

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

**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.)

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:  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**

<p><b>1a</b> Name of plan  <u>RUSSELLVILLE ENGINEERED CASTINGS UNION RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> 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)  <u>RUSSELLVILLE ENGINEERED CASTINGS, INC.</u></p> <p><u>232 HOPKINSVILLE ROAD</u>  <u>RUSSELLVILLE, KY 42276</u></p>	<p><b>1c</b> Effective date of plan  <u>10/31/2014</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>61-1154640</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>270-726-2441</u></p> <p><b>2d</b> Business code (see instructions)  <u>339900</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/30/2025	MAURICE KING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	197
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	34
	<b>6a(2)</b>	28
	<b>6b</b>	90
	<b>6c</b>	61
	<b>6d</b>	179
	<b>6e</b>	14
	<b>6f</b>	193
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B 3H 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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.

<b>A</b> Name of plan <u>RUSSELLVILLE ENGINEERED CASTINGS UNION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RUSSELLVILLE ENGINEERED CASTINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>61-1154640</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>4330953</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>4589299</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>101</u>	<u>2758144</u>	<u>2758144</u>
<b>b</b> For terminated vested participants .....	<u>63</u>	<u>1328093</u>	<u>1328093</u>
<b>c</b> For active participants .....	<u>34</u>	<u>1157924</u>	<u>1137452</u>
<b>d</b> Total .....	<u>198</u>	<u>5244161</u>	<u>5223689</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.30 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>31444</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>169000</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>200444</u>

**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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>04/10/2025</u>	Date
	<u>ASHLEY A. WISE, FSA, CERA, EA, MAAA</u>	<u>23-07946</u>	Most recent enrollment number
	Type or print name of actuary	<u>717-652-5633</u>	Telephone number (including area code)
	<u>CONRAD SIEGEL</u>		
	Firm name		
	<u>P.O. BOX 5900, 501 CORPORATE CIRCLE</u> <u>HARRISBURG, PA 17110-0900</u>		
	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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	57383
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	57383
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.51</u> % .....	0	3736
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		1
<b>b(1)</b>	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 <u>5.47</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		1
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	61119

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	86.68 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	86.68 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	90.48 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
10/20/2023	61877	0					
02/14/2024	61877	0					
04/11/2024	61877	0					
07/24/2024	61877	0					
			<b>Totals ▶</b>	<b>18(b)</b>	247508	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0	
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0	
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 238487	
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 65

**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**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	200444
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	695509	74083
<b>b</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 .....

	<b>33</b>	
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**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 274527

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	36040	36040
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b> 238487
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 238487

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

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

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....

	<b>39</b>	0
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**40** Unpaid minimum required contributions for all years .....

	<b>40</b>	0
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**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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>RUSSELLVILLE ENGINEERED CASTINGS UNION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RUSSELLVILLE ENGINEERED CASTINGS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>61-1154640</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**VANGUARD GROUP, INC.**

**23-1945930**

**(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

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

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

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

CONRAD SIEGEL INVESTMENT ADVISORS

01-0726056

(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 38 51	NONE	42786	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB & CO

94-1737782

(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 50 52 62	NONE	5208	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FIDELITY INVESTMENTS

245 SUMMER STREET  
BOSTON, MA 02210

(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 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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
FIDELITY INVESTMENTS	28 52	0
(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.	
FIDELITY SHORT-TERM TREASURY BOND I 245 SUMMER STREET BOSTON, MA 02210	0.03% OF ASSETS	
(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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>RUSSELLVILLE ENGINEERED CASTINGS UNION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RUSSELLVILLE ENGINEERED CASTINGS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>61-1154640</b>

**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 0	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 87739	61877
<b>(2)</b> Participant contributions .....	<b>1b(2)</b> 0	0
<b>(3)</b> Other .....	<b>1b(3)</b> 0	0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b> 0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b> 0	0
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b> 0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b> 0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b> 0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b> 0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b> 0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b> 0	0
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b> 0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b> 0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b> 0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b> 0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 4245190	4496006
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b> 0	0
<b>(15)</b> Other .....	<b>1c(15)</b> 0	0

