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
NYRSTAR CLARKSVILLE INC. SALARIED EMPLOYEES RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/30/1984

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

1800 ZINC PLANT ROAD
CLARKSVILLE, TN 37040

2b Employer Identification Number (EIN) 52-1056429

2c Plan Sponsor's telephone number 931-552-4200

2d Business code (see instructions) 212200

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	LISA HOUSTON
	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**	706
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)**	50
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	9
b	Retired or separated participants receiving benefits	**6b**	381
c	Other retired or separated participants entitled to future benefits	**6c**	96
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	486
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	100
f	Total. Add lines **6d** and **6e**.	**6f**	586
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 1I

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	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)** [X] **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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
NYRSTAR CLARKSVILLE INC. SALARIED EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NYRSTAR CLARKSVILLE INC.

D Employer Identification Number (EIN)
52-1056429

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	37174143
b Actuarial value	**2b**	34525953

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	479	23871273	23871273
b For terminated vested participants	177	3142108	3142108
c For active participants	50	2150999	2177325
d Total	706	29164380	29190706

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

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

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	170000
c Target normal cost	**6c**	170000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/13/2026
Date

NOEL WHITEHURST
Type or print name of actuary

26-08164
Most recent enrollment number

USI CONSULTING GROUP
Firm name

629-895-7862
Telephone number (including area code)

5301 VIRGINIA WAY, SUITE 400
BRENTWOOD, TN 37027
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.78 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.06 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.27 %
15	Adjusted funding target attainment percentage	15	118.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	119.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	170000
b Excess assets, if applicable, but not greater than line 31a	**31b**	170000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

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

SCHEDULE 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
NYRSTAR CLARKSVILLE INC. SALARIED EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NYRSTAR CLARKSVILLE INC.

D Employer Identification Number (EIN)
52-1056429

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

FIRST AMERICAN

41-1418224

(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

(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

(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

(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

(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

(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)

USI CONSULTING GROUP

06-1053228

(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	NONE	116796	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLTH ADVISORY SERVICES, LLC

25434 PRAIRIEWOOD LANE
SHOREWOOD, IL 60404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	93368	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WARNER NORCROSS & JUDD LLP

38-1422647

(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?
29	NONE	26428	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

US BANK

31-0841368

(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?
19 21 24 28	NONE	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLOBAL RETIREMENT PARTNERS

47-1411118

(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	NONE	17690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOTTINGHAM ADVISORS

16-1133372

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	15337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NYRSTAR CLARKSVILLE INC. SALARIED EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NYRSTAR CLARKSVILLE INC.

D Employer Identification Number (EIN)
52-1056429

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	118726	111685
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13788297	31014802
(2) U.S. Government securities	1c(2)	1653239	417619
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	553029	100210
(B) All other	1c(3)(B)	2292764	346407
(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)		
(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)	17975199	651931
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	792889	797567

		(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	37174143	33440221
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	37174143	33440221

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	890833	
(B) U.S. Government securities	2b(1)(B)	78400	
(C) Corporate debt instruments	2b(1)(C)	137619	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	52006	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1158858
(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)	357284	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		357284
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5332476	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5318002	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		14474
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	57642	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		57642

		(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)		747677
c Other income	2c		46266
d Total income. Add all **income** amounts in column (b) and enter total	2d		2382201
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5752092	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5752092
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	126395	
(6) Bank or trust company trustee/custodial fees	2i(6)	20000	
(7) Actuarial fees	2i(7)	116796	
(8) Legal fees	2i(8)	26428	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	74412	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		364031
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6116123
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-3733922
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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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		3000000
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 584787.

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
NYRSTAR CLARKSVILLE INC. SALARIED EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NYRSTAR CLARKSVILLE INC.

D Employer Identification Number (EIN)
52-1056429

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): 31-0841368

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** 109

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

Financial Statements and
Supplementary Information

December 31, 2025 (In Liquidation) and 2024 (Ongoing)

Table of Contents

Independent Auditors' Report 1

Statements of Net Assets Available for Benefits 5

Statements of Changes in Net Assets Available for Benefits 6

Statement of Accumulated Plan Benefits 7

Statement of Changes in Accumulated Plan Benefits 8

Notes to Financial Statements 9

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) 19

Schedule H, Line 4(j) - Schedule of Reportable Transactions 21

Independent Auditors' Report

To the Pension Committee acting as the Plan Administrator and Plan Participants of
Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

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

We have performed audits of the financial statements of Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 (In Liquidation) and 2024 (Ongoing), and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the 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 discussed in Note 1 and 2 of the financial statements, the Board of Directors of the Company terminated the Plan effective October 31, 2025, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the ongoing basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

In performing an audit in accordance with GAAS, we:

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

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 accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Nashville, Tennessee
October 15, 2026

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2025 (In Liquidation) and 2024 (Ongoing)

	2025	2024
Assets		
Investments at fair value	$ 33,328,536	$ 37,055,417
Accrued investment income	111,685	118,726
Total assets	33,440,221	37,174,143
Liabilities		
Accrued expenses	145,000	-
Net assets available for benefits	$ 33,295,221	$ 37,174,143

See notes to financial statements

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 (In Liquidation) and 2024 (Ongoing)

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 1,516,142	$ 1,107,870
Net appreciation in fair value of investments	866,059	3,301,662
Total investment income	2,382,201	4,409,532
Total additions	2,382,201	4,409,532
Deductions		
Benefits paid to participants	5,752,092	2,341,018
Administrative expenses	509,031	218,697
Total deductions	6,261,123	2,559,715
Net (decrease) increase	(3,878,922)	1,849,817
Net assets available for benefits		
Beginning of year	37,174,143	35,324,326
End of year	$ 33,295,221	$ 37,174,143

See notes to financial statements

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

Statement of Accumulated Plan Benefits

December 31, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Active, terminated and transferred employees not presently receiving benefits	$ 4,402,549
Retirement participants and beneficiaries currently receiving benefits	21,249,096
Total vested benefits	25,651,645
Nonvested benefits	23,097
Total actuarial present value of accumulated plan benefits	$ 25,674,742

See notes to financial statements

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	$ 26,159,545
Increase (decrease) during the year attributable to:	
Benefits accumulated	105,597
Increase for interest due to decrease in discount period	1,750,618
Benefits paid	(2,341,018)
Net decrease	(484,803)
Actuarial present value of accumulated plan benefits at end of year	$ 25,674,742

See notes to financial statements

1. Description of Plan

The following description of the Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan sponsored by Nyrstar Clarksville Inc. (the Employer or Company). On December 30, 2008, the Board of Directors of the Company, acting as the Pension Committee and Plan Administrator, elected to freeze the participation and benefit accruals under the Plan effective January 31, 2009. On December 31, 2021, the Board of Directors of the Plan consented to merge all plan assets and accumulated plan benefits of The Pension Plan of Nyrstar Clarksville Inc. and Nyrstar Clarksville Inc. Hourly Employees' Pension Plan into the Plan. The merged plans' provisions continue to apply to participants covered by each plan. Subsequent to year-end, the Employer was acquired and now operates as Crucible Zinc, Inc.

