, 2026
Bozeman, Montana

# FINANCIAL SECTION

## American Chemet Corporation Retirement Income Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| December 31 | 2025 | 2024 |
|---|---|---|
| **ASSETS** | | |
| Noninterest-bearing cash | $ 60,010 | $ 50,467 |
| Investments at fair value | 16,249,976 | 16,445,202 |
| **Net Assets Available for Benefits** | $ 16,309,986 | $ 16,495,669 |

*The accompanying notes are an integral part of these financial statements.*

## American Chemet Corporation Retirement Income Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| Years Ended December 31 | 2025 | 2024 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO** | | |
| **Investment Income** | | |
| Net appreciation in fair value of investments | $ 765,476 | $ 929,715 |
| Interest and dividends | 283,440 | 256,346 |
| **Total Investment Income** | 1,048,916 | 1,186,061 |
| Company contributions | 1,409 | 2,277 |
| **TOTAL ADDITIONS** | 1,050,325 | 1,188,338 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO** | | |
| Benefits paid to participants | 1,098,636 | 653,486 |
| Investment advisory and management fees | 134,598 | 132,420 |
| Administrative expenses | 2,774 | 2,276 |
| **TOTAL DEDUCTIONS** | 1,236,008 | 788,182 |
| **Net Change** | (185,683) | 400,156 |
| **Net Assets Available for Benefits - Beginning of Year** | 16,495,669 | 16,095,513 |
| **Net Assets Available for Benefits - End of Year** | $ 16,309,986 | $ 16,495,669 |

*The accompanying notes are an integral part of these financial statements.*

# American Chemet Corporation Retirement Income Plan

STATEMENT OF ACCUMULATED PLAN BENEFITS

January 1, 2025

| | | |
|---|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits** | | |
| Vested benefits: | | |
| Participants currently receiving payments | $ | 5,901,553 |
| Other participants | | 6,702,308 |
| **Total Actuarial Present Value of Accumulated Plan Benefits** | $ | 12,603,861 |

*The accompanying notes are an integral part of these financial statements.*

## American Chemet Corporation Retirement Income Plan

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Year Ended January 1, 2025

| | | |
|---|---|---|
| **Actuarial Present Value of Accumulated Plan Benefits - January 1, 2024** | $ | 12,270,340 |
| Changes during the year attributable to: | | |
| Benefits accumulated | | 267,877 |
| Interest | | 716,689 |
| Benefits paid | | (651,045) |
| **Actuarial Present Value of Accumulated Plan Benefits - January 1, 2025** | $ | 12,603,861 |

*The accompanying notes are an integral part of these financial statements.*

## 1. DESCRIPTION OF THE PLAN

The following description of American Chemet Corporation Retirement Income Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

***General*** The Plan is a defined benefit pension plan covering substantially all employees of American Chemet Corporation (the Company) if their hire date is on or before May 1, 2011. The Plan was closed to new participants effective May 1, 2011. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended. The Plan was originally established on July 1, 1974, and has been subsequently amended and restated. The Plan administrator is responsible for oversight of the Plan, including the appropriateness of the Plan's investment offerings and investment performance.

***Funding Policy*** Participants are not required to contribute to the Plan. The Company's funding policy is to make annual contributions to the Plan to meet the annual ERISA minimum funding requirements based on the actuarial valuations. For the years ended December 31, 2025 and 2024, the minimum required contributions were $211,292 and $488,790, respectively. During the years ended December 31, 2025 and 2024, Company contributions were $1,409 and $2,277, respectively. The Company also maintains a prefunding balance, which is applied toward the minimum funding requirement but is not recognized in the Plan financial statements.

The Plan's funded percentage, referred to as the Adjusted Funding Target Attainment Percentage (AFTAP), is certified annually by the Plan's actuary. The Plan's AFTAP was 121% for the years ended December 31, 2025 and 2024. The Plan's AFTAP exceeds 80%; therefore, the Plan is not subject to any restrictions.

***Pension Benefits*** Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to 1% of their average annual compensation for each year of service. The Plan permits early retirement at age 55 and upon completion of five years of service. The normal form of benefit is a single life annuity with 10 years of certain payment. The optional forms of benefit that can be elected are a single sum payment; a 50%, 75%, or 100% joint and survivor annuity for married participants; or a single life annuity for unmarried participants.

