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. . . . . ▶ [X]

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
CENTRAL STEEL & WIRE COMPANY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/1944

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)
CENTRAL STEEL & WIRE COMPANY LLC

23301 CENTRAL AVE
UNIVERSITY PARK, IL 60484

2b Employer Identification Number (EIN) 36-0885660

2c Plan Sponsor's telephone number 800-621-8510

2d Business code (see instructions) 423500

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.	10/14/2026	LINDA CARPENTER
	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

TRUSTEES CENTRAL STEEL & WIRE COMPANY RETIREMENT PLAN

23301 CENTRAL AVE
UNIVERSITY PARK, IL 60484

3b Administrator's EIN: 36-6489708

3c Administrator's telephone number: 800-621-8510

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**	323
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)**	255
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	234
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	57
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	291
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	291
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 1I

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
CENTRAL STEEL & WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CENTRAL STEEL & WIRE COMPANY LLC

D Employer Identification Number (EIN)
36-0885660

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	19939891
b Actuarial value	**2b**	19939891

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	0	0	0
b For terminated vested participants	68	3616547	3616547
c For active participants	255	17403374	17494198
d Total	323	21019921	21110745

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**	5.41 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1267456
b Expected plan-related expenses	**6b**	350969
c Target normal cost	**6c**	1618425

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/30/2026
Date

JUSTIN FRAZIER
Type or print name of actuary

26-08185
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-442-3168
Telephone number (including area code)

MSC# 17755
AON, PO BOX 551343
ATLANTA, GA 30355

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	1729182
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1656626
9	Amount remaining (line 7 minus line 8)	0	72556
10	Interest on line 9 using prior year's actual return of 4.19 %	0	3040
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1667344
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 5.33 %		648
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		69352
c	Total available at beginning of current plan year to add to prefunding balance		1737344
d	Portion of (c) to be added to prefunding balance		1737344
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	1812940

Part III Funding Percentages

14	Funding target attainment percentage	14	85.86 %
15	Adjusted funding target attainment percentage	15	86.13 %
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	87.32 %
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
04/08/2026	700000	0			
07/09/2026	500000	0			
08/25/2026	500000	0			
			Totals ► 18(b)	1700000	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	1574863

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? [X] Yes [ ] No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1618425
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2983794	334704
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1953129

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1812940	1812940

36 Additional cash requirement (line 34 minus line 35)	**36**	140189
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1574863

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1434674
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1434674
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
CENTRAL STEEL & WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL STEEL & WIRE COMPANY LLC

D Employer Identification Number (EIN)
36-0885660

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)

AON HEWITT

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	297646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE LLP

30-1506626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	33000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL CUSTODY SOLUTIONS

42-1520346

(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?
15 21 51	NONE	11449	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

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

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

(complete as many entries as needed)

a Name: GARY FABER
b EIN: 22-2232264
c Position: ENROLLED ACTUARY
d Address: AON CONSULTING, INC MC#17755
PO BOX 551343
ATLANTA, GA 30355
e Telephone: 847-295-5000

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON, THE ENROLLED ACTUARY HAS CHANGED

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
CENTRAL STEEL & WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CENTRAL STEEL & WIRE COMPANY LLC

D Employer Identification Number (EIN)
36-0885660

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK SHORT TERM INVE

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-2511180-001	C	397070

a Name of MTIA, CCT, PSA, or 103-12 IE: AON LARGE CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-046	C	4428242

a Name of MTIA, CCT, PSA, or 103-12 IE: AON SMALL CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-045	C	759484

a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-U.S. EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-044	C	2414816

a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR US TREASURY STRIPS FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-036	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON INVT TRST GLOBAL REAL ESTATE FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-006	C	997069

a Name of MTIA, CCT, PSA, or 103-12 IE: AON INVST TRST HIGH YIELD PLUS FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-007	C	964515

a Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE LONG CREDIT BOND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-040	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1382633

a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE GOVERNMENT BOND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-043	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1019778

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF

b Name of sponsor of entity listed in (a): NISA INVESTMENT ADVISORS, LLC

c EIN-PN 88-6547562-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1683132

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF

b Name of sponsor of entity listed in (a): NISA INVESTMENT ADVISORS, LLC

c EIN-PN 88-6547562-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4451131

a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-038	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 931093

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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
CENTRAL STEEL & WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL STEEL & WIRE COMPANY LLC

D Employer Identification Number (EIN)
36-0885660

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	154000
(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)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	18237216	19428963
(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)		
(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	18237216	19582963
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	53538	94182
1k Total liabilities (add all amounts in lines 1g through1j)	1k	53538	94182
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	18183678	19488781

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)	1954000	
(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)		1954000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2562509
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4516509
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2435269	
(2) To insurance carriers for the provision of benefits	2e(2)	317297	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2752566
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	11449	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	33000	
(5) Investment advisory and investment management fees	2i(5)	136514	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	161132	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	116745	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		458840
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3211406
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1305103
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: CROWE LLP **(2)** EIN: 30-1506626

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		10000000
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 588379.