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
<b>(1)</b> Employer securities .....	<b>1d(1)</b>	0	0
<b>(2)</b> Employer real property .....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	4332929	4557883
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	643	0
<b>h</b> Operating payables .....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness .....	<b>1i</b>	0	0
<b>j</b> Other liabilities .....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	643	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	4332286	4557883

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
<b>(1)</b> Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	247508	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	0	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	0	
<b>(2)</b> Noncash contributions .....	<b>2a(2)</b>	0	247508
<b>(3)</b> Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	0	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	135482	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		135482
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	1287564	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	1242198	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		45366
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		205940
<b>c</b> Other income .....	<b>2c</b>		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		634296

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	242629	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	0	
(3) Other.....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		242629
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	5208	
(3) Recordkeeping fees.....	<b>2i(3)</b>	0	
(4) IQPA audit fees.....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	42786	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	118076	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		166070
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		408699

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		225597
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**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)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  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: **KNAV CPA LLP**

(2) EIN: **92-3540684**

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 535529.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>RUSSELLVILLE ENGINEERED CASTINGS UNION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>RUSSELLVILLE ENGINEERED CASTINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>61-1154640</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> 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): <u>42-1558009</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>0</u>

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501735A.

# **Russellville Engineered Castings Union Retirement Plan (Formerly known as Rane Light Metal Castings Union Retirement Plan)**

Financial Statements

June 30, 2024, and June 30, 2023

**KNAV CPA LLP**

Certified Public Accountants  
One Lakeside Commons, Suite 850,  
990 Hammond Drive NE, Atlanta, GA 30328



America Counts on CPAs

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# Report of Independent Auditor

To,  
The Participants and the Plan Administrator,  
Russellville Engineered Castings Union Retirement Plan (Formerly known as Rane Light Metal Castings Union Retirement Plan)

## Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the accompanying financial statements of Russellville Engineered Castings Union Retirement Plan (formerly known as Rane Light Metal Castings Union 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 June 30, 2024, and June 30, 2023, and the related statements of changes in net assets available for benefits for the years ended June 30, 2024, and June 30, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. 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 June 30, 2024, and June 30, 2023, and for the years ended June 30, 2024, and June 30, 2023, stating that the certified investment information, as described in note 3 to the financial statements, is complete and accurate to the best of our knowledge.

## Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s responsibilities for the audit of the financial statements section—

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## Basis for opinion

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

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## KNAV CPA LLP

### Certified Public Accountants

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2025-84-US

### **Responsibilities of management for the financial statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's responsibilities for the audit of the financial statements**

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

In performing an audit in accordance with GAAS, we:

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

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#### **KNAV CPA LLP**

#### **Certified Public Accountants**

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2025-84-US



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 matters - Supplemental schedules required by ERISA**

The supplemental schedules of Schedule H, Part IV, Line 4i - Schedule of assets as of June 30, 2024, and Schedule H, Part IV, Line 4j - Schedule of reportable transactions for the year ended June 30, 2024, (under supplemental information), are presented for purposes of additional analysis and 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).

**KNAV CPA LLP**

Atlanta, Georgia

April 25, 2025

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**KNAV CPA LLP**

**Certified Public Accountants**

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2025-84-US

**Russellville Engineered Castings Union Retirement Plan**  
**(Formerly known as Rane Light Metal Castings Union Retirement Plan)**  
Financial Statements  
June 30, 2024, and June 30, 2023

## **Financial statements**

**Russellville Engineered Castings Union Retirement Plan  
(Formerly known as Rane Light Metal Castings Union Retirement Plan)**

Financial Statements

June 30, 2024, and June 30, 2023

**Statements of net assets available for  
benefits**

*(All amounts in United States Dollars, unless otherwise stated)*

	<b>As at</b>	
	<b>June 30, 2024</b>	<b>June 30, 2023</b>
<b>Assets</b>		
<b>Investments at fair value:</b>		
Registered investment companies	4,496,006	4,245,190
<b>Total investments at fair value</b>	<b>4,496,006</b>	<b>4,245,190</b>
<b>Contribution receivable:</b>		
Employer	61,877	87,739
<b>Total receivables</b>	<b>61,877</b>	<b>87,739</b>
<b>Total assets</b>	<b>4,557,883</b>	<b>4,332,929</b>
<b>Liabilities:</b>		
Benefit claims payable	-	643
<b>Total liabilities</b>	<b>-</b>	<b>643</b>
<b>Net assets available for benefits</b>	<b>4,557,883</b>	<b>4,332,286</b>

