Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF CARMEUSE LIME, INC. AND SUBSIDIARIES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1950

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)
CARMEUSE LIME, INC.
CARMEUSE LIME & STONE

11 STANWIX STREET 21ST FLOOR
PITTSBURGH, PA 15222

2b Employer Identification Number (EIN)
36-3933140

2c Plan Sponsor's telephone number
412-995-5500

2d Business code (see instructions)
212320

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.	10/15/2026	SEAN MCNULTY
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1142
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)**	288
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	409
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	409
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	119
f	Total. Add lines **6d** and **6e**.	**6f**	528
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 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
RETIREMENT PLAN FOR EMPLOYEES OF CARMEUSE LIME, INC. AND SUBSIDIARIES

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-3933140

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
BANNER LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-1236145	94250	GA-10150	0	11/21/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	81697000
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☒

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
RETIREMENT PLAN FOR EMPLOYEES OF CARMEUSE LIME, INC. AND SUBSIDIARIES

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-3933140

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1976260	66230	GA-10150WP	0	11/21/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	801000
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☒

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
RETIREMENT PLAN FOR EMPLOYEES OF CARMEUSE LIME, INC. AND SUBSIDIARIES

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-3933140

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

SEI TRUST COMPANY

06-1271230

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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 15 17 50	NONE	1782798	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEI INVESTMENTS COMPANY

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51 19 21 25 49 33 52 24 62	NONE	345843	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

BDO USA, P.C.

13-5381590

(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	32580	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
RETIREMENT PLAN FOR EMPLOYEES OF CARMEUSE LIME, INC. AND SUBSIDIARIES

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CARMEUSE LIME, INC.

D Employer Identification Number (EIN)
36-3933140

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: SEI STRUCTURED CREDIT COLL FUND

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

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)
75-3251893-024	C	0

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)

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)

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)

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
RETIREMENT PLAN FOR EMPLOYEES OF CARMEUSE LIME, INC. AND SUBSIDIARIES

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-3933140

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	729044	695715
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	40	739379
(2) U.S. Government securities	1c(2)	12871125	0
(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)	4242	0
(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)	90190063	0
(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	103794514	1435094
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	607912	103823
1k Total liabilities (add all amounts in lines 1g through1j)	1k	607912	103823
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	103186602	1331271

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)	11700000	
(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)		11700000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	671036	
(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)		671036
(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)	2381469	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2381469
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	366447040	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	362317425	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		4129615
(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)		
(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		2005
d Total income. Add all **income** amounts in column (b) and enter total	2d		18884125
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33122451	
(2) To insurance carriers for the provision of benefits	2e(2)	82498000	
(3) Other	2e(3)	3283315	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		118903766
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)	1164673	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	32580	
(5) Investment advisory and investment management fees	2i(5)	328966	
(6) Bank or trust company trustee/custodial fees	2i(6)	16876	
(7) Actuarial fees	2i(7)	83577	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	209018	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1835690
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		120739456
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-101855331
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 580220.

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
RETIREMENT PLAN FOR EMPLOYEES OF CARMEUSE LIME, INC. AND SUBSIDIARIES

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-3933140

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): 23-3060382

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 | 365

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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 100.0 % Other: 0.0 %

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_____.

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

Financial Statements and
ERISA-Required Supplemental Schedules
As of December 31, 2025 (In Liquidation)
and 2024 (In Liquidation)
and for the Year Ended
December 31, 2025 (In Liquidation)

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

Financial Statements and ERISA-Required Supplemental Schedules
As of December 31, 2025 and 2024 (In Liquidation)
and for the Year Ended December 31, 2025 (In Liquidation)

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

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Independent Auditor's Report

The Participants and Plan Administrator
Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries
Pittsburgh, Pennsylvania

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

We have performed audits of the financial statements of Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits (in liquidation) as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits (in liquidation) for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

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Basis for Opinion

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

Emphasis of Matter — Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, the trustees of the Plan made a decision to terminate the Plan effective June 30, 2024, and management determined liquidation is imminent. As a result, the Plan uses the liquidation basis of accounting in presenting the financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The ERISA-required supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 (In liquidation) and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025 (In liquidation) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedules that

agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

October 14, 2026

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

Statements of Net Assets Available for Benefits – In Liquidation

December 31,	**2025**	2024
Assets		
Cash	**$ 695,715**	$ 729,044
Investments at fair value	**739,379**	103,065,470
Employer contribution receivable expected in liquidation	**-**	17,700,000
Accrued interest expected to be earned in liquidation	**-**	25,000
Total Assets	**1,435,094**	121,519,514
Liabilities		
Investment management fees payable	**-**	107,074
Administrative fees payable	**103,823**	500,838
Accrued expenses expected to be incurred in liquidation	**446,581**	2,432,000
Total Liabilities	**550,404**	3,039,912
Net Assets Available for Plan Benefits	**$ 884,690**	$ 118,479,602

See accompanying notes to financial statements.