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
CENTRAL STEEL & WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CENTRAL STEEL & WIRE COMPANY LLC

D Employer Identification Number (EIN)
36-0885660

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): 41-6257133

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** 29

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_____.

CENTRAL STEEL & WIRE COMPANY
RETIREMENT PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

CENTRAL STEEL & WIRE COMPANY
RETIREMENT PLAN

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Central Steel & Wire Company Retirement Plan
Chicago, Illinois

Opinion

We have audited the financial statements of Central Steel & Wire Company Retirement 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 statement of changes in net assets available for benefits for the year ended December 31, 2025, 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 its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 from the date the financial statements are available to be issued.

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

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

(Continued)

In our opinion, the information in the accompanying schedules 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Crowe LLP

Oakbrook Terrace, Illinois
October 13, 2026

CENTRAL STEEL & WIRE COMPANY
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 19,428,963	$ 18,237,216
Employer contribution receivable	154,000	-
Total assets	19,582,963	18,237,216
LIABILITIES		
Accrued expenses	94,182	53,538
Total liabilities	94,182	53,538
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,488,781	$ 18,183,678

See accompanying notes to financial statements.

CENTRAL STEEL & WIRE COMPANY
RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2025

Additions to net assets attributed to:	
Net appreciation in the fair value of investments	$ 2,533,976
Dividends and interest income	28,533
Employer contributions	1,954,000
Total additions	4,516,509
Deductions from net assets attributed to:	
Benefits paid to participants	2,435,269
Purchase of annuity contracts	317,297
Administrative expenses	458,840
Total deductions	3,211,406
Net increase	1,305,103
Net assets available for benefits:	
Beginning of year	18,183,678
End of year	$ 19,488,781

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

General: The Central Steel & Wire Company Retirement Plan (the Plan) was adopted by Central Steel & Wire Company (the Company) on November 1, 1944 and is described more fully within the summary plan description. The Plan is a defined benefit pension plan, which is administered by trustees appointed by the Company's board of directors, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility, Vesting and Benefits: All full-time personnel of the Company who were over the age of 20½ became participants in the Plan on the January 1st following completion of 6 months of continuous service. However, effective February 1, 2020, the Plan was amended to freeze for new members of the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, thereby completely freezing the Plan to new entrants. Existing participants continue to accrue benefits under the provisions of the Plan.

Normal retirement date is the later of the date the participant attains age 65 or the date upon completion of 5 years of vested service, although a participant may elect early retirement after attainment of age 60, provided the participant has then completed 15 or more years of continuous service. The Plan provides certain benefits for terminated and disabled participants who have completed a minimum of 5 years of continuous full-time service. Death benefits are also provided following 5 years of credited service. Retirement benefits are determined under formulas specified in the Plan, which are based on annual base earnings for the period of 5 consecutive full calendar years out of the last 10 consecutive calendar year period ending on or before the normal or postponed retirement date that produces the highest average.

Administrative Expenses: Certain trustee fees, investment management fees, professional fees, Pension Benefit Guaranty Corporation ("PBGC") fees and other administrative expenses directly related to the Plan are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. All other expenses of the Plan are paid by the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting, in conformity with U.S. generally accepted accounting principles.

Use of Estimates: The preparation of financial statements requires the plan administrator 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. Actual results may differ from those estimates. It is possible that a significant change may occur to certain factors, which may affect the estimate of the year-to-year change in actuarial present value of accumulated plan benefits.

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. See Note 5 for discussion of fair value measurements. Interest and dividend income is recorded as earned. Purchases and sales of securities are recorded on the trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – 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 significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 are set forth in Note 6. Actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by a third-party actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability withdrawal, or retirement) between the valuation date and the expected date of payment.

Risks and Uncertainties: The Plan invests in various securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks as well as risks associated with global events. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Investment Concentration: The Plan held an interest in the following investments which represent the corresponding percent of total investments held as of December 31, 2025 and 2024:

	2025	2024
Aon Collective Investment Trust Large Cap Equity Index Fund	23%	23%
Aon Collective Investment Trust Long Credit Bond Fund	7%	26%
Aon Collective Investment Trust 20+ YR US Treasury Strips Fund	-	16%
NISA Ultra Mid Treasury CIF	23%	-

Payments of Benefits: Benefit payments are recorded when paid.

NOTE 3 - FUNDING POLICY

The Company uses the standard unit credit actuarial cost method for determining funding requirements of the Plan. Such contribution amounts, as determined by the Plan's actuary, must adhere to the minimum funding requirements under ERISA, as amended. The Company's contributions to the Plan for the year ended December 31, 2025 satisfied the minimum funding requirements of ERISA. Any contributions made in excess of this minimum required amount are in accordance with the Plan's funding policy in order to maintain an adjusted funding target attainment percentage of at least 80% to prevent any restrictions on payment forms allowable under the Plan in accordance with the Internal Revenue Code.