At December 31, 2025 and 2024, there were no amounts allocated to participants who elected to withdraw from the Plan but have not yet been paid.

***Death and Disability Benefits*** If a participant dies, a death benefit equal to the amount payable as a pre-retirement annuity is paid to the participant's beneficiary. Active participants who become totally disabled receive disability benefits equal to the present value of the participant's accumulated pension benefit.

## 2. SIGNIFICANT ACCOUNTING POLICIES

***Basis of Accounting*** The Plan uses the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

***Use of Estimates*** The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates. The Plan has identified the estimates and related assumptions regarding the actuarial present value of accumulated plan benefits as significant estimates, and as such, these estimates are subject to change in the near term.

***Investment Valuation and Income Recognition*** Investments are reported at fair value. Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and the trustee (or custodian). See below for discussion of fair value measurements.

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 in fair value of investments includes the Plan's gains and losses on investments purchased and sold, as well as those held during the year.

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

*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; or inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

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

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

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

*Money Market Funds*: Assets are money market mutual funds which are valued at the net asset value (NAV), generally $1 per share, and are reported on the active market on which securities are traded.

*Common Stocks*: Assets are valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual Funds*: Assets are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Exchange-Traded Funds*: Assets are valued at the closing quoted market price reported on the active market on which the securities are traded. The valuation occurs throughout the day based on the market value of the underlying securities, as well as the market supply and demand for the particular exchange traded fund.

See note 4 for the classification of these assets within the fair value hierarchy.

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.

***Payment of Benefits*** Benefits are recorded when paid.

***Expenses*** The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with investment advisory and management and general administration of the Plan that are paid by the Plan are recorded as deductions on the accompanying statements of changes in net assets available for benefits.

***Evaluation of Subsequent Events*** The Plan has evaluated subsequent events through October 1, 2026, the date the financial statements were available to be issued.

## 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (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.

The actuarial present value of accumulated plan benefits is determined by an independent enrolled actuary from Randall & Hurley, Inc. and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used to calculate the actuarial present value of accumulated plan benefits at January 1, 2025 (the valuation date), were: (a) life expectancy of participants (Pri-2012 Male/Female Retiree Table/Pri-2012 Male/Female Employee Table/MP-2021 Male/Female Mortality improvement scale), (b) retirement age assumptions (a normal retirement age of 65 was assumed), and (c) investment return. The January 1, 2025, valuation included an assumed average present value rate of 6% for the purposes of discounting to present value. The valuation assumed an effective interest rate of 6% for a rate of return on investments. The investment return is one of the significant assumptions used to calculate the actuarial present value of accumulated plan benefits.

## 4. FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

| December 31, 2025 | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 391,050 | $ - | $ - | $ 391,050 |
| Common stocks | 11,837,361 | - | - | 11,837,361 |
| Mutual funds | 1,626,362 | - | - | 1,626,362 |
| Exchange-traded funds | 2,395,203 | - | - | 2,395,203 |
| **Investments at Fair Value** | $ 16,249,976 | $ - | $ - | $ 16,249,976 |

| December 31, 2024 | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 585,925 | $ - | $ - | $ 585,925 |
| Common stocks | 12,191,144 | - | - | 12,191,144 |
| Mutual funds | 1,559,095 | - | - | 1,559,095 |
| Exchange-traded funds | 2,109,038 | - | - | 2,109,038 |
| **Investments at Fair Value** | $ 16,445,202 | $ - | $ - | $ 16,445,202 |

## 5. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Company is the administrator of the Plan. The Plan's administrator may designate other persons to carry out the day-to-day operations of the Plan. The Plan has an investment contract with William Blair. William Blair, as the Plan's broker, qualifies as a party-in-interest with respect to the investments managed by them; however, they are exempt from the prohibited transaction rules under ERISA. Fees paid to William Blair by the Plan for investment management services amounted to $134,598 and $132,420 for the years ended December 31, 2025 and 2024, respectively. Fees paid to PenChecks by the Plan for distribution processing amounted to $2,774 and $2,276 for the years ended December 31, 2025 and 2024, respectively.