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

Statement of Changes in Net Assets Available for Benefits – In Liquidation

Year ended December 31, 2025

Additions		
Net appreciation in the fair value of investments	$	4,131,620
Interest and dividends		3,027,505
Total Investment Income		7,159,125
Deductions		
Benefits paid to participants		33,122,451
Annuity purchase premium paid to insurance company		82,498,000
Amount paid to PBGC for missing participants		3,283,315
Total Deductions		118,903,766
Net Decrease – Prior to Changes in Estimated Amounts in Liquidation		(111,744,641)
Adjustments to Estimated Amounts Expected in Liquidation		
Contributions in excess of amounts required		(6,000,000)
Change in accrued expenses		149,729
Total Adjustment to Estimated Amounts in Liquidation		(5,850,271)
Net Decrease		(117,594,912)
Net Assets Available for Plan Benefits, beginning of year		118,479,602
Net Assets Available for Plan Benefits, end of year	$	884,690

See accompanying notes to the financial statements.

1. Plan Description

The following brief description of the Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan (except as described in the contributions section below) sponsored by Carmeuse Lime, Inc. (Carmeuse). The Plan was established on July 1, 1950, and covers employees who have completed the eligibility requirements as stipulated in the Plan document. The Plan is closed to all salaried employees hired on or after January 1, 2007 for the Carmeuse Subplan and after December 31, 2005 for the Oglebay Norton Subplan.

In addition, after September 1, 2009, years of service benefits are frozen for all non-bargained participants. However, future compensation continued to grow for retirement benefit calculation purposes at a rate of 2% per year, calculated on a Plan-year basis commencing as of January 1, 2010 (the First Adjustment Date). For purposes of determining the initial rate of compensation to be adjusted as of the First Adjustment Date, 2009 Plan-year compensation was used. The compensation amount calculated in this manner shall not increase after December 31, 2014 and the compensation amount calculated for a participant in the manner as of December 31, 2014 shall be the participant's final compensation for all plan purposes. The Plan is closed to new participants for hourly employees with various effective dates, and benefits are frozen for all groups of bargained hourly employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective September 1, 2016, a participant, surviving spouse, or alternate payee who satisfies certain eligibility requirements may elect to receive the accrued benefit under the Plan in a single lump-sum payment or any other optional forms of benefit that are otherwise available.

Contributions

Prior to July 1, 1978, benefits under the Carmeuse Subplan were funded by employee and employer contributions. Effective July 1, 1978, the Carmeuse Subplan became noncontributory. Employees' net accumulated contributions as of December 31, 2025 and 2024 were $6,204 and $14,583 respectively.

Prior to September 1, 2009, benefits under one of the Oglebay Norton Subparts were funded by employee and employer contributions. Effective September 1, 2009, this Oglebay Norton Subpart became noncontributory. Employees' net accumulated contributions as of December 31, 2025 were $0 and $19,806 as of December 31, 2024.

Carmeuse has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The amounts funded are actuarially determined by consulting actuaries using the present value of accrued benefits method (see Note 5). The Plan has met the ERISA minimum funding requirements in 2025 and 2024.

Pension Benefits

The Plan consists of two Subplans, one each for Carmeuse and Oglebay Norton. In general, a participant's eligibility for a pension, crediting of service, and benefit calculation formulas shall be governed by the terms of the Subplan that is applicable to such participant.

Plan Termination

On May 3, 2024 the Board of Directors of Carmeuse approved to terminate the Plan effective June 30, 2024 and directed the Plan administrator and the Retirement Plans Committee of Carmeuse Americas to proceed with the termination process in accordance with applicable legal requirements.