(Continued)

NOTE 4 - PLAN TERMINATION

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. Under the provisions of ERISA, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits provided by the Pension Benefit Guaranty Corporation. The Plan agreement details the priority of asset distribution to plan participants in the event of such termination.

NOTE 5 - FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC Topic 820 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 may include:

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

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

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

Collective Trust Funds: The fair values of participation units held in collective trusts are based on the net asset values per unit reported by the fund managers. The collective trusts issued by Aon Trust Company provide daily redemptions at reported net asset value per share with at least 15 business days advance notice requirement. The NISA collective trusts also provide for daily redemptions reported at net asset value per share with at least 2 business days advance notice requirement. The remaining collective trust does not have an advance notice requirement for redemptions.

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

(Continued)

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

	Investments at Estimated Fair Value			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Significant Unobservable Inputs (Level 3)	Total
Collective trust funds measured at net asset value*	$ -	$ -	$ -	$ 19,428,963
Total investments	$ -	$ -	$ -	$ 19,428,963

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Investments at Estimated Fair Value			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Significant Unobservable Inputs (Level 3)	Total
Collective trust funds measured at net asset value*	$ -	$ -	$ -	$ 18,237,216
Total investments	$ -	$ -	$ -	$ 18,237,216

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial present value of accumulated plan benefits at end of period comprises	Year ended December 31 2025	2024
Vested Benefits		
Participants currently receiving payment	$ -	$ -
Vested benefits for other participants	20,630,873	22,750,742
Total vested benefits	20,630,873	22,750,742
Non-vested benefits	147,479	103,761
	$ 20,778,352	$ 22,854,503

(Continued)

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

Actuarial present value of accumulated plan benefits at December 31, 2024	$ 22,854,503
Increase (decrease) during the period attributable to:	
Benefits accumulated/actuarial experience	1,852,105
Interest accumulated	859,178
Change in actuarial assumptions*	(2,034,868)
Benefits paid	(2,752,566)
Net change	(2,076,151)
Actuarial present value of accumulated plan benefits at December 31, 2025	$ 20,778,352

*Changes in actuarial assumptions include, but are not limited to, a change in the long-term rate of return, mortality rates and lump sum interest rates.

The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 were:

a. Mortality basis:
   - For December 31, 2025, the mortality conversion basis for lump sum payments was the published 417(e) mortality table for lump sums with the standard version of the MP-2021 projection scale for those lump sums with commencement dates after 2026. The lump sum conversion interest rates are the published 417(e) segment rates as of December 2025.
   - For all others as of December 31, 2025, mortality was based on the Club Vita active and deferred tables with the projection scale MP-2021, with Aon 2025 year-end endemic adjustment.
   - For December 31, 2024, the mortality conversion basis for lump sum payments was the published 417(e) mortality table for lump sums with the standard version of the MP-2021 projection scale for those lump sums with commencement dates after 2025. The lump sum conversion interest rates are the published 417(e) segment rates as of December 2024.
   - For all others, as of December 31, 2024, mortality was based on the Club Vita active and deferred tables with the projection scale MP-2021, with Aon 2024 year-end endemic adjustment.

b. Active participant retirement age assumptions are based on Central Steel & Wire Company's history. Participants are assumed to retire in varying percentages from age 60 to age 65.

c. Participants pending payment are assumed to commence benefits immediately. Participants who have not elected to commence payments are assumed to defer to age 65.

d. The expected long-term rate of return on investments, net of administrative expenses, is 4.45% and 4.00% for 2025 and 2024, respectively.

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

(Continued)

NOTE 7 - FEDERAL INCOME TAXES

The Internal Revenue Service has determined and informed the Company by a letter dated September 7, 2017, 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, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The plan administrator is not aware of any activity or transactions that may adversely affect the qualified status of the Plan.

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to 2022.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain professional fees for administration, audit, consulting and actuarial services of the Plan were paid by the Company. For the year ended December 31, 2025, the Plan reimbursed the Company for certain administrative fees paid by the Company on behalf of the Plan in the amount of approximately $33,000.

As of December 31, 2025 and 2024, the Plan held approximately $12,898,000 and $17,084,000, respectively, in collective trust funds issued by Aon Trust Company, an affiliate of the Plan's actuary and the Plan's investment manager; therefore, these investments qualify as party-in-interest transactions. During the plan year ended December 31, 2025, there were purchases and sales of these Aon collective trust funds of $5,145,000 and $11,260,899, respectively, and the Plan recorded corresponding net realized gains of $157,395. In 2025, the Plan also paid approximately $298,000 in administrative fees to Aon Trust Company and its affiliates for actuarial, investment management and other administrative services provided to the Plan. These transactions, and the Plan's payment of fees to any of the Plan's service providers, are also considered party-in-interest.