## 6. TAX STATUS

The Internal Revenue Service has determined, and informed the Company by a letter dated June 27, 2012, that the Plan and related trust are designed in accordance with applicable sections of the *Internal Revenue Code* (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and operating in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax exempt.

## 7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency. In the event of Plan termination, participants will become 100% vested and the present value of benefit payments for each participant will be determined by the actuary.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

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

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

d) All nonvested benefits.

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

## 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 participants' account balances and the amounts reported on the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumption 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. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits of the financial statements to Form 5500:

| December 31 | 2025 | 2024 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 16,309,986 | $ 16,495,669 |
| Rounding | (4) | (4) |
| **Net Assets Available for Benefits per Form 5500** | $ 16,309,982 | $ 16,495,665 |

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500:

| Years Ended December 31 | 2025 | 2024 |
|---|---|---|
| Benefits paid to participants per financial statements | $ 1,098,636 | $ 653,486 |
| Prior-year amounts allocated to withdrawing participants | - | (2,441) |
| **Benefit Payments per Form 5500** | $ 1,098,636 | $ 651,045 |

## 10. SUBSEQUENT EVENT

The Plan's actuarial valuation is performed as of the first day of the Plan year. The valuation for the January 1, 2026, Plan year shows the present value of accumulated plan benefits is $13,143,393.

# SUPPLEMENTARY INFORMATION SECTION

# American Chemet Corporation Retirement Income Plan

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 36-2057681, PLAN: 002
December 31, 2025

| (b) Identity of Issue, Borrower, (a) Lessor, or Similar Party | (c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value) | (d) Cost | (e) Current Value |
|---|---|---|---|
| Money market fund: | | | |
| Fidelity | Government cash reserves | $ 391,050 | $ 391,050 |
| Common stocks: | | | |
| Aaon, Inc. | Common stock | 363,834 | 353,038 |
| Accenture PLC | Common stock - Class A | 53,430 | 88,539 |
| Alphabet, Inc. | Common stock - Class A | 34,201 | 760,590 |
| Alphabet, Inc. | Common stock - Class C | 20,054 | 447,165 |
| Amazon.com, Inc. | Common stock | 154,104 | 412,014 |
| American Tower Corp | Common stock | 206,692 | 359,919 |
| Amphenol Corp | Common stock - Class A | 27,717 | 898,681 |
| Axon Enterprise, Inc. | Common stock | 38,145 | 156,181 |
| BWX Technologies, Inc. | Common stock | 335,113 | 490,001 |
| Clearwater Analytics Holdings, Inc. | Common stock - Class A | 297,739 | 277,139 |
| Copart, Inc. | Common stock | 168,228 | 303,413 |
| CoStar Group, Inc. | Common stock | 263,854 | 239,374 |
| EOG Resources, Inc. | Common stock | 147,737 | 317,655 |
| Fiserv, Inc. | Common stock | 298,084 | 219,310 |
| IDEXX Laboratories, Inc. | Common stock | 50,904 | 835,515 |
| Intercontinental Exchange, Inc. | Common stock | 97,814 | 272,903 |
| Intuit, Inc. | Common stock | 46,719 | 433,885 |
| Meta Platforms, Inc. | Common stock - Class A | 256,309 | 224,431 |
| Mastercard, Inc. | Common stock - Class A | 118,015 | 750,707 |
| Nvidia Corp | Common stock | 514,518 | 690,050 |
| Pool Corp | Common stock | 201,491 | 141,825 |
| Procore Technologies Ord | Common stock | 80,896 | 89,470 |
| Progressive Corp | Common stock | 125,630 | 439,500 |
| Rollins, Inc. | Common stock | 151,898 | 413,538 |
| Ryan Specialty Holdings, Inc. | Common stock - Class A | 38,758 | 52,405 |
| Servicenow, Inc. | Common stock | 334,142 | 279,572 |
| Tyler Technologies, Inc. | Common stock | 177,246 | 345,002 |
| UnitedHealth Group, Inc. | Common stock | 211,613 | 310,303 |
| Veeva Systems, Inc. | Common stock - Class A | 78,167 | 311,406 |
| Watsco, Inc. | Common stock - Class A | 193,350 | 468,361 |
| Zoetis, Inc. | Common stock - Class A | 111,087 | 455,469 |
| **Total Common Stocks** | | 5,197,489 | 11,837,361 |
| Mutual funds: | | | |
| Goldman Sachs | Income Builder R6 | 613,023 | 694,441 |
| Vanguard | Interm-Term Investment-Grade Adm | 529,989 | 485,415 |
| Vanguard | Short-Term Investment-Grade Instl | 450,750 | 446,506 |
| **Total Mutual Funds** | | 1,593,762 | 1,626,362 |
| Exchange-traded funds: | | | |
| iShares Core | US Aggregate Bond ETF | 1,372,846 | 1,263,482 |
| Vanguard Intl Equity Index FDS | All-World Ex-U.S. Index | 798,988 | 1,131,721 |
| **Total Exchange-Traded Funds** | | 2,171,834 | 2,395,203 |
| **Total Assets Held at End of Year** | | $ 9,354,135 | $ 16,249,976 |