The is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Directors is responsible for oversight of the Plan. The Pension Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Directors.

Plan Termination

On August 27, 2025, the Board of Directors of the plan sponsor elected to terminate the Plan effective October 31, 2025. On August 29, 2025, the Employer notified participants of its intentions to terminate. Upon termination, all assets remaining in the Plan will be distributed to the participants subject to the applicable requirements of ERISA and in accordance with the provisions of the plan document

On February 25, 2026, the Plan transferred approximately $25.6 million of Plan assets to Principal Life Insurance Company toward the purchase of an annuity contract intended to provide benefits to the Plan's remaining participants, beneficiaries, and alternate payees. Execution of the annuity purchase agreement remains pending due to administrative matters associated with the Plan Sponsor's subsequent name change.

Approximately $7.4 million of Plan assets are expected to remain following completion of the annuity purchase and satisfaction of the Plan's remaining obligations. The Plan Sponsor intends to transfer the surplus assets to the applicable Company defined contribution plans in accordance with the provisions of the Plan and applicable regulatory requirements.

Funding Policy

The Plan's funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were exceeded in 2025.

Pension Benefits - for the Participants of the Nyrstar Clarksville Inc. Salaried Employees' Retirement Plan

Participants with five or more years of participation in the Plan are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.5% of their average monthly earnings multiplied by total years of service (not to exceed 40 years) less 1.25% of their Social Security benefit multiplied by total years of service (not to exceed 40 years). The minimum monthly normal retirement benefit is 1.25% of average monthly earnings (not to exceed $1,400), multiplied by total years of service. In addition, there are minimum monthly benefit calculations for employees who were participants in either the New Jersey Zinc Company Plan or the Marquette Company Retirement Plan for Salaried Employees on December 31, 1978. Participants of the New Jersey Zinc Company Plan are entitled, at a minimum, to the greater of (i) 1% of average monthly earnings (not in excess of the basic average monthly compensation ranging from $488 to $1,000), plus 1.25% of average monthly earnings in excess of the basic average monthly compensation, multiplied by the total years of service, or (ii) 1.5% of average monthly earnings (not to exceed $650), multiplied by total years of service. Participants in the Marquette Company Retirement Plan for Salaried Employees are entitled, at a minimum, to the greater of (i) 1.8% of average monthly earnings less 2% of their monthly Social Security benefit, multiplied by total years of service (not to exceed 25 years), or (ii) the greater of 0.9% of average monthly earnings multiplied by total years of service or $15.50 multiplied by total years of service. “Average earnings” is defined as the average annual compensation of a participant for the 60 consecutive-month period which produces the highest annual average during the 120-month period prior to termination of employment.

The Plan permits early retirement at the age of 55 and completion of 10 years of service. In such event, the participant’s benefit shall be reduced by 0.35% for each month that the benefit commencement date precedes the normal retirement date. The Plan also provides for payments, under certain conditions, relating to the disability or death of the participant.

Participants who terminate before rendering five years of service forfeit the right to receive their accumulated plan benefits.

Pension Benefits - for the Participants of the Nyrstar Clarksville Inc. Hourly Employees' Retirement Plan

A partial plan termination occurred in 2004 following a location closing. As a result, all accumulated benefits of the affected employees were fully vested as of their employment termination date.

Participants employed on or after January 1, 2000, with five or more years of service are entitled to a monthly benefit beginning at normal retirement age (65) equal to $14 times the number of years of benefit service prior to January 1, 1985, plus $24 times the number of years of benefit service after December 31, 1984.

The Plan permits early retirement at the age of 55 and completion of 10 years of service. The early retirement benefit shall be reduced based on whether the participant selects an immediate or deferred benefit under Plan provisions. The Plan also provides for payments, under certain conditions, relating to the disability or death of the participant.

Participants who terminate employment before rendering five years of service forfeit the right to receive the portion of their accumulated plan benefits attributable to the Employer’s contributions.

Pension Benefits - for the Participants of The Pension Plan of Nyrstar Clarksville Inc.

During 2003, all eligible employees in the Plan were terminated by the Employer, resulting in a partial plan termination. As a result, all accumulated benefits of the affected employees became fully vested as of their employment termination date. Prior to January 1, 2003, if employees terminated before rendering five years of service, they forfeited the right to receive the portion of their accumulated plan benefits attributable to the Employer's contributions.

A participant shall have the right to retire on the later of the date the participant reaches age 65 or completes five years of service. The amount of retirement benefit, payable monthly, is computed as follows:

A. Special Initial Pension

The Special Initial Pension is a one-time special pension payment made in lieu of the participant's first three months of pension payments and is equal to 520 times the amount of the participant's basic hourly rate of pay in effect immediately prior to his retirement date. It is payable as of the first day of the month following a participant's retirement or termination.

B. Regular Pension

The Regular Pension is a monthly retirement benefit payable to participants who were in the employment of the Employer on or after August 1, 1998, in accordance with the applicable provisions of the Plan, as summarized below:

1. $13.00 per month multiplied by the first 15 years of continuous service for the first 15 years of service prior to January 1, 1988; plus

2. $14.00 per month multiplied by the 16th through the 30th years of continuous service prior to January 1, 1988; plus

3. $15.00 per month multiplied by each year of continuous service over 30 years prior to January 1, 1988; plus

4. a) if employed on or after September 1, 2002, $24.00 per month multiplied by the number of years of continuous service after December 31, 1987; or

   b) for participants who terminated before September 1, 2002, $23.00 per month multiplied by the number of years of continuous service after December 31, 1987.

Participants may elect to receive early retirement benefits after age 55 and the completion of 10 years of service or after the completion of 30 years of service regardless of age. In such event, the participant's vested benefit shall be reduced, depending on the form of payment option selected, for each month that the benefit commencement date precedes his normal retirement date. The Plan also provides for payments, under certain conditions, relating to the disability or death of the participant.

Death and Disability Benefits

In the event of a participant's death before their benefits commence, the benefit will be paid to their beneficiary based on the provisions of the plan document.