NOTE 9 - SUBSEQUENT EVENTS

The Company has performed an evaluation of subsequent events through October 13, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

CENTRAL STEEL & WIRE COMPANY
RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (Held at End of Year)
December 31, 2025

Name of Plan Sponsor: Central Steel & Wire Company
EIN: 36-0885660
Plan number: 002

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Collective Trusts		
	SEI Trust Company	Short Term Investment Fund A	$ 397,070	$ 397,070
*	Aon Trust Company	Aon Collective Inv Trust Global Real Estate Fund	822,645	997,069
*	Aon Trust Company	Aon Collective Inv Trust High Yield Plus Fund	776,636	964,515
*	Aon Trust Company	Aon Collective Inv Trust Intermediate Credit Bond Fund	900,000	931,093
*	Aon Trust Company	Aon Collective Inv Trust Intermediate Gov't Bond Index Fund	1,008,109	1,019,778
*	Aon Trust Company	Aon Collective Inv Trust Large Cap Equity Fund	2,478,274	4,428,242
*	Aon Trust Company	Aon Collective Inv Trust Long Credit Bond Fund	1,327,317	1,382,633
*	Aon Trust Company	Aon Collective Inv Trust Non-US Equity Fund	1,602,538	2,414,816
*	Aon Trust Company	Aon Collective Inv Trust Small Cap Equity Fund	496,222	759,484
	NISA	Ultra Long Treasury Collective Investment Fund	1,658,721	1,683,132
	NISA	Ultra Mid Treasury Collective Investment Fund	4,059,466	4,451,131
				$ 19,428,963

* Denotes party-in-interest.

See Independent Auditor's Report.

CENTRAL STEEL & WIRE COMPANY
RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of Plan Sponsor: Central Steel & Wire Company
EIN: 36-0885660
Plan number: 002

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate) and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
Category (i): A single transaction in excess of 5% of the current value of Plan assets:						
SEI Trust Company	Short Term Investment Fund A	$ 2,150,000	$ -	$ 2,150,000	$ 2,150,000	$ -
SEI Trust Company	Short Term Investment Fund A	1,500,000	-	1,500,000	1,500,000	-
SEI Trust Company	Short Term Investment Fund A	1,200,000	-	1,200,000	1,200,000	-
SEI Trust Company	Short Term Investment Fund A	-	2,250,000	2,250,000	2,250,000	-
SEI Trust Company	Short Term Investment Fund A	-	1,500,000	1,500,000	1,500,000	-
SEI Trust Company	Short Term Investment Fund A	-	1,200,000	1,200,000	1,200,000	-
Aon Trust Company	Aon Collective Inv Trust Intermediate Gov't Bond Index Fund	1,200,000	-	1,200,000	1,200,000	-
Aon Trust Company	Aon Collective Inv Trust Long Credit Bond Fund	-	1,200,000	1,137,933	1,200,000	62,067
Aon Trust Company	Aon Collective Inv Trust Long Credit Bond Fund	-	1,000,000	934,306	1,000,000	65,694
Aon Trust Company	Aon Collective Inv Trust 20+ YR US Trs STRIP	-	1,400,000	1,775,212	1,400,000	(375,212)
Aon Trust Company	Aon Collective Inv Trust 20+ YR US Trs STRIP	-	1,000,000	1,270,628	1,000,000	(270,628)
NISA	Ultra Long Treasury Collective Investment Fund	1,250,000	-	1,250,000	1,250,000	-
NISA	Ultra Long Treasury Collective Investment Fund	1,500,000	-	1,500,000	1,500,000	-
NISA	Ultra Mid Treasury Collective Investment Fund	1,200,000	-	1,200,000	1,200,000	-
NISA	Ultra Mid Treasury Collective Investment Fund	1,000,000	-	1,000,000	1,000,000	-
NISA	Ultra Mid Treasury Collective Investment Fund	-	1,900,000	1,710,534	1,900,000	189,466

(Continued)

CENTRAL STEEL & WIRE COMPANY
RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of Plan Sponsor: Central Steel & Wire Company
EIN: 36-0885660
Plan number: 002

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate) and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
Category (iii): Series of transactions in excess of 5% of plan assets:						
Aon Trust Company	Aon Collective Inv Trust Large Cap Equity Fund	$ 325,000	$ -	$ 325,000	$ 325,000	$ -
Aon Trust Company	Aon Collective Inv Trust Large Cap Equity Fund	-	745,000	444,912	745,000	300,088
Aon Trust Company	Aon Collective Inv Trust Long Credit Bond Fund	1,800,000	-	1,800,000	1,800,000	-
Aon Trust Company	Aon Collective Inv Trust Long Credit Bond Fund	-	5,450,000	5,072,406	5,450,000	377,594
Aon Trust Company	Aon Collective Inv Trust Non-US Equity Fund	90,000	-	90,000	90,000	-
Aon Trust Company	Aon Collective Inv Trust Non-US Equity Fund	-	940,000	734,904	940,000	205,096
Aon Trust Company	Aon Collective Inv Trust Intermediate Gov't Bond Index Fund	1,900,000	-	1,900,000	1,900,000	-
Aon Trust Company	Aon Collective Inv Trust Intermediate Gov't Bond Index Fund	-	900,000	891,891	900,000	8,109
Aon Trust Company	Aon Collective Inv Trust 20+ YR US Trs STRIP	-	2,875,899	3,679,325	2,875,899	(803,426)
SEI Trust Company	Short Term Investment Fund A	13,095,967	-	13,095,967	13,095,967	-
SEI Trust Company	Short Term Investment Fund A	-	13,851,887	13,851,887	13,851,887	-
NISA	Ultra Long Treasury Collective Investment Fund	3,660,000	-	3,660,000	3,660,000	-
NISA	Ultra Long Treasury Collective Investment Fund	-	2,000,000	2,001,279	2,000,000	(1,279)
NISA	Ultra Mid Treasury Collective Investment Fund	5,770,000	-	5,770,000	5,770,000	-
NISA	Ultra Mid Treasury Collective Investment Fund	-	1,900,000	1,710,534	1,900,000	189,466