*(See accompanying notes to the financial statements)*

**Russellville Engineered Castings Union Retirement Plan**  
**(Formerly known as Rane Light Metal Castings Union Retirement Plan)**

Financial Statements

June 30, 2024, and June 30, 2023

**Statements of changes in net assets  
available for benefits**

*(All amounts in United States Dollars, unless otherwise stated)*

	<b>For the year ended</b>	
	<b>June 30, 2024</b>	<b>June 30, 2023</b>
<b>Additions to net assets available for plan benefits:</b>		
<b>Investment income:</b>		
Net appreciation in fair value of registered investment companies	251,306	164,417
Dividend	135,482	100,865
<b>Total investment income</b>	<b>386,788</b>	<b>265,282</b>
<b>Contributions:</b>		
Employer	247,508	258,449
<b>Total contributions</b>	<b>247,508</b>	<b>258,449</b>
<b>Total additions</b>	<b>634,296</b>	<b>523,731</b>
<b>Deductions from net assets attributed to:</b>		
Benefits paid to participants	242,629	220,662
Administrative expenses	166,070	185,549
<b>Total deductions</b>	<b>408,699</b>	<b>406,211</b>
<b>Net increase</b>	<b>225,597</b>	<b>117,520</b>
<b>Net assets available for benefits:</b>		
Beginning of the year	4,332,286	4,214,766
<b>Net assets available for benefits, end of year</b>	<b>4,557,883</b>	<b>4,332,286</b>

*(See accompanying notes to the financial statements)*

**Russellville Engineered Castings Union Retirement Plan  
(Formerly known as Rane Light Metal Castings Union Retirement Plan)**

Financial Statements

June 30, 2024, and June 30, 2023

## **Notes to financial statements**

*(All amounts are in United States Dollars, unless otherwise stated)*

### **NOTE 1: DESCRIPTION OF PLAN**

The following description of Russellville Engineered Castings Union Retirement Plan (formerly known as Rane Light Metal Castings Union 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. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

#### **General**

The Plan was established effective October 31, 2014, vide executed agreement dated May 15, 2015, amended and restated on July 1, 2018. The Plan is a defined benefit pension plan covering eligible employees of Russellville Engineered Castings, Inc. (formerly known as Rane Light Metal Castings Inc.) (“the Company”/ “Plan Sponsor”). The Plan is sponsored and administered by the Company, a corporation, with its principal office located in Russellville, Kentucky.

#### **Change of Plan and Plan Sponsor name.**

On the acquisition of Rane Light Metal Castings Inc. by Kentucky Industrial Holdings, Inc. on September 14, 2023, effective October 1, 2023, the Plan name was changed from Rane Light Metal Castings Union Retirement Plan to Russellville Engineered Castings Union Retirement Plan and the name of the Plan Sponsor was changed from Rane Light Metal Castings Inc. to Russellville Engineered Castings, Inc.

#### **Pension benefits**

All employees of the Company with a date of hire before October 11, 2010, except for the employees in the categories as defined under section 2.2 (2) of the Plan document, are eligible to participate in the Plan upon meeting the following eligibility requirement: -Completion of one hour of service with the Company and provided that he/ she was a union employee covered by the collective bargaining agreement between the Company and local No. 2407 of United Auto Workers (UAW).

No employee scheduled to participate on or after October 11, 2010, shall participate in the Plan. An employee who is rehired following a termination of employment and who formerly participated under the Plan shall re-participate but only for the purpose of being credited with additional years of vesting service as defined by the Plan.

#### *Normal retirement benefits*

A participant is eligible for his normal retirement pension after the participant has attained age of 62 and terminates employment. The normal retirement pension is payable monthly as long as the participant lives, with the payment ceasing upon the participant’s death. If a participant in a pay status returns to employment the retirement benefits will not be suspended. With respect to a participant, no distribution will be made before the date the participant could receive a distribution if he is terminated from employment.