**Schedule SB, line 26 - Schedule of Active Participant Data**

YEARS OF 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 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Avg. Comp | No. | Avg. Comp | No. | Avg. Comp | No. | Avg. Comp | No. | Avg. Comp | No. | Avg. Comp | No. | Avg. Comp | No. | Avg. Comp | No. | Avg. Comp | No. | Avg. Comp |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 to 34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 to 39 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40 to 44 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 to 49 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 50 to 54 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 55 to 59 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| 60 to 64 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65 to 69 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 & Up | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Name of plan: American Chemet Corporation Retirement Income Plan And Trust
Plan number: 002
Plan sponsor's name: American Chemet Corporation
EIN: 36-2057681

**American Chemet Corporation Retirement Income Plan and Trust**
**EIN: 36-2057681**
**Plan Number: 002**
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

| **Economic Assumptions** | | |
|---|---|---|
| | **January 1, 2025** | **January 1, 2026** |
| Interest rates for 430 and 436 Calculations: | | |
| 1st Segmented Interest Rate (0-5 years) | 5.07% | 5.07% |
| 2nd Segmented Interest Rate (5-20 years) | 5.31% | 5.31% |
| 3rd Segmented Interest Rate (20+ years) | 5.50% | 5.50% |
| Effective Interest Rate | 5.38% | 5.38% |
| Interest rates for 404 Calculations: | | |
| 1st Segmented Interest Rate (0-5 years) | 3.62% | 5.07% |
| 2nd Segmented Interest Rate (5-20 years) | 4.46% | 5.33% |
| 3rd Segmented Interest Rate (20+ years) | 4.52% | 5.36% |
| Traditional funding | 6.00% | 6.00% |
| ASC 960 (FAS 35) liability | 6.00% | 6.00% |
| Salary scale: | | |
| ERISA funding | 3.00% | 3.00% |
| Maximum compensation limit | $350,000 | $350,000 |
| Maximum benefit limit | $280,000 | $280,000 |
| Expenses | $0 | $0 |

| **Actuarial Methods** | |
|---|---|
| Minimum and maximum contributions | |
| Actuarial value of assets | Market value of assets |
| Plan Year | January 1 to December 31 |
| Measurement date | January 1 |
| Traditional funding methods | |
| Normal cost and accrued liability | Individual Aggregate |

**American Chemet Corporation Retirement Income Plan and Trust**
**EIN: 36-2057681**
**Plan Number: 002**
**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

| **Demographic Assumptions** | | |
|---|---|---|
| Mortality - Funding (Post PPA) | | |
| Post-retirement | 2025 Optional Small Plans Male/Female | |
| Pre-retirement | 2025 Optional Small Plans Male/Female | |
| Mortality - 417(e) (Post PPA) | | |
| Post-retirement | 2025 Applicable Mortality Table | |
| Pre-retirement | 2025 Applicable Mortality Table | |
| Mortality - ASC 960 | | |
| Post-retirement | Pri-2012 Male/Female Retiree Table | |
| Pre-retirement | Pri-2012 Male/Female Employee Table | |
| Mortality Improvement | MP-2021 Male/Female | |
| Probability of Lump Sum | 65% | |
| Termination | T-3 Withdrawal | |
| Disability | None | |
| Retirement Age | Age 65 and 5 Years of Benefit Service | |
| Early Retirement Age | Age 55 and 5 Years of Benefit Service | |
| Early Retirement Factors | Age | Rate |
| | 60 | 10% |
| | 61 | 10% |
| | 62 | 10% |
| | 63 | 10% |
| | 64 | 10% |