See Independent Auditor's Report.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Central Steel & Wire Company Retirement Plan
EIN: 36-0885660 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			5							
30-34			11	6						
35-39			8	11	8					
40-44			12	8	10	5	1			
45-49			7	7	7	4	17	1		
50-54			5	6	10	2	18	7		
55-59			4	3	3	2	14	9	5	
60-64			9	7	2		6	8	1	1
65-69			1	2	1					1
70+										

N-255

Schedule SB Attachment (Form 5500) —2025 Plan Year
Central Steel & Wire Company Retirement Plan
EIN: 36-0885660 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a zero-month lookback (as of January 2025), each adjusted as needed to fall within the 25-year interest rate stabilization corridor under ARPA
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a zero-month lookback (as of January 2025), without regard to interest rate stabilization
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
Pay Increases	
Salary Increases	3.50% for the increase from January 1, 2025 salary to January 1, 2026 salary. 3.00% increase for future years.
Bonus & Commissions	AIP: 0% of target assumed to be paid in 2025; 100% of target assumed to be paid in future years SIP: 15% assumed to be paid in 2025 and future years
Retirement Age	
Active Participants	See the rates below.

Age	Rate
60	20.00%
61	10.00%
62	20.00%
63	25.00%
64	40.00%
65	100.00%

Terminated Vested Participants	Participants pending payment are assumed to commence benefits immediately. Participants who have not elected to commence payments are deferred to age 65.
At-Risk Calculations	For at-risk calculations, participants who are eligible to retire within the next 10 years are assumed to retire immediately upon eligibility.
Mortality Rates	
Healthy	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Disabled	Not applicable
Withdrawal Rates	See Table 1.
Disability Rates	None
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year.
Trust Expenses Included in Target Normal Cost	Based on the prior year's actual plan administrative expense (excluding PBGC premium), plus the estimated PBGC premium for the current year.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the 401(a)(17) compensation limit of $350,000.
Optional Payment Form Election Percentage	100% lump sum
Optional Payment Form Conversion	For lump sums, the conversion interest rate is the same as the funding interest rates and the conversion mortality is the current 417(e) mortality table (standard approach under PPA per IRS regulations)

Surviving Spouse Benefits	For active employees and terminated vested participants who have not elected to commence payments, it is assumed that 75% of participants have an eligible spouse; and that husbands are three years older than their wives. Actual spouse data is used for terminated vested participants who have elected to commence payments and retirees.
Valuation Compensation	The pay rate as of the current valuation date, annualized, plus bonus and commissions during the calendar year ending on the Valuation Date increased by the salary assumption for one year.
Valuation of Plan Assets	The market value of assets
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Central Steel & Wire Company Retirement Plan
EIN: 36-0885660 PN: 002

Table 1

Withdrawal Rates

Age	Rate	Age	Rate
20	9.94%	40	7.75%
21	9.89%	41	7.52%
22	9.84%	42	7.26%
23	9.79%	43	6.98%
24	9.73%	44	6.68%
25	9.67%	45	6.35%
26	9.61%	46	6.01%
27	9.54%	47	5.62%
28	9.47%	48	5.20%
29	9.39%	49	4.73%
30	9.30%	50	4.23%
31	9.21%	51	3.68%
32	9.10%	52	3.12%
33	8.98%	53	2.57%
34	8.85%	54	2.04%
35	8.71%	55	1.55%
36	8.55%	56	1.13%
37	8.37%	57	0.77%
38	8.18%	58	0.49%
39	7.98%	59	0.29%
		60	0.15%
		61	0.06%
		62	0.02%
		63+	0.00%

CENTRAL STEEL & WIRE COMPANY
RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of Plan Sponsor: Central Steel & Wire Company
EIN: 36-0885660
Plan number: 002