#### *Normal retirement pension formula*

A participant shall receive a monthly benefit payable at normal retirement age equal to:

**Russellville Engineered Castings Union Retirement Plan  
(Formerly known as Rane Light Metal Castings Union Retirement Plan)**

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- \$23.00 multiplied by years of benefit service from December 18, 2003, to October 10, 2005; plus
- \$24.00 multiplied by years of benefit service from October 10, 2005, to October 9, 2006; plus
- \$25.00 multiplied by years of benefit service from October 9, 2006, to October 8, 2007; plus
- \$26.00 multiplied by years of benefit service from October 8, 2007, to December 16, 2010; plus
- \$16.00 multiplied by benefit service after December 16, 2010.

“Years of benefit service” is explained under the service rules below. Years of benefit service are limited to the most recent 35 years.

*Service rules*

Vesting service rules

A participant is credited with the year of vesting service for each 12-month period. The vesting service is determined using the elapsed time method. Fractional years of vesting service will be credited to the completed day.

Benefit service rules

A participant is credited with the year of benefit service for each 12-month period he/ she is employed by the employer. Fractional years of benefits service will be credited to the completed day.

For the purpose of determining years of benefit service, the Plan will not count the following services:

- Years of services disregarded under the vesting break in service rules.
- Service before the employee participated in the Plan.
- Service before December 18, 2003

Service with Sensus Precision Die Casting, Inc. will be considered for benefit purposes, provided a participant was employed by that business as of October 31, 2014.

*Other retirement benefits*

If a participant continues working after his normal retirement date, his/ her pension will not commence until he/ she actually retires. A participant is eligible for early retirement after attainment of age 55 and completion of 10 years of vesting service.

*Disability benefit*

The participant is entitled to receive a disability benefit if he/ she meets all of the following requirements.

- He/ she is actively employed.
- Becomes disabled and remains so for six months.
- Not eligible for long-term disability through the employer.

The benefit will be payable in the form of a lifetime pension until the earliest of recovery, death, or normal retirement date. The participant’s monthly disability benefit will be equal to his/ her normal retirement pension accrued as of the date the disability occurred.

**Russellville Engineered Castings Union Retirement Plan  
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If the participant is eligible for long-term disability through the employer, the participant will continue to accrue as if the participant was an active participant until the normal retirement age.

*Death benefit*

If a participant dies after he/ she has become vested under the Plan but before he/ she begins to receive a retirement pension benefit, his/ her spouse will receive a 50% survivor benefit if he/ she has been married at least one year. Payment will begin on the date on which he first would have been eligible for retirement. The amount of his/ her surviving spouse's benefit is equal to 50% survivor benefit payable under the joint and 50% survivor pension option, based upon his/ her accrued pension at the date of death and reduced for early commencement of benefits, if applicable. If the participant is not married or has been married for less than a full year at the time of death, no benefit will be paid by the Plan.

*Vesting*

If the employment is terminated other than by retirement or disability, the amount payable from the Plan is based upon the following vesting schedule:

<b>Years of service</b>	<b>Vesting percentage</b>
0-4 years	0%
5 or more years	100%

*Forfeiture and restoration*

Forfeiture occurs when the participant terminates the employment before being vested. The forfeited amount is used to reduce any employer contribution otherwise due under the Plan. If the participant returns to employment with the employer during the restoration period, the employer will restore the forfeited accrued pension upon completion of one year of service. The restoration period ends on the date the participant has breaks in service in accordance with the vesting service rules equaling the greater of 5 or his/ her total years of vesting service. If a participant terminates employment after he/ she is 100% vested and receives a distribution of his/ her accrued pension, he/ she cannot return his/ her distribution. During the years ended June 30, 2024, and June 30, 2023, there were \$NIL forfeitures.

*Contributions*

The employer shall make; due and timely payment to the trust fund of such amounts as may be necessary from time to time according to the certification of the Plan actuary to provide the benefits to which participants are entitled under the Plan.

Contributions to the Plan are recorded in the period that the Plan's actuary determines they relate to except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the Plan year. No voluntary and mandatory employee contributions shall be permitted under the Plan.

*Administration*

An employee of the Plan Sponsor serves as the Plan administrator. The Plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, making determinations regarding questions relating to the eligibility of employees to become participants, determining and certify the amount and kind of benefits payable, and authorizing disbursement from the trust fund.