The Plan is terminating under the Pension Benefit Guaranty Corporation (PBGC) "standard termination" process. After appropriate regulatory filings with the IRS and PBGC are completed, the Plan will offer lump sum payments to certain Plan participants who are not already receiving annuity payments and settle all the remaining benefits owed by the Plan through a group annuity contract with a reputable and secure insurance company. Carmeuse Lime, Inc. is committed to make contributions, as necessary, to fully fund the Plan benefit obligations.

During September 2025, the plan sponsor offered a lump-sum benefit payout option to certain Plan participants resulting in $20,919,775 of payments to participants who elected this option.

During November 2025, all active and deferred vested participants and all participants in payment were transferred to a highly rated insurance company, who assumed financial responsibility for all payments beginning February 1, 2026. The annuity purchase premium that was paid to the insurance company was $82,498,000. The plan's obligation as of December 31, 2025, consists of the monthly payments due to participants as of January 1, 2026, plus other payments for plan benefits during 2026, including a payment to the PBGC for the remaining unlocatable participants who may be due a benefit. Accordingly, all other assumptions related to the obligation are no longer applicable for this plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The 2025 and accompanying 2024 financial statements have been prepared under the liquidation basis. This basis was adopted when liquidation was deemed imminent in accordance with Accounting Standards Update (ASU) 2013-07, *Liquidation Basis of Accounting*. Plan management determined that liquidation was imminent upon adoption of the resolution to terminate the Plan effective June 30, 2024. Under the liquidation basis of accounting, assets are measured at their net realizable value, estimated by fair value reduced by surrender charges, penalties and redemption charges, and disposal expenses, to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process. Liabilities are measured using the accrual basis of accounting, including any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

The Plan's financial statements and related disclosures have been updated to include accrued income and expenses expected to be realized through the end of liquidation. Accrued expenses include administrative and processional fees, and actuarial and consulting costs excepted to be incurred through liquidation. As of December 31, 2024, the Plan estimated and recorded a

contribution receivable in the amount of $17,700,000 expected to be received in liquidation; however, the full contribution was not required. The plan sponsor contributed $11,700,000 during 2025. Adjustments to estimated amounts expected in liquidation are included in the statement of changes in net assets available for benefits – in liquidation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation

The Plan's investments are reported at fair value. Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at a measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Companies consider the principal or most advantageous market in which they would transact and consider the assumptions that market participants would use when pricing the asset or liability.

The three levels of inputs that may be used to measure fair value are as follows:

Level 1 - This level consists of observable inputs such as quoted prices in active markets for identical investments that the Plan has the ability to access.

Level 2 - Inputs 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 in active markets, that are observable either directly or indirectly.
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

Level 3 - This level consists of unobservable inputs in which there is little or no market activity for the asset or liability, which require the reporting entity to develop its own estimates and assumptions relating to the pricing of the asset or liability including assumptions regarding risk.

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

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

Common Collective Trust - The fair values of participation units held in collective trusts are based on the net asset value (NAV) reported by the fund managers as of the financial statement dates and

recent transaction prices. The fund is valued using the NAV provided by the administrator of the trust on the last day of the Plan's year-end. The NAV is based on the value of the underlying assets by the trust, minus its liabilities, and then divided by the number of shares outstanding. NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

U.S. Treasury and Agency Obligations - Fair values are modeled by external pricing vendors using estimated bid prices that a dealer would pay for a security or, in limited cases, an internal trade price, used only when a more reliable price cannot be obtained, and are classified within Level 2 of the fair value hierarchy.

Mutual Funds – These are valued at the NAV of shares held by the Plan at year-end and are classified within Level 1 of the fair value hierarchy.

Cash Held in Money Market Fund – This is valued at the closing price reported by the fund sponsor from an actively traded exchange.

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

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

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 participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on an employee's years of credited service. The accumulated plan benefits for active employees, as well as retired and terminated employees, are based on a participant's age and years of credited service. Benefits for certain groups of participants are based on estimated average compensation and for other groups of participants are based on a flat rate per month per year of credited service. 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. In a terminating plan, assumptions for the present value of accumulated plan benefits should generally consider the possibility of additional potential costs of annuitizing participants, if participants were to elect so.

Administrative Fees

Administrative fees are paid by the Plan, as provided by the Plan document.

Payments of Benefits

Benefits are recorded when paid.