A participant who is permanently disabled will receive at age 65 their accrued benefit based on their average monthly compensation and credited service as if they had been employed to normal retirement age with the same monthly compensation as they were earning at the time they became disabled.

2. Summary of Accounting Policies

Basis of Accounting

As a result of the resolution to terminate the Plan, the Plan considers liquidation to be imminent and, therefore, the financial statements of the Plan for the year ended December 31, 2025, are presented on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

The financial statements of the Plan as of and for the year ended December 31, 2024, are prepared on the ongoing accrual basis of accounting in accordance with GAAP.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the plan document. Expenses paid directly by the Employer are excluded from these financial statements.

For the year ended December 31, 2024, administrative expenses incurred by the Plan were recorded as deductions in the Statement of Changes in Net Assets Available for Benefits. Certain investment-related expenses were included in net appreciation (depreciation) in fair value of investments.

As a result of the Plan's adoption of the liquidation basis of accounting in 2025, the Plan has accrued estimated expenses expected to be incurred through the completion of liquidation. These expenses include anticipated administrative, trustee, audit, and other costs associated with the termination and liquidation of the Plan. Estimated liquidation expenses are recognized as liabilities in the Statement of Net Assets Available for Benefits, with corresponding deductions recognized in the Statement of Changes in Net Assets Available for Benefits.

Recent Regulatory Developments

Setting Every Community Up for Retirement Enhancement Act of 2022 (SECURE 2.0) was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2025, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 did not have a material effect on the Plan's financial statements.

Subsequent Events

Subsequent events were evaluated through October 15, 2026, the date the financial statements were available to be issued. See Note 1, Plan Termination, for subsequent events related to the plan termination.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are calculated based on plan provisions. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024 there would be no material differences.

The significant actuarial assumptions used in the valuation were:

	December 31, 2024
Interest rate	7.00%
Mortality	Pri-2012 Total Dataset Mortality Table
Normal retirement	Age 65 and completion of five years of service or attained age, if greater

The foregoing actuarial assumptions were based on the presumption that the Plan would continue. As discussed in Note 1, on August 27, 2025, the Board of Directors of the plan sponsor elected to terminate the Plan effective October 31, 2025. Accordingly, the actuarial present value of accumulated plan benefits presented as of December 31, 2024 does not reflect the effects of the Plan termination. Different actuarial assumptions and other factors may be applicable in determining benefits upon termination. Subsequent to December 31, 2025, the Plan settled its remaining participant benefit obligations through the purchase of an irrevocable annuity contract, as further described in Note 1.

4. Information Certified by Trustee

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by U.S. Bank National Association, the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 (In Liquidation) and 2024 (Ongoing), and the accompanying supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 (In Liquidation) and 2024 (Ongoing) and the information reported in the accompanying supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025.

5. Fair Value Measurements

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

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

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

Money market funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

Exchange traded funds: Valued at the daily closing price as reported by the fund.

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

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	Level 1	Level 2	Level 3	Total
Money market funds	$ 28,066,616	$ -	$ -	$ 28,066,616
Exchange traded funds	638,905	-	-	638,905
Mutual funds	-	13,026	-	13,026
U.S. government securities	2,948,185	417,620	-	3,365,805
Corporate bonds	-	446,617	-	446,617
Municipal bonds	-	797,567	-	797,567
Total assets in the fair value hierarchy	31,653,706	1,674,830	-	33,328,536
Total investments at fair value	$ 31,653,706	$ 1,674,830	$ -	$ 33,328,536

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Money market funds	$ 13,788,297	$ -	$ -	$ 13,788,297
Exchange traded funds	6,699,218	-	-	6,699,218
Mutual funds	-	11,275,981	-	11,275,981
U.S. government securities	988,539	664,700	-	1,653,239
Corporate bonds	-	2,845,793	-	2,845,793
Municipal bonds	-	792,889	-	792,889
Total assets in the fair value hierarchy	21,476,054	15,579,363	-	37,055,417
Total investments at fair value	$ 21,476,054	$ 15,579,363	$ -	$ 37,055,417

6. Concentrations

At December 31, 2025 and 2024, the Plan had concentration of investments of $28,066,616 and $13,788,297, respectively, that were concentrated in one investment.

7. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with U.S. Bank National Association, the Trustee of the Plan. Contributions are held and managed by U.S. Bank National Association, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Employer. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

8. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Employer by a letter dated October 16, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

On September 19, 2025, an application was filed with the IRS for an advance determination as to whether the Plan meets the qualification requirements of section 401 of the IRC of 1986, with respect to the Plan's termination. The Plan has not received a response from the IRS.

9. Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. 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.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025, to Form 5500:

Net assets available for benefits per the financial statements	$ 33,295,221
Accrued expenses	145,000
Total	$ 33,440,221

The following reconciles the decrease in net assets available for benefits per the financial statements for the year ended December 31, 2025, to Form 5500:

Decrease in net assets available for benefits per the financial statements	$ (3,878,922)
Add accrued expenses for current year end	145,000
Decrease in net assets available for benefits per Form 5500	$ (3,733,922)

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

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

EIN: 52-1056429 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Funds				
	First American Funds	Government Obligations Fund	$ 28,066,616	$ 28,066,616
Exchange Traded Funds				
	Janus Henderson	AAA CLO ETF	292,087	290,835
	Janus Henderson	Securitized ETF	155,190	156,180
	PIMCO	Enhanced Low Duration Active ETF	190,640	191,890
		Total exchange traded funds	637,917	638,905
Mutual Funds				
	PIMCO	PIMCO Income Fund Institutional Class	12,540	13,026
U.S. Government Bonds				
	Federal Farm Credit Banks	Domestic bond, due 4/02/2040, 3.490%, face value $100,000	89,410	85,615
	Federal Farm Credit Banks	Domestic bond, due 10/15/2049, 2.625%, face value $250,000	170,007	157,353
	Federal Farm Credit Banks	Domestic bond, due 3/7/2039. 2.750%, face value $30,000	23,672	23,889
	Federal Farm Credit Banks	Domestic bond, due 4/20/2038, 5.350%, face value $100,000	100,225	99,833
	Federal Farm Credit Banks	Domestic bond, due 10/04/2038, 5.660%, face value $50,000	49,847	50,930
	U.S. Treasury	Domestic bond, due 1/02/2026, 3.330%, face value $920,000	919,899	920,000
	U.S. Treasury	Domestic bond, due 2/05/2026, 3.550%, face value $1,480,000	1,474,474	1,475,056
	U.S. Treasury	Domestic bond, due 5/07/2026, 3.550%, face value $560,000	552,799	553,129
		Total U.S. government bonds	3,380,333	3,365,805
Corporate Bonds				
	Escolab Inc	Subordinated corporate bond, due 11/1/2046, 3.700%, face value $95,000	73,439	71,958
	Federal Home	Subordinated corporate bond, due 3/30/2033, 5.290%, face value $100,000	101,661	100,210
	Southern Gas Company	Subordinated corporate bond, due 5/30/2047, 4.400%, face value $150,000	127,008	124,977
	Sysco Corporation	Subordinated corporate bond, due 7/15/2026, 3.300%, face value $150,000	149,013	149,472
		Total corporate bonds	451,121	446,617