**Russellville Engineered Castings Union Retirement Plan  
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Charles Schwab Trust Bank serves as trustee of the Plan. The duties and powers of the trustee are set forth in a trust agreement executed by the Company. The trustee receives all contributions made under the Plan, holds plan assets, and pays benefits to participants as directed by the Plan Sponsor. Conrad Siegel serves as a third-party plan administrator appointed by the Company. Conrad Siegel also provides actuarial services to the Plan.

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Basis of accounting*

The financial statements of the Plan are prepared using the accrual method of accounting.

*Date of management's review*

Subsequent events were evaluated through the date the financial statements were available to be issued. Please refer note 13 for subsequent events reported.

*Use of estimates in financial statements*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as of the dates of the financial statements and the reported amounts of additions and deductions during the respective reporting periods. Actual amounts could differ from those estimates and assumptions.

*Risks and uncertainties*

The Plan invests in various investment options. Investments are exposed to various risks such as interest rates, market, and credit risks. Due to the level of risk associated with certain investment securities, it is 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 and the statements of changes in net assets available for benefits. The Plan's exposure to credit losses in the event of nonperformance of investments is limited to the carrying value of such investments.

*Payment of benefits*

Benefit payments are recorded when paid.

*Administrative expenses*

Expenses incurred in the administration of the Plan are paid out of Plan assets.

*Investment valuation and income recognition*

Investments in registered investment companies ("mutual funds") are valued at quoted market prices or contract value, wherever applicable, as provided by the trustee. Net appreciation in the value of mutual funds represents the change in fair value or contract value wherever applicable, during the year, including realized and unrealized gains and losses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for a discussion of fair value measurements.

**Russellville Engineered Castings Union Retirement Plan  
(Formerly known as Rane Light Metal Castings Union Retirement Plan)**

Financial Statements

June 30, 2024, and June 30, 2023

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

*Basis of fair value measurements*

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable. Either directly or indirectly.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurements, and unobservable.

A financial instrument's level within fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements.

The Company evaluates its financial assets and liabilities subject to fair value measurements on a recurring basis to determine the appropriate level of classification as of each reporting period.

The following is a description of the valuation methods used for Plan assets measured at fair value at June 30, 2024, and June 30, 2023. There were no changes in the methods used at June 30, 2024, and June 30, 2023.

*Registered investment companies (mutual funds):* Valued at quoted prices from an active market which represents the net asset value ("NAV") of shares held by the Plan at year-end.

**NOTE 3: INFORMATION CERTIFIED BY CHARLES SCHWAB TRUST BANK ("TRUSTEE")  
(UNAUDITED)**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Charles Schwab Trust Bank the trustee, except for comparing such information certified by Charles Schwab Trust Bank to information included in the Plan's financial statements as at June 30, 2024 and June 30, 2023 and supplemental information as of and for the year ended June 30, 2024:

	<u>June 30, 2024</u>	<u>June 30, 2023</u>
<b>Investments:</b>		
Registered investment companies (mutual funds)	4,496,006	4,245,190
<b>Total assets certified by the trustee (unaudited)*</b>	<u><b>4,496,006</b></u>	<u><b>4,245,190</b></u>

**Transactions during the year**

Net appreciation in fair value of registered investment companies	251,306	164,417
Dividend	135,482	100,865

\*Refer note 6 for reconciliation with schedule H, form 5500

**Russellville Engineered Castings Union Retirement Plan**  
**(Formerly known as Rane Light Metal Castings Union Retirement Plan)**

Financial Statements

June 30, 2024, and June 30, 2023

**NOTE 4: INVESTMENTS**

A schedule of the fair value of individual investments that comprised 5% or more of the Plan's assets available for benefits at June 30, 2024, and June 30, 2023:

Fund Name	2024		2023	
	Amount in \$	%	Amount in \$	%
Vanguard Long Term Inv Grade Adm SHS	1,334,097	29%	623,729	14%
Vanguard Total Stock Market Index Fund Adm	1,265,635	28%	1,201,809	28%
Vanguard Total Bond Market Index Adm	540,612	12%	764,675	18%
Vanguard Interim Term Bond Index Adm	473,361	10%	667,048	15%
Vanguard Developed Markets Index Adm	407,193	9%	380,369	9%
Vanguard Short Term Corporate Bond Index Admiral	271,739	6%	384,775	9%