Consideration of Subsequent Events

Subsequent to December 31, 2025, the Company completed the termination of its defined benefit pension plan. In connection with the plan termination, the Company made the final benefit settlement payments to plan participants and beneficiaries as of September 2026, thereby satisfying all remaining obligations under the plan. The plan termination process had been substantially completed as of December 31, 2025; however, the final settlement payments occurred subsequent to year-end. As a result of these payments, the Company has fully discharged its obligations related to the defined benefit pension plan. Management evaluated this event through October 14, 2026 and determined that no adjustment to the December 31, 2025 financial statements was required. The event has been disclosed as a nonrecognized subsequent event.

3. Investments

The following tables set forth the fair value of the Plan's assets measured on a recurring basis, by level, as described in Note 2:

December 31, 2025

	Level 1	Level 2	Total
Money market fund	$ 739,379	$ -	$ 739,379

December 31, 2024

	Level 1	Level 2	Total
Mutual funds	$ 90,190,063	$ -	$ 90,190,063
Money market fund	40	-	40
U.S. Treasury and agency obligations	-	12,871,125	12,871,125
Total Investments, in the fair value hierarchy	$ 90,190,103	$ 12,871,125	103,061,228
Common collective trust, measured at NAV			4,242
Investments, at fair value*			$ 103,065,470

* There were no Level 3 investments held in 2025 and 2024.

4. Common Collective Trust

The Plan has invested in the SEI Structured Credit Collective Fund (Credit Fund). The Credit Fund's objective is to generate high total returns by investing in a portfolio comprised of collateralized debt obligations, which includes collateralized loan obligations and other structured credit investments.

Sales and redemptions of participant units are transacted at NAV. Withdrawals from the Credit Fund may be made as of the valuation date on the last business day of a calendar quarter. Redemptions require 65 days' notice for the Credit Fund. If the Plan withdraws the entire balance of the fund,

10% is held in escrow until the completion of the fund's annual audit. The funds have no unfunded commitments.

5. Actuarial Present Value of Accumulated Plan Benefits

Consulting actuaries from Willis Towers Watson at January 1, 2026 and 2025 estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money, through discounts for interest, and the probability of payment, by means of decrements such as for death, disability, withdrawal, or retirement, between the valuation date and the expected date of payment.

The residual payment made to the PBGC after January 1, 2026 was discounted using the year 1 spot rate of 3.86% based on the WTW US RATE: Link 40-90 yield curve as of December 31, 2025.

The accumulated plan benefits information is as follows:

December 31,	2025 (in liquidation)	2024 (in liquidation)
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	$ 1,077,567	$ 79,854,599
Other participants	-	38,034,755
Total Vested Benefits	1,077,567	117,889,354
Non-vested benefits	-	667,408
Total Actuarial Present Value of Accumulated Plan Benefits	$ 1,077,567	$ 118,556,762

The changes in accumulated plan benefits were as follows:

Actuarial Present Value of Accumulated Plan Benefits, January 1, 2025	$ 118,556,762
Increase (decrease) during the year attributed to:	
Decrease in the discount period	4,933,761
Benefits paid	(8,626,145)
Actuarial gains	(3,509,191)
Settlement[1]	(110,277,620)
Actuarial Present Value of Accumulated Plan Benefits, December 31, 2025	$ 1,077,567

1 Settlement amount includes annuity purchase, PBGC missing participant payment, and lump sum benefit payments.

6. Certification of Financial Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held as of December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by SEI Private Trust Company, a qualified institution and the trustee.

7. Income Tax Status

The Internal Revenue Service (IRS) determined and informed Carmeuse by letter dated October 1, 2025, that the termination of the Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries does not affect the Plan's qualification for federal tax purposes under the Internal Revenue Code (IRC). The determination applies to the proposed plan termination date of June 30, 2024, and is conditioned upon the plan sponsor making additional contributions to the trust to fund all accrued benefits under the Plan.

The Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

The Plan's investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these investments and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

As of December 31, 2025, the Company's investments consisted of one investment. As of December 31, 2024, two investments individually represented more than 10% of total investments. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2025.

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

9. Related Party and Party-in-Interest Transactions

Certain Plan investments were managed by SEI Investments Management Corporation, the Plan's investment advisor. SEI Investments Management Corporation is an affiliate of the Plan's trustee at December 31, 2025 and 2024. These transactions qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA guidelines.