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

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

EIN: 52-1056429 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Municipal Bonds				
	Bexar County Texas	Domestic bond, due 6/15/2040, 2.158%, face value $250,000	$ 177,469	$ 178,330
	Dallas Texas	Domestic bond, due 10/01/2042, 2.822%, face value $35,000	26,426	25,928
	Oregon State	Domestic bond, due 8/1/2053, 5.152%, face value $225,000	225,528	216,419
	Virginia State	Domestic bond, due 7/1/2038, 5.830%, face value $75,000	75,000	76,643
	Virginia State	Domestic bond, due 10/1/2044, 5.750%, face value $100,000	99,727	99,913
	Virginia State	Domestic bond, due 10/1/2054, 5.903%, face value $200,000	202,063	200,334
		Total municipal bonds	806,213	797,567
			$ 33,354,740	$ 33,328,536

*A party in interest as defined by ERISA.

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 52-1056429 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
	First American	First Am Govt Ob Fd Cl Z - 2/5/25 purchase	$ 4,356,789	$ -	$ -	$ -	$ 4,356,789	$ -	$ -
	First American	First Am Govt Ob Fd Cl Z - 6/16/25 purchase	2,171,421	-	-	-	2,171,421	-	-
	First American	First Am Govt Ob Fd Cl Z - 8/5/25 purchase	2,802,765	-	-	-	2,802,765	-	-
	First American	First Am Govt Ob Fd Cl Z - 10/20/25 purchase	2,567,204	-	-	-	2,567,204	-	-
	First American	First Am Govt Ob Fd Cl Z - 12/2/25 purchase	6,598,586	-	-	-	6,598,586	-	-
	First American	First Am Govt Ob Fd Cl Z - 12/10/25 sale	-	3,153,801	-	-	3,153,801	-	-
	PIMCO	PIMCO Income Fund Ins - 12/2/25 sale	-	2,511,633	-	-	2,416,847	-	94,786
	PIMCO	PIMCO Enhanced Short Maturity ETF - 8/5/25 purchase	2,006,200	-	-	400	2,006,200	-	-
	PIMCO	PIMCO Enhanced Short Maturity ETF - 10/20/25 purchase	2,010,764	-	-	400	2,010,764	-	-
	PIMCO	PIMCO Enhanced Short Maturity ETF - 12/2/25 sale	-	4,011,012	-	800	4,016,964	-	(5,952)
Total Single Transactions			$ 22,513,729	$ 9,676,446	$ -	$ 1,600	$ 32,101,341	$ -	$ 88,834

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 52-1056429 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions									
	First American	First Am Govt Ob Fd Cl Z	$ 23,504,435	$ 9,226,115	$ -	$ -	$ 9,226,115	$ -	$ -
	PIMCO	PIMCO Enhanced Short Maturity ETF	4,016,964	4,011,012	-	1,600	4,016,964	-	(5,952)
	PIMCO	PIMCO Income Fund Ins	135,394	2,511,633	-	-	2,416,847	-	94,786
	Artisan	Artisan Intl Value Fund Ins	11,859	2,178,285	-	-	1,477,602	-	700,683
	Hartford	Hartford Dividend And Growth F	17,650	3,115,998	-	-	2,331,694	-	784,304
	JPMorgan	JPMorgan Large Cap Growth Fund Class	-	2,095,224	-	-	1,114,216	-	981,008
	Vanguard	Vanguard Instl Index Instl #94	11,701	2,301,732	-	-	818,708	-	1,483,023
Total Series Transactions			$ 27,698,003	$ 25,439,999	$ -	$ 1,600	$ 21,402,146	$ -	$ 4,037,852

*A party in interest as defined by ERISA.

ATTACHMENT TO FORM 5500

SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA

Plan Name: Nyrstar Clarksville Inc. Salaried Employees' Pension Plan
EIN: 52-1056429
PN: 001
Plan Year: January 1, 2025 – December 31, 2025

	Years of Credited Service									
Attained Age	**Under 1**	**1 – 4**	**5 – 9**	**10 – 14**	**15 – 19**	**20 – 24**	**25 – 29**	**30 – 34**	**35 – 39**	**Over 39**
Under 25										
25 – 29										
30 – 34										
35 – 39		1								
40 – 44		3	2							
45 – 49		3	3							
50 – 54		4	4	1						
55 – 59		2	2	1						
60 – 64		2	2	2	2		3			
65 – 69		2	2				1	4		
Over 69			1		1			2		
Total	0	**17**	**16**	**4**	**3**	**0**	**4**	**6**	**0**	**0**

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates

24-month segment rates averaged through the end of August 2024 and published in September 2024 (as prescribed by IRC 430) and adjusted to reflect ARPA:

- Segment 1 (0 – 5 years) 5.07%
- Segment 2 (5 to 20 years) 5.31%
- Segment 3 (more than 20 years) 5.50%
- Effective Interest Rate 5.34%

Maximum Deductible Annual Interest Rates

24-month segment rates averaged through the end of August 2024 and published in September 2024 (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 5.07%
- Segment 2 (5 to 20 years) 5.33%
- Segment 3 (more than 20 years) 5.36%
- Effective Interest Rate 5.31%

Annual Expected Return on Assets

Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 5.59%

Rationale: as selected by the Plan Sponsor

PBGC and LDROM Annual Interest Rates

Segment Rates published in January 2025 using the Standard Method (as prescribed by IRC 430) as follows:

- Segment 1 (0 – 5 years) 4.65%
- Segment 2 (5 to 20 years) 5.28%
- Segment 3 (more than 20 years) 5.63%
- Effective Interest Rate 5.31%

ASC 960 Discount Rate

Discount Rate 7.00%

Rationale: as selected by the Plan Sponsor

Salary Scale

Not applicable

Mortality

Funding: IRS 2025 Generational Mortality Table (based on PRI-2012) with mortality improvement projected after year 2012 under IRS 2025 adjusted scale MP-2021.