# 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
AMERICAN CHEMET CORPORATION RETIREMENT INCOME PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 07/01/1974

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

American Chemet Corporation

P.O. Box 1160

East Helena MT 59635

**2b** Employer Identification Number (EIN) 36-2057681

**2c** Plan Sponsor's telephone number 406-227-5302

**2d** Business code (see instructions) 331110

**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 | Signature of plan administrator | Date 10/12/26 | MARK SCOTT<br>Enter name of individual signing as plan administrator |
| SIGN HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

AMERICAN CHEMET CORPORATION

P.O. BOX 1160
145 HIGHWAY 282
EAST HELENA MT 59635

**3b** Administrator's EIN: 36-2057681

**3c** Administrator's telephone number: 406-441-2000

**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** | 128 |
| **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)** | 42 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 36 |
| **b** | Retired or separated participants receiving benefits | **6b** | 33 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 48 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 117 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 3 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 120 |
| **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
AMERICAN CHEMET CORPORATION RETIREMENT INCOME PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
American Chemet Corporation

**D** Employer Identification Number (EIN)
36-2057681

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 16,495,665 |
| **b** Actuarial value | **2b** | 16,495,665 |

**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 | 32 | 6,370,198 | 6,370,198 |
| **b** For terminated vested participants | 54 | 2,496,932 | 2,496,932 |
| **c** For active participants | 42 | 4,794,508 | 4,794,508 |
| **d** Total | 128 | 13,661,638 | 13,661,638 |

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

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

| | | |
|---|---|---|
| **5** Effective interest rate | **5** | 5.38% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 536,218 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 536,218 |

**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** Kevin A. Keller

Signature of actuary

10/12/2026
Date

Kevin A. Keller
Type or print name of actuary

2608135
Most recent enrollment number

Randall & Hurley, Inc.
Firm name

509-838-5500
Telephone number (including area code)

1328 N. Whitman Ln

Liberty Lake WA 99019
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 | 2,854,762 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 502,774 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 2,351,988 |
| 10 | Interest on line 9 using prior year's actual return of 6.68 % | 0 | 157,113 |
| 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 5.18 % | | 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 | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 2,509,101 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 102.37 % |
| 15 | Adjusted funding target attainment percentage | 15 | 120.74 % |
| 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 | 99.42 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 02/14/2025 | 192 | 0 | | | |
| 03/06/2025 | 126 | 0 | | | |
| 03/19/2025 | 35 | 0 | | | |
| 03/20/2025 | 147 | 0 | | | |
| 04/18/2025 | 192 | 0 | | | |
| 05/06/2025 | 6 | 0 | | | |
| 05/15/2025 | 198 | 0 | | | |
| 06/12/2025 | 198 | 0 | | | |
| 07/17/2025 | 204 | 0 | | | |
| 07/30/2025 | 6 | 0 | | | |
| 08/11/2025 | 35 | 0 | | | |
| 08/11/2025 | 70 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 1,409 | 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 | 1,378 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 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** | 64 |

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

## Part VI Miscellaneous Items

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

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

**26** Demographic and benefit information

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

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

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

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

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 536,218 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 324,926 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 211,292 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 209,914 | 209,914 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 1,378 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 1,378 |

**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

# American Chemet Corporation Retirement Income Plan and Trust
# EIN: 36-2057681
# Plan Number: 002
# Schedule SB, Line 19 – Discounted Employer Contributions