Certain administrative functions are performed by officers or employees of Carmeuse at no cost to the Plan. These transactions are not deemed prohibited transactions because they are covered by statutory or administrative exemptions from the Code and ERISA's rules on prohibited transactions.

10. Reconciliation of Financial Statements to Form 5500

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

December 31,	**2025**	2024
Net assets available for benefits per the financial statements	**$ 884,690**	$ 118,479,602
Less: employer contribution receivable expected in liquidation	**-**	(17,700,000)
Less: accrued interest expected to be earned in liquidation	**-**	(25,000)
Add: accrued expenses expected to be incurred in liquidation	**446,581**	2,432,000
Net Assets Available for Benefits per Form 5500	**$ 1,331,271**	$ 103,186,602

The following is a reconciliation of the change in net assets per the financial statements to Form 5500:

Year ended December 31,	2025
Net Decrease in Net Assets, per the financial statements	$ (111,744,641)
Add: employer contribution	11,700,000
Add: accrued interest expected in liquidation	25,000
Less: investment management fees	(328,966)
Less: administrative and other expenses	(1,953,305)
Add: accrued expenses expected in liquidation	446,581
Net Decrease per Form 5500	$ (101,855,331)

ERISA-Required Supplemental Schedules

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

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

EIN: 36-3933140 **Plan Number: 001**

December 31, 2025

(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
	Cash			
*	SEI Investment Company	Cash	$ 695,715	$ 695,715
	Money Market Fund			
	Government Fund	Government Fund	739,379	739,379
	Total		$1,435,094	$1,435,094

* A party-in-interest, as defined by ERISA.

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

Schedule H, Line 4j – Schedule of Reportable Transactions (In Liquidation)

EIN: 36-3933140 **Plan Number: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Single Transaction in Excess of the Current Value of 5% of Plan Assets						
SEI	Government Fund	$ 10,195,555	$ -	$ 10,195,555	$ 10,195,555	$ -
SEI	Government Fund	-	10,200,257	10,200,257	10,200,257	-
SEI	Government Fund	75,601,997	-	75,601,997	75,601,997	-
SEI	Government Fund	11,700,000	-	11,700,000	11,700,000	-
SEI	Government Fund	-	82,498,000	82,498,000	82,498,000	-
SEI	Government Fund	31,932,681	-	31,932,681	31,932,681	-
SEI	Government Fund	-	5,498,909	5,498,909	5,498,909	-
SEI	Government Fund	-	16,856,579	16,856,579	16,856,579	-
SEI	Government Fund	74,849,799	-	74,849,799	74,849,799	-
SEI	Government Fund	-	76,047,005	76,047,005	76,047,005	-
SEI	SEI Global Managed Volatility FD	-	10,323,576	9,890,481	10,323,576	433,095
SEI	SEI INTERMEDIATE DUR CREDIT-A	-	24,789,866	26,384,059	24,789,866	(1,594,193)
SEI	SEI INTERMEDIATE DUR CREDIT-A	21,464,104	-	21,464,104	21,464,104	-
SEI	SEI INTERMEDIATE DUR CREDIT-A	-	59,674,815	61,429,567	59,674,815	(1,754,752)
SEI	SEI LONG DUR CREDIT-A	-	10,284,334	10,939,977	10,284,334	(655,643)
SEI	U.S. Treasury Strips Z-CPN	5,498,909	-	5,498,909	5,498,909	-
SEI	U.S. Treasury Strips Z-CPN	-	5,370,982	5,029,631	5,370,982	341,351
SEI	U.S. Treasury Strips Z-CPN	-	5,388,526	5,290,922	5,388,526	97,604
Total Category (i)		$ 231,243,045	$ 306,932,849	$ 541,308,432	$ 538,175,894	$ (3,132,538)
Category (iii) - Series of Transactions in Excess of 5% of Current Value of Plan Assets						
	SEI GLOBAL MGD VOLATILITY FD (SGMAX)					
SEI	10 purchases	$ 5,488,599	$ -	$ 5,488,599	$ 5,488,599	$ -
SEI	33 sales	-	21,850,322	21,412,034	21,850,322	438,288
	SEI INTERMEDIATE DUR CREDIT-A (SIDCX)					
SEI	12 purchases	23,424,151	-	23,424,151	23,424,151	-
SEI	3 sales	-	86,454,881	89,937,092	86,454,881	(3,482,211)
	SEI LONG DUR CREDIT FUND A (SLDAX)					
SEI	12 purchases	1,159,691	-	1,159,691	1,159,691	-
SEI	3 sales	-	14,831,792	15,856,578	14,831,792	(1,024,786)
	U.S. TREASURY STRIPS Z-CPN 1 1 / 1 5 / 3 5					
SEI	1 purchase	5,498,909	-	5,498,909	5,498,909	-
SEI	3 sales	-	5,854,984	5,498,908	5,854,984	356,076