ASC 960-20: Pri-2012 Total Dataset Mortality Table with generational mortality improvement projected after year 2012 using Scale MP-2021.

Rationale: as selected by Plan Sponsor to align with IAS 19 results.

Withdrawal Rates (per 1,000 lives)

Salaried

Age	Male and Female (1st year select)	Male and Female (2nd year select)	Male and Female (ultimate)
15	168.40	70.00	66.90
20	171.00	70.40	52.80
25	171.20	70.10	43.20
30	169.20	69.70	35.60
35	164.70	68.70	29.90
40	158.50	66.70	25.70
45	149.80	64.00	22.20
50	138.50	61.50	19.20
55	125.30	58.10	17.30
60	109.70	53.00	15.70
>=65	0.00	0.00	0.00

Hourly

Age	Male and Female (1st year select)	Male and Female (2nd year select)	Male and Female (ultimate)
15	167.00	69.00	65.00
20	170.00	69.00	51.00
25	170.00	69.00	42.00
30	168.00	68.00	34.00
35	163.00	67.00	28.00
40	156.00	65.00	23.00
45	145.00	63.00	18.00
50	128.00	60.00	9.00
55	104.00	57.00	0.00
60	99.00	52.00	5.00
>=65	0.00	0.00	0.00

Bargaining – Not applicable. No active participants.

Disability Rates (per 1,000 lives)

Hourly

Age	Male and Female
15	1.00
20	1.00
25	1.00
30	1.00
35	1.00
40	2.40
45	4.90
50	10.10
55	21.30
60	32.70
>=65	0.00

Salaried and Bargaining – None assumed

Recovery/Death Rate for ASC 960 – 1965 Railroad Retirement System (per 1,000 lives)

Hourly

Age	Male and Female	Age	Male and Female
15	0.00	55	49.00
20	26.00	60	62.00
25	26.00	65	73.00
30	26.00	70	89.00
35	26.00	75	106.00
40	26.00	80	144.00
45	27.00	85	236.00
50	31.00	90	455.00
55	49.00	>=95	1000.00

Salaried and Bargaining – None assumed

Rates of Retirement

Participants are assumed to retire as soon as eligible according to the withdrawal rates with the remainder retiring at age 65.

Commencement Dates and Forms of Payment

Retiring or terminating participants are assumed to elect the following forms of payment at age 65.

Salaried - Form of Payment	Rate of Election
Single Life Annuity	15.00%
Joint and 50% Survivor Annuity	50.00%
Joint and 100% Survivor Annuity	35.00%

Hourly - Form of Payment	Rate of Election
Single Life Annuity	50.00%
Joint and 50% Survivor Annuity	10.00%
Joint and 100% Survivor Annuity	40.00%

Bargaining - Form of Payment	Rate of Election
Single Life Annuity	30.00%
Joint and 50% Survivor Annuity	25.00%
Joint and 100% Survivor Annuity	45.00%

Inactive participants who are entitled to future benefits are assumed to follow the same assumptions as above.

Percentage Married

Salaried - 85% of participants are assumed to be married with husbands assumed to be 4 years older than wives.

Bargaining and Hourly - 75% of participants are assumed to be married with husbands assumed to be 3 years older than wives.

Maximum Limitations

The maximum annual benefit limitation and the annual compensation limit are assumed to remain at their current levels.

Provision for Expenses

The expected non-investment related expenses expected to be paid from plan assets for the upcoming year were included in the Target Normal Cost for Minimum Required Contribution purposes.

Standing Elections

The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.

Employees Valued

Only participants as of the valuation date were valued.

ASOP 51 Assumptions

No additional assumptions made.

Asset Method	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets. ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.
Funding Method	Pure Unit Credit The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include exonomic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.
Changes in Assumptions and Methods since the Last Actuarial Valuation	The interest rates used for determining the prior plan year's funding target were 4.75%, 4.87% and 5.59%. These rates were updated to the rates required for the current plan year. The mortality table for the funding target was changed as required under PPA '06. The explicit assumption for plan expenses was changed from $195,000 to $170,000.
Justification for Changes in Actuarial Assumptions	The change in assumption for plan expenses was made to reflect actual experience. All other assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status.

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 52-1056429 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
	First American	First Am Govt Ob Fd Cl Z - 2/5/25 purchase	$ 4,356,789	$ -	$ -	$ -	$ 4,356,789	$ -	$ -
	First American	First Am Govt Ob Fd Cl Z - 6/16/25 purchase	2,171,421	-	-	-	2,171,421	-	-
	First American	First Am Govt Ob Fd Cl Z - 8/5/25 purchase	2,802,765	-	-	-	2,802,765	-	-
	First American	First Am Govt Ob Fd Cl Z - 10/20/25 purchase	2,567,204	-	-	-	2,567,204	-	-
	First American	First Am Govt Ob Fd Cl Z - 12/2/25 purchase	6,598,586	-	-	-	6,598,586	-	-
	First American	First Am Govt Ob Fd Cl Z - 12/10/25 sale	-	3,153,801	-	-	3,153,801	-	-
	PIMCO	PIMCO Income Fund Ins - 12/2/25 sale	-	2,511,633	-	-	2,416,847	-	94,786
	PIMCO	PIMCO Enhanced Short Maturity ETF - 8/5/25 purchase	2,006,200	-	-	400	2,006,200	-	-
	PIMCO	PIMCO Enhanced Short Maturity ETF - 10/20/25 purchase	2,010,764	-	-	400	2,010,764	-	-
	PIMCO	PIMCO Enhanced Short Maturity ETF - 12/2/25 sale	-	4,011,012	-	800	4,016,964	-	(5,952)
Total Single Transactions			$ 22,513,729	$ 9,676,446	$ -	$ 1,600	$ 32,101,341	$ -	$ 88,834

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 52-1056429 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions									
	First American	First Am Govt Ob Fd Cl Z	$ 23,504,435	$ 9,226,115	$ -	$ -	$ 9,226,115	$ -	$ -
	PIMCO	PIMCO Enhanced Short Maturity ETF	4,016,964	4,011,012	-	1,600	4,016,964	-	(5,952)
	PIMCO	PIMCO Income Fund Ins	135,394	2,511,633	-	-	2,416,847	-	94,786
	Artisan	Artisan Intl Value Fund Ins	11,859	2,178,285	-	-	1,477,602	-	700,683
	Hartford	Hartford Dividend And Growth F	17,650	3,115,998	-	-	2,331,694	-	784,304
	JPMorgan	JPMorgan Large Cap Growth Fund Class	-	2,095,224	-	-	1,114,216	-	981,008
	Vanguard	Vanguard Instl Index Instl #94	11,701	2,301,732	-	-	818,708	-	1,483,023
Total Series Transactions			$ 27,698,003	$ 25,439,999	$ -	$ 1,600	$ 21,402,146	$ -	$ 4,037,852

*A party in interest as defined by ERISA.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
NYRSTAR CLARKSVILLE INC. SALARIED EMPLOYEES RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NYRSTAR CLARKSVILLE INC.