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Effective Interest Rate, Prior Year: | 5.38% | | | | | | |
| Quarterly Interest Penalty: | 5.00% | | | | | | |
| | | | | | | | |
| **Date** | | 2/14/2025 | 3/6/2025 | 3/19/2025 | 3/20/2025 | 4/18/2025 | 5/6/2025 |
| **Total Contribution** | **Total** | 192.00 | 126.09 | 35.00 | 146.91 | 192.00 | 6.00 |
| **4/15/2025 Quarterly** | | | | | | | |
| Amount Applied | 47,541.00 | 192.00 | 126.09 | 35.00 | 146.91 | 192.00 | 6.00 |
| # Days Late | | 0 | 0 | 0 | 0 | 3 | 21 |
| PV Factor (w/ Penalty) | | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 0.9992 | 0.9943 |
| # Days Not Late | | 44 | 64 | 77 | 78 | 104 | 104 |
| PV Factor (w/o Penalty) | | 0.9937 | 0.9909 | 0.9890 | 0.9889 | 0.9852 | 0.9852 |
| Present Value | 41,746.00 | 190.79 | 124.94 | 34.62 | 145.28 | 189.01 | 5.88 |
| **7/15/2025 Quarterly** | | | | | | | |
| Amount Applied | 47,541.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| # Days Late | | 0 | 0 | 0 | 0 | 0 | 0 |
| PV Factor (w/ Penalty) | | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |
| # Days Not Late | | 0 | 0 | 0 | 0 | 0 | 0 |
| PV Factor (w/o Penalty) | | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |
| Present Value | 42,086.76 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **10/15/2025 Quarterly** | | | | | | | |
| Amount Applied | 47,541.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| # Days Late | | 0 | 0 | 0 | 0 | 0 | 0 |
| PV Factor (w/ Penalty) | | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |
| # Days Not Late | | 0 | 0 | 0 | 0 | 0 | 0 |
| PV Factor (w/o Penalty) | | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |
| Present Value | 42,577.47 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **1/15/2026 Quarterly** | | | | | | | |
| Amount Applied | 47,541.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| # Days Late | | 0 | 0 | 0 | 0 | 0 | 0 |
| PV Factor (w/ Penalty) | | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |
| # Days Not Late | | 0 | 0 | 0 | 0 | 0 | 0 |
| PV Factor (w/o Penalty) | | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |
| Present Value | 43,080.91 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **Remaining** | | | | | | | |
| Amount Applied | 45,186.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| # Days Not Late | | 0 | 0 | 0 | 0 | 0 | 0 |
| PV Factor (w/o Penalty) | | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |
| Present Value | 41,801.57 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | | | |
| Total Amount Applied | **235,350.00** | **192.00** | **126.09** | **35.00** | **146.91** | **192.00** | **6.00** |
| Total Present Value | **211,292.71** | **190.79** | **124.94** | **34.62** | **145.28** | **189.01** | **5.88** |

# American Chemet Corporation Retirement Income Plan and Trust
# EIN: 36-2057681
# Plan Number: 002
# Schedule SB, Line 19 – Discounted Employer Contributions

| Date | 5/15/2025 | 6/12/2025 | 7/17/2025 | 7/30/2025 | 8/11/2025 | 8/11/2025 | 6/27/2026 |
|---|---|---|---|---|---|---|---|
| **Total Contribution** | 198.00 | 198.00 | 204.00 | 6.00 | 35.00 | 70.00 | 233,941.00 |
| **4/15/2025 Quarterly** | | | | | | | |
| Amount Applied | 198.00 | 198.00 | 204.00 | 6.00 | 35.00 | 70.00 | 46,132.00 |
| # Days Late | 30 | 58 | 93 | 106 | 118 | 118 | 438 |
| PV Factor (w/ Penalty) | 0.9919 | 0.9844 | 0.9752 | 0.9717 | 0.9686 | 0.9686 | 0.8882 |
| # Days Not Late | 104 | 104 | 104 | 104 | 104 | 104 | 104 |
| PV Factor (w/o Penalty) | 0.9852 | 0.9852 | 0.9852 | 0.9852 | 0.9852 | 0.9852 | 0.9852 |
| Present Value | 193.49 | 192.03 | 196.00 | 5.74 | 33.40 | 66.80 | 40,368.02 |
| **7/15/2025 Quarterly** | | | | | | | |
| Amount Applied | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 47,541.00 |
| # Days Late | 0 | 0 | 0 | 0 | 0 | 0 | 347 |
| PV Factor (w/ Penalty) | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 0.9104 |
| # Days Not Late | 0 | 0 | 0 | 0 | 0 | 0 | 195 |
| PV Factor (w/o Penalty) | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 0.9724 |
| Present Value | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 42,086.76 |
| **10/15/2025 Quarterly** | | | | | | | |
| Amount Applied | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 47,541.00 |
| # Days Late | 0 | 0 | 0 | 0 | 0 | 0 | 255 |
| PV Factor (w/ Penalty) | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 0.9333 |
| # Days Not Late | 0 | 0 | 0 | 0 | 0 | 0 | 287 |
| PV Factor (w/o Penalty) | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 0.9596 |
| Present Value | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 42,577.47 |
| **1/15/2026 Quarterly** | | | | | | | |
| Amount Applied | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 47,541.00 |
| # Days Late | 0 | 0 | 0 | 0 | 0 | 0 | 163 |
| PV Factor (w/ Penalty) | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 0.9569 |
| # Days Not Late | 0 | 0 | 0 | 0 | 0 | 0 | 379 |
| PV Factor (w/o Penalty) | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 0.9470 |
| Present Value | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 43,080.91 |
| **Remaining** | | | | | | | |
| Amount Applied | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 45,186.00 |
| # Days Not Late | 0 | 0 | 0 | 0 | 0 | 0 | 542 |
| PV Factor (w/o Penalty) | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 0.9251 |
| Present Value | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 41,801.57 |
| Total Amount Applied | **198.00** | **198.00** | **204.00** | **6.00** | **35.00** | **70.00** | **233,941.00** |
| Total Present Value | **193.49** | **192.03** | **196.00** | **5.74** | **33.40** | **66.80** | **209,914.73** |