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate) and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
Category (i): A single transaction in excess of 5% of the current value of Plan assets:						
SEI Trust Company	Short Term Investment Fund A	$ 2,150,000	$ -	$ 2,150,000	$ 2,150,000	$ -
SEI Trust Company	Short Term Investment Fund A	1,500,000	-	1,500,000	1,500,000	-
SEI Trust Company	Short Term Investment Fund A	1,200,000	-	1,200,000	1,200,000	-
SEI Trust Company	Short Term Investment Fund A	-	2,250,000	2,250,000	2,250,000	-
SEI Trust Company	Short Term Investment Fund A	-	1,500,000	1,500,000	1,500,000	-
SEI Trust Company	Short Term Investment Fund A	-	1,200,000	1,200,000	1,200,000	-
Aon Trust Company	Aon Collective Inv Trust Intermediate Gov't Bond Index Fund	1,200,000	-	1,200,000	1,200,000	-
Aon Trust Company	Aon Collective Inv Trust Long Credit Bond Fund	-	1,200,000	1,137,933	1,200,000	62,067
Aon Trust Company	Aon Collective Inv Trust Long Credit Bond Fund	-	1,000,000	934,306	1,000,000	65,694
Aon Trust Company	Aon Collective Inv Trust 20+ YR US Trs STRIP	-	1,400,000	1,775,212	1,400,000	(375,212)
Aon Trust Company	Aon Collective Inv Trust 20+ YR US Trs STRIP	-	1,000,000	1,270,628	1,000,000	(270,628)
NISA	Ultra Long Treasury Collective Investment Fund	1,250,000	-	1,250,000	1,250,000	-
NISA	Ultra Long Treasury Collective Investment Fund	1,500,000	-	1,500,000	1,500,000	-
NISA	Ultra Mid Treasury Collective Investment Fund	1,200,000	-	1,200,000	1,200,000	-
NISA	Ultra Mid Treasury Collective Investment Fund	1,000,000	-	1,000,000	1,000,000	-
NISA	Ultra Mid Treasury Collective Investment Fund	-	1,900,000	1,710,534	1,900,000	189,466

(Continued)

CENTRAL STEEL & WIRE COMPANY
RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of Plan Sponsor: Central Steel & Wire Company
EIN: 36-0885660
Plan number: 002

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate) and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain (Loss)
Category (iii): Series of transactions in excess of 5% of plan assets:						
Aon Trust Company	Aon Collective Inv Trust Large Cap Equity Fund	$ 325,000	$ -	$ 325,000	$ 325,000	$ -
Aon Trust Company	Aon Collective Inv Trust Large Cap Equity Fund	-	745,000	444,912	745,000	300,088
Aon Trust Company	Aon Collective Inv Trust Long Credit Bond Fund	1,800,000	-	1,800,000	1,800,000	-
Aon Trust Company	Aon Collective Inv Trust Long Credit Bond Fund	-	5,450,000	5,072,406	5,450,000	377,594
Aon Trust Company	Aon Collective Inv Trust Non-US Equity Fund	90,000	-	90,000	90,000	-
Aon Trust Company	Aon Collective Inv Trust Non-US Equity Fund	-	940,000	734,904	940,000	205,096
Aon Trust Company	Aon Collective Inv Trust Intermediate Gov't Bond Index Fund	1,900,000	-	1,900,000	1,900,000	-
Aon Trust Company	Aon Collective Inv Trust Intermediate Gov't Bond Index Fund	-	900,000	891,891	900,000	8,109
Aon Trust Company	Aon Collective Inv Trust 20+ YR US Trs STRIP	-	2,875,899	3,679,325	2,875,899	(803,426)
SEI Trust Company	Short Term Investment Fund A	13,095,967	-	13,095,967	13,095,967	-
SEI Trust Company	Short Term Investment Fund A	-	13,851,887	13,851,887	13,851,887	-
NISA	Ultra Long Treasury Collective Investment Fund	3,660,000	-	3,660,000	3,660,000	-
NISA	Ultra Long Treasury Collective Investment Fund	-	2,000,000	2,001,279	2,000,000	(1,279)
NISA	Ultra Mid Treasury Collective Investment Fund	5,770,000	-	5,770,000	5,770,000	-
NISA	Ultra Mid Treasury Collective Investment Fund	-	1,900,000	1,710,534	1,900,000	189,466

See Independent Auditor's Report.

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
CENTRAL STEEL & WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CENTRAL STEEL & WIRE COMPANY LLC

D Employer Identification Number (EIN)
36-0885660

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	19,939,891
b Actuarial value	**2b**	19,939,891

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	0	0	0
b For terminated vested participants	68	3,616,547	3,616,547
c For active participants	255	17,403,374	17,494,198
d Total	323	21,019,921	21,110,745

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**	5.41%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,267,456
b Expected plan-related expenses	**6b**	350,969
c Target normal cost	**6c**	1,618,425

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 JUSTIN FRAZIER J. R. FZ. 09/30/2026

Signature of actuary — Date

JUSTIN FRAZIER — 2608185

Type or print name of actuary — Most recent enrollment number

AON CONSULTING, INC. — 847-442-3168

Firm name — Telephone number (including area code)