D Employer Identification Number (EIN)
52-1056429

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	37,174,143
b Actuarial value	**2b**	34,525,953

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	479	23,871,273	23,871,273
b For terminated vested participants	177	3,142,108	3,142,108
c For active participants	50	2,150,999	2,177,325
d Total	706	29,164,380	29,190,706

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

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

5 Effective interest rate	**5**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	170,000
c Target normal cost	**6c**	170,000

Statement by Enrolled Actuary

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

SIGN HERE

Noel Whitehurst — 10/13/2026

Signature of actuary — Date

NOEL WHITEHURST — 2608164

Type or print name of actuary — Most recent enrollment number

USI CONSULTING GROUP — 629-895-7862

Firm name — Telephone number (including area code)

5301 VIRGINIA WAY, SUITE 400

BRENTWOOD TN 37027

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.78 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.06 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.27 %
15	Adjusted funding target attainment percentage	15	118.27 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	119.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	170,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	170,000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Nyrstar Clarksville Inc. Salaried Employees' Retirement Plan
EIN: 52-1056429 PN: 001 Plan Year End: 12-31-2025
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age is determined as follows:

Age	Rate of Retirement	Population Remaining	Lives Retiring	Age x Lives
55	1.73%	100,000	1,730	95,150
56	1.69%	98,270	1,661	93,016
57	1.65%	96,609	1,594	90,858
58	1.63%	95,015	1,549	89,842
59	1.60%	93,466	1,495	88,205
60	1.57%	91,971	1,444	86,640
61	1.54%	90,527	1,394	85,034
62	1.51%	89,133	1,346	83,452
63	1.37%	87,787	1,203	75,789
64	1.26%	86,584	1,091	69,824
65	100.00%	85,493	85,493	5,557,045
Total	100.00%	n/a	100,000	6,414,855

Weighted average retirement age = 6,414,855 / 100,000 = 64.14855

Schedule SB, Part V – Summary of Principal Plan Provisions

Plan Sponsor	Nyrstar Clarksville Inc.
EIN/PN	52-1056429/001
Effective Date	April 30, 1984; amended and restated effective January 1, 2020. Effective 12/31/2021, the Nyrstar Clarksville Inc. Hourly Employees' Pension Plan ("Hourly") and the Pension Plan of Savage Zinc, Inc. for Bargaining Unit Employees ("Bargaining") were fully merged into the Salaried plan.
Plan Year	The 12-month period beginning each January 1.
Optional Methods of Benefit Payment	Subject to the applicable plan conditions, a participant may select an optional method of benefit payment, in lieu of the prescribed life income, which is actuarially equivalent. The purpose of the optional method is to permit the guarantee of a continued life income to a surviving beneficiary after the death of a participant (for example, 100% of the participant's actuarially reduced retirement income from the plan). However, if no option is elected and the participant is married at the date his benefit commences, the monthly benefit will automatically be paid in the form of a 50% joint and survivor annuity or 100% joint and survivor annuity, depending on their benefit group (Hourly, Bargaining, Salaried).
Contributions by the Employer	The employer contributes actuarially determined amounts to finance the plan benefits; participating employees do not contribute toward the cost of the plan.
Investment of Plan Funds	The assets of the pension plan are invested by the trustee in accordance with the terms of the trust agreement.

Salaried Employees

Eligibility

Each employee is eligible to become a participant in the plan upon completion of a year of service during which he completed 1,000 hours of service. Notwithstanding the foregoing, no employee will be eligible to become a participant after January 31, 2009.

Accrual and Vesting Service

Service credited for accrual and vesting purposes means the period of time between the participant's date of hire and the time he terminates employment. The plan was frozen effective January 31, 2009. As such, no service is credited for accruals after January 31, 2009. Service continues to accrue for vesting purposes.

Compensation of a Participant

For plan purposes, compensation means the total cash compensation, and working allowances, but excludes bonuses and overtime for exempt employees.

Normal Retirement

Condition

The normal retirement date of a participant is later of the participant's 65th birthday and the fifth anniversary of his plan participation.

Benefit

The participant's normal retirement benefit, which is payable monthly for life, is computed as follows:

(1) 1.5% of average monthly earnings multiplied by total years of service not exceeding 40,
Less
1.25% of monthly primary insurance amount (social security benefit) multiplied by total years of service not exceeding 40.

(2) However, the participant's monthly normal retirement benefit is never less than:
1.25% of monthly primary insurance amount (social security benefit) multiplied by total years of service not exceeding 40.

NJZ Minimum

In the event an employee was a participant in The Pension Plan of the New Jersey Zinc Company on December 31, 1978, his monthly normal retirement benefit is never less than the greater of (1) and (2) as follows:

(1) 1.0% of average monthly earnings, not in excess of the integration level plus 1.25% of average monthly earnings in excess of the integration level, multiplied by total years of service. For this purpose, the integration level for a participant may be determined from the following table:

Salaried Employees

Calendar Year of the Member's 65th Birthday	Amount
1973 or before	$488
1974	511
1975	536
1976	571
1977	605
1978	639
1979	657
1980	673
1981	688
1982	702
1983	714
1984	726
1985	736
1986	746
1987	755
1988	763
1989	771
1990	779
1991	785
1992	792
1993	798
1994	804
1995	821
1996	838
1997	855
1998	872
1999	890
2000	907
2001	924
2002	937
2003	950
2004	960
2005	970
2006	980
2007	990
2008	997
2009 and later	1,000

Salaried Employees

(2) 1.5% of average monthly earnings, not in excess of $650, multiplied by total years of service.

Marquette Minimum

In the event an employee was a participant in the Marquette Company Retirement Plan for Salaried Employees on December 31, 1978, his monthly normal retirement benefit is never less than the greater of (1) and (2) as follows:

(1) 1.8% of average monthly earnings less 2% of monthly social security benefit, multiplied by years of service not in excess of 25 years.

(2) the maximum of .9% of average monthly earnings multiplied by total years of service, and $15.50 multiplied by total years of service.

Early Retirement

Condition

A participant may retire early after he has attained age 55 and completed 10 years of service. In the event an employee was a participant in the Marquette Company Retirement Plan for Salaried Employees on December 31, 1978, he may retire early after he has attained age 55 and completed 5 years of service.