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

Schedule H, Line 4j – Schedule of Reportable Transactions (In Liquidation)

EIN: 36-3933140 **Plan Number: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Single Transaction in Excess of the Current Value of 5% of Plan Assets (Continued)						
SEI	U.S. TREASURY STRIPS Z-CPN 5 / 1 5 / 3 4 1 sale	$ -	$ 5,388,526	$ 5,290,922	$ 5,388,526	$ 97,604
SEI	U.S. TREASURY STRIPSZ-CPN 1 1 / 1 5 / 4 0 2 purchases	4,026,180	-	4,026,180	4,026,180	-
SEI	2 sales	-	4,191,949	4,026,180	4,191,949	165,769
Total Category(iii)		$ 39,597,530	$ 138,572,454	$ 181,619,244	$ 178,169,984	$ (3,449,260)
Category (iv) – Single Transaction with One Broker Exceeds 5% of Value						
SEI	BROKER: GOLDMAN SACHS & CO U.S. TREASURY STRIPS Z-CPN 2 / 1 5 / 2 8	$ -	$ 234,454	$ 218,168	$ 234,454	$ 16,286
SEI	U.S. TREASURY STRIPS Z-CPN 8 / 1 5 / 2 9	-	473,689	468,393	473,689	5,296
SEI	U.S. TREASURY STRIPS Z-CPN 1 1 / 1 5 / 3 5	5,498,909	-	5,498,909	5,498,909	-
SEI	U.S. TREASURY STRIPS Z-CPN 8 / 1 5 / 3 2	191,060	-	191,060	191,060	-
SEI	U.S. TREASURY STRIPS Z-CPN 5 / 1 5 / 3 4	-	5,388,526	5,290,922	5,388,526	97,604
SEI	U.S. TREASURY STRIPS Z-CPN 8 / 1 5 / 3 8	-	4,550,766	4,601,004	4,550,766	(50,238)
SEI	U.S. *TREASURY STRIPS Z-CPN 5 / 1 5 / 5 3*	-	323,256	352,136	323,256	(28,880)
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 4 0*	3,813,252	-	3,813,252	3,813,252	-
SEI	U.S. *TREASURY STRIPS Z-CPN 5 / 1 5 / 4 3*	-	1,163,448	1,216,578	1,163,448	(53,130)
SEI	U.S. *TREASURY STRIPS Z-CPN 2 / 1 5 / 4 5*	423,055	-	423,055	423,055	-
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 3 5*	-	287,720	283,763	287,720	3,957
SEI	U.S. *TREASURY STRIPS Z-CPN 8 / 1 5 / 3 2*	-	67,530	69,283	67,530	(1,753)
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 4 0*	-	192,868	195,877	192,868	(3,009)
SEI	U.S. *TREASURY STRIPS Z-CPN 2 / 1 5 / 4 5*	-	19,239	20,037	19,239	(798)
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 3 5*	-	196,282	185,514	196,282	10,768
SEI	U.S. *TREASURY STRIPS Z-CPN 8 / 1 5 / 3 2*	185,013	-	185,013	185,013	-
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 4 0*	212,928	-	212,928	212,928	-
SEI	U.S. *TREASURY STRIPS Z-CPN 2 / 1 5 / 4 5*	-	411,038	403,017	411,038	8,021
SEI	U.S. *TREASURY STRIPS Z-CPN 5 / 1 5 / 4 6*	509,111	-	509,111	509,111	-
SEI	U.S. *TREASURY STRIPS Z-CPN 8 / 1 5 / 3 2*	-	1,468,668	1,447,161	1,468,668	21,507
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 4 0*	-	3,999,081	3,830,303	3,999,081	168,778

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

Schedule H, Line 4j – Schedule of Reportable Transactions (In Liquidation)

EIN: 36-3933140 **Plan Number: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iv) - Single Transaction with One Broker Exceeds 5% of Value (Continued)						
SEI	BROKER: GOLDMAN SACHS & CO U. S. TREASURY STRIPS Z-CPN 1 1 / 1 5 / 3 5	$ -	$ 5,370,982	$ 5,029,631	$ 5,370,982	$ 341,351
Total Category (iv)		$ 10,833,328	$ 24,147,547	$ 34,445,115	$ 34,980,875	$ 535,760

There were no category (ii) reportable transactions.