During the years ended June 30, 2024, and June 30, 2023, the Plan's investments (including gains and losses of investments bought, sold, and held during the years) appreciated in value as follows:

	Year ended June 30, 2024	Year ended June 30, 2023
Net appreciation in fair value of registered investment companies	251,306	164,417

**NOTE 5: FAIR VALUE MEASUREMENTS**

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of June 30, 2024, and June 30, 2023. As required by Accounting Standard Codification (ASC) Topic 820 investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

Description	2024			
	Amount (\$)	Quoted in active markets for identical assets. (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Registered investment companies (mutual funds)	4,496,006	4,496,006	-	-
<b>Total investments</b>	<b>4,496,006</b>	<b>4,496,006</b>	-	-

Description	2023			
	Amount (\$)	Quoted in active markets for identical assets. (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Registered investment companies (mutual funds)	4,245,190	4,245,190	-	-
<b>Total investments</b>	<b>4,245,190</b>	<b>4,245,190</b>	-	-

**Russellville Engineered Castings Union Retirement Plan  
(Formerly known as Rane Light Metal Castings Union Retirement Plan)**

Financial Statements

June 30, 2024, and June 30, 2023

**NOTE 6: RECONCILIATION OF INFORMATION CERTIFIED BY TRUSTEE TO FORM 5500  
(UNAUDITED)**

	<b>As at June 30, 2024</b>	<b>As at June 30, 2023</b>
Total assets as certified by trustee ( <i>unaudited</i> ) - 'refer note 3'	4,496,006	4,245,190
Add: contributions receivable from employer	61,877	87,739
Less: benefit claims payable	-	(643)
<b>Investment balance as per schedule H, form 5500</b>	<b>4,557,883</b>	<b>4,332,286</b>

**NOTE 7: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or former employees and their beneficiaries, (b) beneficiaries of employees who have died, and (c) active employees and their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

At July 01, 2024, and July 01, 2023, the actuarial present value of accumulated plan benefits was determined using the unit credit actuarial method by the Plan's independent actuaries. The amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected dates of payment. The actuarial present value of accumulated plan benefits and the changes in the actuarial present value of accumulated pension benefits as of and for the year ended June 30, 2024, and June 30, 2023, were as follows:

<b>Actuarial Present Value of Accumulated Plan benefits</b>	<b>July 01, 2023, to June 30, 2024</b>	<b>July 01, 2022, to June 30, 2024</b>
<b>Vested benefits</b>		
Active members	832,373	956,813
Vested former members	1,160,837	1,095,421
<b>Total vested benefits</b>	<b>1,993,210</b>	<b>2,052,234</b>
Add: retired members	2,453,848	2,398,609
<b>Total vested benefits</b>	<b>4,447,058</b>	<b>4,450,843</b>
Non-vested benefits	-	(16,716)
<b>Total actuarial present value of accumulated plan benefits at the year end</b>	<b>4,447,058</b>	<b>4,434,127</b>
<b>Net assets available for benefits at the year end</b>	<b>4,557,883</b>	<b>4,332,286</b>

<b>Changes in the actuarial present value of accumulated pension benefits:</b>	<b>July 01, 2023, to June 30, 2024</b>
Accumulated plan benefits at the beginning of the year	4,434,127
Benefits paid	(242,629)
Benefits accumulated	(24,115)
Increase of interest	279,675
<b>Accumulated pension benefits — end of year</b>	<b>4,447,058</b>

**Russellville Engineered Castings Union Retirement Plan  
(Formerly known as Rane Light Metal Castings Union Retirement Plan)**

Financial Statements

June 30, 2024, and June 30, 2023

The significant actuarial assumptions used in the valuations as of July 01, 2024, and July 01, 2023, were as follows:

	July 01, 2024	July 01, 2023
Interest rates used to discount future obligations to present value	7.00%	6.50%
	Various rates ranging from 25% at age 62 to 100% at age 70 and above	Various rates ranging from 25% at age 62 to 100% at age 70 and above
Retirement rates	Based on Pri-2012 Blue Collar Mortality table	Based on Pri-2012 Blue Collar Mortality table
Mortality rates		