Benefit

The deferred benefit commencing at normal retirement age is computed as in Normal Retirement above, but is based on service as of his date of termination.

Upon request to the retirement committee, the participant's benefit may commence at any time after his termination of employment. If the benefit is to commence before his normal retirement age, in most cases the deferred benefit is reduced to reflect the fact that commencement of benefit payments precedes his normal retirement age.

Postponed Retirement

Condition

A participant may postpone retirement beyond his normal retirement age.

Benefit

The participant's postponed retirement benefit which commences on the first day of the first month after retirement is computed as in the same manner as in Normal Retirement but is based on service and average earnings as of his actual retirement date.

Salaried Employees

Disability Retirement

Condition

In the event an active participant becomes disabled and continues to be disabled until age 65, he will be entitled to a disability retirement benefit commencing at age 65. However, a participant who becomes disabled before completing 10 years of service is eligible to receive such a disability benefit only if he is entitled to benefits under the employer's insurance plan.

Benefit

The deferral benefit, commencing at 65, is computed in the same manner as the normal retirement benefit described in Normal Retirement above. For this purpose, the disabled participant is treated as if he continued to earn service until age 65.

Death Before Retirement

Condition

In the event of the death of a participant after:

(1) he completes 5 years of service, and while still actively employed by the employer, or
(2) after termination of service and before retirement benefits commence, if he is eligible for a deferred retirement benefit,

a monthly survivorship benefit shall be payable to the participant's surviving spouse.

Benefit

The monthly benefit, payable on the first day of the calendar month following the later of the participant's death and the date he would have attained age 55 and continuing for the lifetime of the surviving spouse, is determined as the amount the surviving spouse would have received if the participant had retired and elected a 100% joint and survivor annuity on the day before his death.

Termination of Employment After 5 Years of Vesting Service

If a participant terminates his employment after completion of 5 or more years of vesting service, he is entitled to a deferred vested benefit to commence at his normal retirement date. The amount of the benefit is determined in the same manner as the deferred benefit in Early Retirement above but is based on service as of his date of termination.

Other Termination of Employment

If employment is otherwise terminated before retirement, no benefits are provided under the plan.

Bargaining Employees

Eligibility

Each employee is eligible to become a participant in the plan on the day he is hired.

Accrual and Vesting Service

Service credited for accrual and vesting purposes means the period of time between the participant's date of hire and the time he terminates employment.

Normal Retirement

Condition:
The normal retirement date of a participant is the later of the participant's 65th birthday and the date he completes 5 years of continuous service.

Benefit:
The participant's normal retirement benefit, which is payable monthly for life, is computed as follows:

(i) an amount determined for the first 15 years of a participant's service earned prior to January 1, 1988 that is equal to $13.00 per month multiplied by the number of those years, plus

(ii) an amount determined for the 16th through the 30th years of a participant's service earned prior to January 1, 1988 that is equal to $14.00 per month multiplied by the number of those years, plus

(iii) an amount determined for the years of a participant's service earned prior to January 1, 1988 in excess of 30 years that is equal to $15.00 per month multiplied by the number of those years, plus

(iv) $24.00 per month multiplied by the number of years of a participant’s service earned after December 31, 1987.This benefit is effective for participants who are employed on or after January 1, 2000.

This monthly benefit commences on the first day of the fourth month following the participant's normal retirement date. In addition, the participant will be paid a single sum benefit as of his normal retirement date in the amount of $520 times the amount of his basic hourly rate of pay in effect immediately prior to his retirement date.

Bargaining Employees

Early Retirement

Condition:
A participant may retire early after he has attained age 55 and completed 10 years of continuous service or after he has completed 30 years of continuous service.

Benefit:
The benefit, which commences immediately upon early retirement, is computed as in Normal Retirement above, but is based on service as of his date of termination. In the event the participant has less than 30 years of service, his benefit shall be reduced by 1/2 of 1% for each month by which his early retirement date precedes his normal retirement date.

Postponed Retirement

Condition:
A participant may postpone retirement beyond his normal retirement age.

Benefit:
The participant's postponed retirement benefit which commences on the first day of the first month after retirement is computed as in the same manner as in Normal Retirement above but is based on service as of his actual retirement date.

Disability

Condition:
A participant who is permanently disabled may retire provided he has completed 10 years of continuous service.

Benefit:
The participant's disability retirement benefit commences on the first day of the seventh month following the date he becomes disabled. The amount of such benefit is determined in the same manner as in Normal Retirement above, but is based on service as of his date of retirement. If the participant is not eligible to receive social security benefits, he will receive an additional $300 monthly supplemental benefit. The supplemental disability retirement benefit ceases upon the earlier of the participant's normal retirement date and the date he recovers from disability.

Death Before Retirement

Condition:
In the event of the death of a participant after:

(1) he completes 5 years of vesting service, and while still actively employed by the employer, or

Bargaining Employees

(2) after termination of service and before retirement benefits commence, if he is eligible for a deferred retirement benefit;

a monthly survivorship benefit shall be payable to the participant's surviving spouse.

Benefit
The monthly benefit, payable on the first day of the calendar month following the later of the participant's death and the date he would have been eligible to receive an early retirement benefit, and continuing for the lifetime of the surviving spouse, is determined as the amount the surviving spouse would have received if the participant had retired and elected a 50% joint and survivor annuity commencing immediately on the day before his death.

Termination of Employment After 5 Years of Vesting Service

If a participant terminates his employment after completion of 5 or more years of vesting service, he is entitled to a deferred vested benefit to commence at his normal retirement date. The amount of the benefit is determined in the same manner as in Normal Retirement (i), (ii), (iii) and (iv) above, but is based on service as of his date of termination. The monthly benefit commences upon his 65th birthday. A participant who terminates service and is entitled to a benefit in accordance with this paragraph is not eligible for the single sum benefit described in Normal Retirement.

Prior Plan Benefits

Until August 1, 1984, participants were covered by the prior plan sponsored by Gulf + Western. Benefits accrued as of August 1, 1984 will be paid by the prior plan as participants become eligible. Benefits from the current plan, sponsored by Nyrstar Clarksville Inc., will be reduced by prior plan benefits.

Other Termination of Employment

If employment is otherwise terminated before retirement, no benefits are provided under the plan.

Hourly Employees

Eligibility

Each hourly, non-union employee is eligible to become a participant in the plan on the day he is hired. Notwithstanding the foregoing, no employee hired after January 31, 2009 will be eligible to participate in the plan.