**American Chemet Corporation Retirement Income Plan and Trust**
**EIN: 36-2057681**
**Plan Number: 002**
**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

| Age | Percent of Remaining Active Population Retiring at Age | Percent of Original Population Retiring at Age | Percent of Original Population Remaining at Age | Age times Percent of Population Retiring at Age |
|---|---|---|---|---|
| | | | | |
| 60 | 10.00% | 10.00% | 90.00% | 6.00 |
| 61 | 10.00% | 9.00% | 81.00% | 5.49 |
| 62 | 10.00% | 8.10% | 72.90% | 5.02 |
| 63 | 10.00% | 7.29% | 65.61% | 4.59 |
| 64 | 10.00% | 6.56% | 59.05% | 4.20 |
| 65 | 100.00% | 59.05% | 0.00% | 38.38 |
| | | | | |
| | | | Total | 63.68 |
| | | | | |
| Weighted Average Retirement Age (Nearest Whole Age): | | | | 64.00 |

**American Chemet Corporation Retirement Income Plan and Trust**
**EIN: 36-2057681**
**Plan Number: 002**
**Schedule SB, Part V – Summary of Plan Provisions**

| | |
|---|---|
| **Background** | |
| Effective Date | July 1, 1974 |
| Latest Amendment Date | December 29, 2014 |
| Plan Year | January 1 to December 31 |
| **Definitions** | |
| Eligibility Service | N/A - immediate eligibility. |
| Benefit Service | Each Plan year in which 1,000 hours are completed while an employee. |
| Vesting Service | Each Plan year in which 1,000 hours are completed while an employee. |
| Average Monthly Compensation | The average compensation based on final 5 consecutive Plan years. |
| Normal Retirement Age | First day of month coincident with or following the later of the attainment of age 65 and 5 years of benefit service. |
| **Eligibility** | |
| Eligibility for Participation | All employees become eligible to participate in the Plan on the first of the next month following hire. Entry into the Plan was frozen effective May 1, 2011. |
| Excluded Employee Classes | None. |

**American Chemet Corporation Retirement Income Plan and Trust**
**EIN: 36-2057681**
**Plan Number: 002**
**Schedule SB, Part V – Summary of Plan Provisions**

| | | |
|---|---|---|
| **Benefits** | | |
| Benefit Formula | Each Participant's benefit is equal to 1% of Average Monthly Compensation multipled by their Years of Benefit Service. | |
| Death, Disability, and Termination | Present value of benefits accrued to date. | |
| Normal Form of Benefit | 10-yr Certain and Life | |
| Vesting Percent | Years of Vesting Service | Vested Percentage |
| | Less than 5 | 0% |
| | 5 + | 100% |
| **Plan Provision Changes** | | |
| Changes in Plan Provisions | There have been no changes in plan provisions since the prior valuation was performed. | |
| Plan Provisions Effective After Valuation Date | No Plan provisions effective after the valuation date were recognized in the actuarial valuation. | |
| **Plan Trustee(s)** | | |
| Plan Trustee(s) | William H. Shropshire, Brad Smith, Mark Scott | |