MSC# 17755
AON, PO BOX 551343
ATLANTA GA 30355

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	1,729,182
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,656,626
9	Amount remaining (line 7 minus line 8)	0	72,556
10	Interest on line 9 using prior year's actual return of 4.19%	0	3,040
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,667,344
	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 5.33%		648
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		69,352
	c Total available at beginning of current plan year to add to prefunding balance		1,737,344
	d Portion of (c) to be added to prefunding balance		1,737,344
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	1,812,940

Part III Funding Percentages

14	Funding target attainment percentage	14	85.86 %
15	Adjusted funding target attainment percentage	15	86.13 %
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	87.32 %
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
04/08/2026	700,000	0			
07/09/2026	500,000	0			
08/25/2026	500,000	0			
		Totals ► 18(b)	1,700,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1,574,863

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? [X] Yes [ ] No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,618,425
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,983,794	334,704
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,953,129

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,812,940	1,812,940

36 Additional cash requirement (line 34 minus line 35)	**36**	140,189
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,574,863

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1,434,674
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,434,674
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Central Steel & Wire Company Retirement Plan
EIN: 36-0885660 PN: 002

Schedule SB, line 8 — Late Election to Apply Balances to Quarterly Installments

Line 8 ($1,656,626) differs from the amount on line 35 of the prior Schedule SB ($1,655,180) by $1,446 due to a late election to apply Funding Balances to a quarterly installment. Line 8 is discounted using only the plan's effective interest rate, while line 35 is discounted reflecting the late interest penalty. An amount of $471,837 was due on 7/15/2024. An election to cover it by Prefunding Balance was made on 8/9/2024 resulting in a $1,446 penalty.

Late Quarterly Calculation	
(1) Prefunding Balance Needed for 7/15/2024 Quarterly as of 1/1/2024	$ 457,272
(2) With Interest to 8/9/2024 (date of election) at 5.33% EIR	$ 471,837
(3) Discounted to 7/15/2024 at 10.33% (5.33% EIR + 5.00% Penalty)	$ 468,679
(4) Discounted to 1/1/2024 at 5.33% EIR	$ 455,826
(5) Amount of Minimum Required Contribution Covered as of 1/1/2024 before Penalty	$ 457,272
(6) Amount of Minimum Required Contribution Covered as of 1/1/2024 after Penalty	$ 455,826
(7) Penalty at 1/1/2024, (5) -(6)	$ 1,446

Schedule SB Attachment (Form 5500) —2025 Plan Year
Central Steel & Wire Company Retirement Plan
EIN: 36-0885660 PN: 002

Schedule SB, line 19 — Discounted Employer Contributions

Date		Amount	Days to Discount to 1/1/2025 at 5.41%		Interest Adjusted Contribution
April 8, 2026	$	700,000	462	$	654,840
July 9, 2026		500,000	554		461,572
August 25, 2026		500,000	601		458,451
Total Contribution	$	1,700,000		$	1,574,863

Schedule SB Attachment (Form 5500) —2025 Plan Year
Central Steel & Wire Company Retirement Plan
EIN: 36-0885660 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	20.00%	1.0000	12.10
61.5	10.00%	0.8000	4.92
62.5	20.00%	0.7200	9.00
63.5	25.00%	0.5760	9.14
64.5	40.00%	0.4320	11.15
65	100.00%	0.2592	16.85
	Weighted Average		63.16

Schedule SB Attachment (Form 5500) —2025 Plan Year
Central Steel & Wire Company Retirement Plan
EIN: 36-0885660 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date of the Plan	Originally November 1, 1944. The plan was restated effective January 1, 2023. Last amendment effective: N/A.
Plan Year	January 1 to December 31
Eligibility for Participation	Participation begins on the January 1st following the later of six months of service or attainment of age 20½. Non-USW Greensboro: No entry date will be allowed after August 6, 2019. USW Greensboro: Benefit accruals are frozen as of February 1, 2020, effectively freezing the plan to new entrants at that date.
Definitions	
Service for Vesting and Benefit Purposes	Completed days from date of hire to date of determination.
Vesting Schedule	100% vesting occurs after completion of five years of vesting service.
Base Earnings	The regular salary or wage computed on an annual basis of each participant who receives a stated salary or wage, or an amount equal to 2,080 times the basic hourly rate of each participant paid on an hourly rate (based on the salary, wage, or rate in effect as of the January 1 beginning the year); plus Annual salary bonus and annual commissions paid in the calendar year.
Final Base Earnings	Final base earnings are the average of highest five consecutive full calendar years of pay and bonus out of the last 10 years prior to date of termination.
Social Security Covered Compensation	Thirty-five (35)-year average of the Social Security wage bases ending with the year of attaining Social Security retirement age.
Normal Retirement Date	The later of the participant's sixty-fifth birthday and completion of five years of vesting service.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Central Steel & Wire Company Retirement Plan
EIN: 36-0885660 PN: 002