The adjusted Pri-2012 Blue Collar Mortality table was updated in accordance with Internal Revenue Code Section 430. These changes received automatic approval from the Internal Revenue Service. There were no changes to the asset valuation method for the 2023-2024 plan year. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**NOTE 9: FUNDING POLICY**

Company contributions that meet the funding requirements of ERISA are determined by actuarial valuations and are made to the Plan in amounts expected to be sufficient to provide the Plan with assets to pay estimated pension benefits to Plan participants. Contributions to the Plan are determined based upon calculations made by the actuary and are designed to annually fund current normal cost and to amortize the unfunded liability, which results in annual contributions equal to or in excess of the minimum funding requirements for Plan years.

**Contributions were made on:**

	<b>Amount (\$)</b>
October 20, 2023	61,877
February 14, 2024	61,877
April 11, 2024	61,877
July 24, 2024	61,877
<b>Total contributions for the year ended June 30, 2024</b>	<b>247,508</b>
October 13, 2022	59,330
February 09, 2023	55,690
April 13, 2023	55,690
July 19, 2023	55,960
March 15, 2024	31,779
<b>Total contributions for the year ended June 30, 2023</b>	<b>258,449</b>

**NOTE 10: INCOME TAX STATUS**

The Plan Sponsor entered into a non-standardized adoption agreement of *C/O Conrad Siegel* Volume Submitter Defined Benefit Plan (the prototype plan). The prototype plan received a favorable opinion letter from the Internal Revenue Service (IRS) on *March 30, 2018*, which stated that the prototype plan and related trust were 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 and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified, and the related trust is tax exempt.

United States generally accepted accounting principles require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely

**Russellville Engineered Castings Union Retirement Plan  
(Formerly known as Rane Light Metal Castings Union Retirement Plan)**

Financial Statements

June 30, 2024, and June 30, 2023

than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024, and June 30, 2023, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 11: PARTY-IN-INTEREST TRANSACTIONS**

An employee of the Company serves as the Plan administrator, for which no fee is charged to the Plan. The trustee and Conrad Siegel have been identified as parties-in-interest and thus transactions are exempt from prohibited transaction rules. During the years ended June 30, 2024, and June 30, 2023, fees paid by the Plan to the Plan trustee for the plan years was \$5,208 and \$4,868, respectively. Fees paid to Conrad Siegel as third-party administrator as well as for actuarial valuation for the years ended June 30, 2024, and June 30, 2023, was \$42,786, and \$42,795, respectively.

**NOTE 12: PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has retained the right to amend, terminate, or otherwise modify the Plan, including the right to discontinue the contributions thereto, at any time, solely at the discretion of the Company. In the event of the termination of the Plan, the assets thereof shall be distributed in accordance with Section 404 of ERISA. The Plan is covered plan under the Plan termination insurance provisions of ERISA, and the Pension Benefit Guaranty Corporation (“PBGC”) guarantees the payments of certain benefits thereunder. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participant’s benefits. Whether a particular participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

**NOTE 13: SUBSEQUENT EVENTS**

The Plan evaluated all events and transactions that occurred after June 30, 2024, through the date the financial statements were available to be issued. Based on the evaluations:

*Cash contributions*

During the period July 01, 2024, to April 25, 2025, the Company contributed \$179,222 of cash to the Plan, \$61,877, of which were applied to the year ended June 30, 2024, and \$117,345 of which will be completely applied to the Plan year ending June 30, 2025.

**Russellville Engineered Castings Union Retirement Plan  
(Formerly known as Rane Light Metal Castings Union Retirement Plan)**

Financial Statements

June 30, 2024, and June 30, 2023

## Supplemental information

Plan sponsor: Russellville Engineered Castings, Inc. (formerly known as Rane Light Metal Castings Inc.)