* A party-in-interest, as defined by ERISA.

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

Schedule H, Line 4j – Schedule of Reportable Transactions (In Liquidation)

EIN: 36-3933140 **Plan Number: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Single Transaction in Excess of the Current Value of 5% of Plan Assets						
SEI	Government Fund	$ 10,195,555	$ -	$ 10,195,555	$ 10,195,555	$ -
SEI	Government Fund	-	10,200,257	10,200,257	10,200,257	-
SEI	Government Fund	75,601,997	-	75,601,997	75,601,997	-
SEI	Government Fund	11,700,000	-	11,700,000	11,700,000	-
SEI	Government Fund	-	82,498,000	82,498,000	82,498,000	-
SEI	Government Fund	31,932,681	-	31,932,681	31,932,681	-
SEI	Government Fund	-	5,498,909	5,498,909	5,498,909	-
SEI	Government Fund	-	16,856,579	16,856,579	16,856,579	-
SEI	Government Fund	74,849,799	-	74,849,799	74,849,799	-
SEI	Government Fund	-	76,047,005	76,047,005	76,047,005	-
SEI	SEI Global Managed Volatility FD	-	10,323,576	9,890,481	10,323,576	433,095
SEI	SEI INTERMEDIATE DUR CREDIT-A	-	24,789,866	26,384,059	24,789,866	(1,594,193)
SEI	SEI INTERMEDIATE DUR CREDIT-A	21,464,104	-	21,464,104	21,464,104	-
SEI	SEI INTERMEDIATE DUR CREDIT-A	-	59,674,815	61,429,567	59,674,815	(1,754,752)
SEI	SEI LONG DUR CREDIT-A	-	10,284,334	10,939,977	10,284,334	(655,643)
SEI	U.S. Treasury Strips Z-CPN	5,498,909	-	5,498,909	5,498,909	-
SEI	U.S. Treasury Strips Z-CPN	-	5,370,982	5,029,631	5,370,982	341,351
SEI	U.S. Treasury Strips Z-CPN	-	5,388,526	5,290,922	5,388,526	97,604
Total Category (i)		$ 231,243,045	$ 306,932,849	$ 541,308,432	$ 538,175,894	$ (3,132,538)
Category (iii) - Series of Transactions in Excess of 5% of Current Value of Plan Assets						
	SEI GLOBAL MGD VOLATILITY FD (SGMAX)					
SEI	10 purchases	$ 5,488,599	$ -	$ 5,488,599	$ 5,488,599	$ -
SEI	33 sales	-	21,850,322	21,412,034	21,850,322	438,288
	SEI INTERMEDIATE DUR CREDIT-A (SIDCX)					
SEI	12 purchases	23,424,151	-	23,424,151	23,424,151	-
SEI	3 sales	-	86,454,881	89,937,092	86,454,881	(3,482,211)
	SEI LONG DUR CREDIT FUND A (SLDAX)					
SEI	12 purchases	1,159,691	-	1,159,691	1,159,691	-
SEI	3 sales	-	14,831,792	15,856,578	14,831,792	(1,024,786)
	U.S. TREASURY STRIPS Z-CPN 1 1 / 1 5 / 3 5					
SEI	1 purchase	5,498,909	-	5,498,909	5,498,909	-
SEI	3 sales	-	5,854,984	5,498,908	5,854,984	356,076

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

Schedule H, Line 4j – Schedule of Reportable Transactions (In Liquidation)