Accrual and Vesting Service

Service credited for accrual and vesting purposes means the period of time between the participant's date of hire and the time he terminates employment. The plan was frozen effective January 31, 2009. As such, no service is credited for accruals after January 31, 2009. Service continues to accrue for vesting purposes.

This benefit is effective for participants who are employed on or after January 1, 2000.

Normal Retirement

Condition:
The normal retirement date of a participant is the first day of the month on or after the participant's 65th birthday and his completion of five years of service.

Benefit:
The participant's normal retirement benefit, which is payable monthly for life is computed as follows:

$14 times years of benefit service prior to January 1, 1985

plus $24 times years of benefit service after December 31, 1984.

This benefit is effective for participants who are employed on or after January 1, 2000.

Early Retirement Benefit

Condition:
A participant may retire early after he has attained age 55 and completed 10 years of service.

Benefit:
The deferred benefit, commencing at normal retirement age, is computed in the same manner as in Normal Retirement above but is based upon benefit service as of his date of retirement.

Upon request to the retirement committee, the participant's benefit may commence at any time after his termination of employment. If the benefit is to commence before his normal retirement age, the deferred benefit is reduced for each year that commencement of benefit payments precedes his normal retirement age.

Hourly Employees

Postponed Retirement

Condition:
A participant may postpone retirement beyond his normal retirement age.

Benefit:
The participant's postponed retirement benefit which commences on the first day of the first month after retirement is computed in the same manner as in Normal Retirement above but is based on his benefit service as of the date of his actual retirement. In no event is his postponed retirement benefit less than the actuarial equivalent of his normal retirement benefit.

Disability

Condition:
A participant who is permanently disabled is retired on the first day of the 13th month following his last day of work provided he has completed 10 years of service.

Benefit:
The amount of the participant's disability benefit which commences on the date he is retired is determined in the same manner as in Early Retirement above, but is based on service as of the date of retirement. Prior to his attainment of age 65, the payment of his monthly benefit is conditioned on his continued disability.

Death Before Retirement

Condition:
In the event of the death of a participant after:

(1) he completes 5 years of service and is still actively employed by the employer, or

(2) after termination of service and before retirement benefits commence, if he is eligible for a deferred retirement benefit;

a monthly survivorship benefit shall be payable to the participant's surviving spouse.

Hourly Employees

Benefit:

The monthly benefit for a participant who dies after completing 10 years of service is payable on the first day of the calendar month following the later of the participant's death and the date he would have attained age 55 and continuing for the lifetime of the surviving spouse. For a participant who dies after completing 5 years of service but before completing 10 years of service, the monthly benefit is payable on the later of his date of death and his normal retirement date. The benefit is determined as the amount the surviving spouse would have received if the participant had retired and elected a 100% joint and survivor annuity on the day before his death.

Termination of Employment After 5 Years of Vesting Service

If a participant terminates his employment after completion of 5 or more years of vesting service, he is entitled to a deferred vested benefit to commence at his normal retirement date. The amount of the benefit is determined in the same manner as the deferred benefit in Early Retirement above.

Other Termination of Employment

If employment is otherwise terminated before retirement, no benefits are provided under the plan.

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

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

EIN: 52-1056429 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Funds				
	First American Funds	Government Obligations Fund	$ 28,066,616	$ 28,066,616
Exchange Traded Funds				
	Janus Henderson	AAA CLO ETF	292,087	290,835
	Janus Henderson	Securitized ETF	155,190	156,180
	PIMCO	Enhanced Low Duration Active ETF	190,640	191,890
		Total exchange traded funds	637,917	638,905
Mutual Funds				
	PIMCO	PIMCO Income Fund Institutional Class	12,540	13,026
U.S. Government Bonds				
	Federal Farm Credit Banks	Domestic bond, due 4/02/2040, 3.490%, face value $100,000	89,410	85,615
	Federal Farm Credit Banks	Domestic bond, due 10/15/2049, 2.625%, face value $250,000	170,007	157,353
	Federal Farm Credit Banks	Domestic bond, due 3/7/2039. 2.750%, face value $30,000	23,672	23,889
	Federal Farm Credit Banks	Domestic bond, due 4/20/2038, 5.350%, face value $100,000	100,225	99,833
	Federal Farm Credit Banks	Domestic bond, due 10/04/2038, 5.660%, face value $50,000	49,847	50,930
	U.S. Treasury	Domestic bond, due 1/02/2026, 3.330%, face value $920,000	919,899	920,000
	U.S. Treasury	Domestic bond, due 2/05/2026, 3.550%, face value $1,480,000	1,474,474	1,475,056
	U.S. Treasury	Domestic bond, due 5/07/2026, 3.550%, face value $560,000	552,799	553,129
		Total U.S. government bonds	3,380,333	3,365,805
Corporate Bonds				
	Escolab Inc	Subordinated corporate bond, due 11/1/2046, 3.700%, face value $95,000	73,439	71,958
	Federal Home	Subordinated corporate bond, due 3/30/2033, 5.290%, face value $100,000	101,661	100,210
	Southern Gas Company	Subordinated corporate bond, due 5/30/2047, 4.400%, face value $150,000	127,008	124,977
	Sysco Corporation	Subordinated corporate bond, due 7/15/2026, 3.300%, face value $150,000	149,013	149,472
		Total corporate bonds	451,121	446,617

Nyrstar Clarksville, Inc. Salaried Employees' Retirement Plan

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

EIN: 52-1056429 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Municipal Bonds				
	Bexar County Texas	Domestic bond, due 6/15/2040, 2.158%, face value $250,000	$ 177,469	$ 178,330
	Dallas Texas	Domestic bond, due 10/01/2042, 2.822%, face value $35,000	26,426	25,928
	Oregon State	Domestic bond, due 8/1/2053, 5.152%, face value $225,000	225,528	216,419
	Virginia State	Domestic bond, due 7/1/2038, 5.830%, face value $75,000	75,000	76,643
	Virginia State	Domestic bond, due 10/1/2044, 5.750%, face value $100,000	99,727	99,913
	Virginia State	Domestic bond, due 10/1/2054, 5.903%, face value $200,000	202,063	200,334
		Total municipal bonds	806,213	797,567
			$ 33,354,740	$ 33,328,536

*A party in interest as defined by ERISA.

Nyrstar Clarksville Inc. Salaried Employees' Pension Plan
EIN: 52-1056429 PN: 001 Plan Year End: 12-31-2025
Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions

The following changes were made to the actuarial assumptions effective January 1, 2025:

1. The explicit assumption for plan expenses was changed from $195,000 to $170,000 to reflect actual experience.