# American Chemet Corporation Retirement Income Plan

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 36-2057681, PLAN: 002
December 31, 2025

| (b) Identity of Issue, Borrower, (a) Lessor, or Similar Party | (c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value) | (d) Cost | (e) Current Value |
|---|---|---|---|
| Money market fund: | | | |
| Fidelity | Government cash reserves | $ 391,050 | $ 391,050 |
| Common stocks: | | | |
| Aaon, Inc. | Common stock | 363,834 | 353,038 |
| Accenture PLC | Common stock - Class A | 53,430 | 88,539 |
| Alphabet, Inc. | Common stock - Class A | 34,201 | 760,590 |
| Alphabet, Inc. | Common stock - Class C | 20,054 | 447,165 |
| Amazon.com, Inc. | Common stock | 154,104 | 412,014 |
| American Tower Corp | Common stock | 206,692 | 359,919 |
| Amphenol Corp | Common stock - Class A | 27,717 | 898,681 |
| Axon Enterprise, Inc. | Common stock | 38,145 | 156,181 |
| BWX Technologies, Inc. | Common stock | 335,113 | 490,001 |
| Clearwater Analytics Holdings, Inc. | Common stock - Class A | 297,739 | 277,139 |
| Copart, Inc. | Common stock | 168,228 | 303,413 |
| CoStar Group, Inc. | Common stock | 263,854 | 239,374 |
| EOG Resources, Inc. | Common stock | 147,737 | 317,655 |
| Fiserv, Inc. | Common stock | 298,084 | 219,310 |
| IDEXX Laboratories, Inc. | Common stock | 50,904 | 835,515 |
| Intercontinental Exchange, Inc. | Common stock | 97,814 | 272,903 |
| Intuit, Inc. | Common stock | 46,719 | 433,885 |
| Meta Platforms, Inc. | Common stock - Class A | 256,309 | 224,431 |
| Mastercard, Inc. | Common stock - Class A | 118,015 | 750,707 |
| Nvidia Corp | Common stock | 514,518 | 690,050 |
| Pool Corp | Common stock | 201,491 | 141,825 |
| Procore Technologies Ord | Common stock | 80,896 | 89,470 |
| Progressive Corp | Common stock | 125,630 | 439,500 |
| Rollins, Inc. | Common stock | 151,898 | 413,538 |
| Ryan Specialty Holdings, Inc. | Common stock - Class A | 38,758 | 52,405 |
| Servicenow, Inc. | Common stock | 334,142 | 279,572 |
| Tyler Technologies, Inc. | Common stock | 177,246 | 345,002 |
| UnitedHealth Group, Inc. | Common stock | 211,613 | 310,303 |
| Veeva Systems, Inc. | Common stock - Class A | 78,167 | 311,406 |
| Watsco, Inc. | Common stock - Class A | 193,350 | 468,361 |
| Zoetis, Inc. | Common stock - Class A | 111,087 | 455,469 |
| **Total Common Stocks** | | 5,197,489 | 11,837,361 |
| Mutual funds: | | | |
| Goldman Sachs | Income Builder R6 | 613,023 | 694,441 |
| Vanguard | Interm-Term Investment-Grade Adm | 529,989 | 485,415 |
| Vanguard | Short-Term Investment-Grade Instl | 450,750 | 446,506 |
| **Total Mutual Funds** | | 1,593,762 | 1,626,362 |
| Exchange-traded funds: | | | |
| iShares Core | US Aggregate Bond ETF | 1,372,846 | 1,263,482 |
| Vanguard Intl Equity Index FDS | All-World Ex-U.S. Index | 798,988 | 1,131,721 |
| **Total Exchange-Traded Funds** | | 2,171,834 | 2,395,203 |
| **Total Assets Held at End of Year** | | $ 9,354,135 | $ 16,249,976 |