EIN: 36-3933140 **Plan Number: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Single Transaction in Excess of the Current Value of 5% of Plan Assets (Continued)						
SEI	U.S. TREASURY STRIPS Z-CPN 5 / 1 5 / 3 4 1 sale	$ -	$ 5,388,526	$ 5,290,922	$ 5,388,526	$ 97,604
SEI	U.S. TREASURY STRIPSZ-CPN 1 1 / 1 5 / 4 0 2 purchases	4,026,180	-	4,026,180	4,026,180	-
SEI	2 sales	-	4,191,949	4,026,180	4,191,949	165,769
Total Category(iii)		$ 39,597,530	$ 138,572,454	$ 181,619,244	$ 178,169,984	$ (3,449,260)
Category (iv) – Single Transaction with One Broker Exceeds 5% of Value						
SEI	BROKER: GOLDMAN SACHS & CO U.S. TREASURY STRIPS Z-CPN 2 / 1 5 / 2 8	$ -	$ 234,454	$ 218,168	$ 234,454	$ 16,286
SEI	U.S. TREASURY STRIPS Z-CPN 8 / 1 5 / 2 9	-	473,689	468,393	473,689	5,296
SEI	U.S. TREASURY STRIPS Z-CPN 1 1 / 1 5 / 3 5	5,498,909	-	5,498,909	5,498,909	-
SEI	U.S. TREASURY STRIPS Z-CPN 8 / 1 5 / 3 2	191,060	-	191,060	191,060	-
SEI	U.S. TREASURY STRIPS Z-CPN 5 / 1 5 / 3 4	-	5,388,526	5,290,922	5,388,526	97,604
SEI	U.S. TREASURY STRIPS Z-CPN 8 / 1 5 / 3 8	-	4,550,766	4,601,004	4,550,766	(50,238)
SEI	U.S. *TREASURY STRIPS Z-CPN 5 / 1 5 / 5 3*	-	323,256	352,136	323,256	(28,880)
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 4 0*	3,813,252	-	3,813,252	3,813,252	-
SEI	U.S. *TREASURY STRIPS Z-CPN 5 / 1 5 / 4 3*	-	1,163,448	1,216,578	1,163,448	(53,130)
SEI	U.S. *TREASURY STRIPS Z-CPN 2 / 1 5 / 4 5*	423,055	-	423,055	423,055	-
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 3 5*	-	287,720	283,763	287,720	3,957
SEI	U.S. *TREASURY STRIPS Z-CPN 8 / 1 5 / 3 2*	-	67,530	69,283	67,530	(1,753)
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 4 0*	-	192,868	195,877	192,868	(3,009)
SEI	U.S. *TREASURY STRIPS Z-CPN 2 / 1 5 / 4 5*	-	19,239	20,037	19,239	(798)
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 3 5*	-	196,282	185,514	196,282	10,768
SEI	U.S. *TREASURY STRIPS Z-CPN 8 / 1 5 / 3 2*	185,013	-	185,013	185,013	-
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 4 0*	212,928	-	212,928	212,928	-
SEI	U.S. *TREASURY STRIPS Z-CPN 2 / 1 5 / 4 5*	-	411,038	403,017	411,038	8,021
SEI	U.S. *TREASURY STRIPS Z-CPN 5 / 1 5 / 4 6*	509,111	-	509,111	509,111	-
SEI	U.S. *TREASURY STRIPS Z-CPN 8 / 1 5 / 3 2*	-	1,468,668	1,447,161	1,468,668	21,507
SEI	U.S. *TREASURY STRIPS Z-CPN 1 1 / 1 5 / 4 0*	-	3,999,081	3,830,303	3,999,081	168,778

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

Schedule H, Line 4j – Schedule of Reportable Transactions (In Liquidation)

EIN: 36-3933140 **Plan Number: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iv) - Single Transaction with One Broker Exceeds 5% of Value (Continued)						
SEI	BROKER: GOLDMAN SACHS & CO U. S. TREASURY STRIPS Z-CPN 1 1 / 1 5 / 3 5	$ -	$ 5,370,982	$ 5,029,631	$ 5,370,982	$ 341,351
Total Category (iv)		$ 10,833,328	$ 24,147,547	$ 34,445,115	$ 34,980,875	$ 535,760

There were no category (ii) reportable transactions.

* A party-in-interest, as defined by ERISA.

Retirement Plan for Employees of Carmeuse Lime, Inc. and Subsidiaries

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

EIN: 36-3933140 **Plan Number: 001**

December 31, 2025

(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
	Cash			
*	SEI Investment Company	Cash	$ 695,715	$ 695,715
	Money Market Fund			
	Government Fund	Government Fund	739,379	739,379
	Total		$1,435,094	$1,435,094

* A party-in-interest, as defined by ERISA.