Normal Retirement Income	Normal monthly benefit is a life annuity calculated as the sum of (1) and (2), but not less than the maximum of (3), (4), (5) or (6): (1) 30% of final base earnings, reduced 3⅓% per year of benefit service less than 30 years at normal retirement date; (2) 19.5% of final base earnings in excess of Social Security covered compensation, reduced 3⅓% per year of benefit service less than 30 at normal retirement date; (3) 33% of final base earnings, reduced 3⅓% per year of benefit service less than 30 years at normal retirement date; (4) Amounts specified by the plan; (5) Accrued benefit as of December 31, 2007; (6) $120 per month
Accrued Benefit	The accrued benefit is the normal retirement income times the ratio of actual years of benefit service to potential full years of benefit service at normal retirement date. However, that amount shall not be less than minimum dollar benefits specified in the plan.
Early Retirement Income	Age 60 and 15 years of vesting service Accrued benefit, reduced by 6⅔% for each year by which commencement precedes age 65.
Postponed Retirement Income	Same as normal retirement income using years of benefit service and final base earnings as of the postponed retirement date.
Terminated Vested Income	Five years of vesting service Annuity payment forms are reduced from age 65 to benefit commencement date using 7% and the 417e mortality table.
Normal Form of Payment	For unmarried participants, the normal form is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity.
Optional Forms of Payment	Ten-year certain and continuous, various joint and survivor options, and a lump sum option (lump sum option is available to vested participants immediately upon termination).

Preretirement Death Benefits	The amount of death benefit is the amount of the preretirement spouse's survivor annuity, which is 50% of the amount that would have been payable to the participant had he retired the day before death and elected a 50% joint and survivor annuity.

Plan Changes Since the Prior Year

The following plan changes were reflected as of January 1, 2025:

- A change in the IRC 401(a)(17) compensation limit from $345,000 as of January 1, 2024 to $350,000 as of January 1, 2025.
- A change in the IRC Section 415 dollar limits for defined benefit plans from $275,000 as of January 1, 2024 to $280,000 as of January 1, 2025.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Effective September 1, 2026, the Enrolled Actuary changed from Gary J. Faber (EA number 26-05449) to Justin Frazier (EA number 26-08185) due to an internal change of assignments. This did not result in a method change since there was no change to the business organization providing actuarial services to the plan or to the valuation software. Since this change occurred during the 2026 plan year, it will be reported on the 2026 plan year's Schedule C.

CENTRAL STEEL & WIRE COMPANY
RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (Held at End of Year)
December 31, 2025

Name of Plan Sponsor: Central Steel & Wire Company
EIN: 36-0885660
Plan number: 002

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Collective Trusts		
	SEI Trust Company	Short Term Investment Fund A	$ 397,070	$ 397,070
*	Aon Trust Company	Aon Collective Inv Trust Global Real Estate Fund	822,645	997,069
*	Aon Trust Company	Aon Collective Inv Trust High Yield Plus Fund	776,636	964,515
*	Aon Trust Company	Aon Collective Inv Trust Intermediate Credit Bond Fund	900,000	931,093
*	Aon Trust Company	Aon Collective Inv Trust Intermediate Gov't Bond Index Fund	1,008,109	1,019,778
*	Aon Trust Company	Aon Collective Inv Trust Large Cap Equity Fund	2,478,274	4,428,242
*	Aon Trust Company	Aon Collective Inv Trust Long Credit Bond Fund	1,327,317	1,382,633
*	Aon Trust Company	Aon Collective Inv Trust Non-US Equity Fund	1,602,538	2,414,816
*	Aon Trust Company	Aon Collective Inv Trust Small Cap Equity Fund	496,222	759,484
	NISA	Ultra Long Treasury Collective Investment Fund	1,658,721	1,683,132
	NISA	Ultra Mid Treasury Collective Investment Fund	4,059,466	4,451,131
				$ 19,428,963

* Denotes party-in-interest.

See Independent Auditor's Report.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Central Steel & Wire Company Retirement Plan
EIN: 36-0885660 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 3,760,625	January 1, 2022	12	$ 408,231
Shortfall	$ 419,099	January 1, 2023	13	$ 42,976
Shortfall	$ (1,194,993)	January 1, 2024	14	$ (116,416)
Shortfall	$ (937)	January 1, 2025	15	$ (87)

Schedule SB Attachment (Form 5500) —2025 Plan Year
Central Steel & Wire Company Retirement Plan
EIN: 36-0885660 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates with a zero-month lookback as of January 2024 to segment rates with a zero-month lookback as of January 2025, each adjusted as needed to fall within the 25-year interest rate stabilization corridor under ARPA.
- A change in the optional payment form conversion mortality table from the 2024 417(e) mortality table to the 2025 417(e) mortality table.
- An update to the salary increase assumptions to reflect a 3.50% increase rate from January 1, 2025 to January 1, 2026 and 3.00% thereafter. An update in the bonus and commissions assumption to reflect 0% of target assumed to be paid in 2025 for AIP with 100% of target assumed to be paid thereafter, and 15% assumed to be paid in 2025 and future years for SIP.

The non-prescribed assumption change was made to better reflect the anticipated plan experience and did not reduce the funding shortfall; as such, approval of the commissioner is not required.