EIN: 61-1154640

Plan number: 002

Schedule H, Part IV, Line 4i - Schedule of assets as of June 30, 2024\*

Identity of issue, borrower, lessor, or similar party	Description of investment including maturity, rate of interest, collateral, par, or maturity value	Cost	Current value
Vanguard Long Term Inv Grade Adm SHS	Mutual funds	1,377,425	1,334,097
Vanguard Total Stock Market Index Fund Adm	Mutual funds	704,741	1,265,635
Vanguard Total Bond Market Index Adm	Mutual funds	584,045	540,612
Vanguard Interim Term Bond Index Adm	Mutual funds	522,355	473,361
Vanguard Developed Markets Index Adm	Mutual funds	350,829	407,193
Vanguard Short Term Corporate Bond Index Admiral	Mutual funds	279,828	271,739
Vanguard Emerging Markets Stock Index Fund Adm	Mutual funds	134,966	135,324
Fidelity Short-Term Treasury Bond Index	Mutual funds	70,601	68,045
<b>Total assets</b>		<b>4,024,790</b>	<b>4,496,006</b>

\*Other schedules required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because there is no information to report.

The above information was certified by Charles Schwab Trust Bank, to be complete and accurate to the best of its knowledge.

See Independent Auditors' Report.

**Rane Light Metal Castings Union Retirement Plan**  
 Financial Statements  
 June 30, 2024, and June 30, 2023

**Supplemental information**

Plan sponsor: Russellville Engineered Castings, Inc. (formerly known as Rane Light Metal Castings Inc.)  
 EIN: 61-1154640  
 Plan number: 002

Schedule H, Part IV, Line 4j - Schedule of reportable transactions for the year ended June 30, 2024

Series of transactions in excess of 5%:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
*	Vanguard Interim Term Bond Index Adm	104,550	N/A	N/A	N/A	104,550	104,550	-
*	Vanguard Interim Term Bond Index Adm	N/A	294,813	N/A	N/A	326,803	294,813	(31,990)
*	Vanguard Total Bond Market Index Adm	120,675	N/A	N/A	N/A	120,675	120,675	-
*	Vanguard Total Bond Market Index Adm	N/A	339,103	N/A	N/A	367,521	339,103	(28,418)
*	Vanguard Total Stock Market Index Fund Adm	95,076	N/A	N/A	N/A	95,076	95,076	-
*	Vanguard Total Stock Market Index Fund Adm	N/A	273,766	N/A	N/A	163,601	273,766	110,165
*	Vanguard Long Term Inv Grade Adm SHS	819,599	N/A	N/A	N/A	819,599	819,599	-
*	Vanguard Long Term Inv Grade Adm SHS	N/A	78,990	N/A	N/A	82,317	78,990	(3,327)

\*Charles Schwab Trust Bank

**Rane Light Metal Castings Union Retirement Plan**

Financial Statements

June 30, 2024, and June 30, 2023

Individual transactions in excess of 5%

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain(loss)
*	Vanguard Total Bond Market Index Adm	N/A	265,560	N/A	N/A	287,291	265,560	(21,731)
*	Vanguard Interim Term Bond Index Adm	N/A	230,594	N/A	N/A	255,075	230,594	(24,481)
*	Vanguard Long Term Inv Grade Adm SHS	691,507	N/A	N/A	N/A	691,507	691,507	-

\*Charles Schwab Trust Bank

ATTACHMENT TO SCHEDULE SB LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA  
 EIN: 61-1154640  
 PLAN NUMBER: 002

**RUSSELLVILLE ENGINEERED CASTINGS UNION RETIREMENT PLAN**

**DISTRIBUTION OF ACTIVE MEMBERS BY AGE & SERVICE AS OF 07/01/2023**

Attained Age	Years of Credited Service to Date											Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	4	0	0	0	0	0	0	0	4
50-54	0	0	0	0	8	0	0	0	0	0	0	0	8
55-59	0	0	0	0	9	0	0	0	0	0	0	0	9
60-64	0	0	0	0	5	0	0	0	0	0	0	0	5
65-69	0	0	0	0	1	0	0	0	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>

Average Age: 55.4 Years      Average Service to Date: 19.4 Years

## Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Name of Plan: Russellville Engineered Castings Union Retirement Plan

EIN: 61-1154640

PN: 002

Plan Year: 7/1/2023 - 6/30/2024

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### Interest Rates

	<u>ARPA</u>	<u>Pre MAP-21</u>
First Segment (1 to 60 months):	4.75%	2.50%
Second Segment (61 to 240 months):	5.00%	3.83%
Third Segment (Beyond 240 months):	5.74%	4.06%
Effective Interest Rate:	5.30%	3.89%

### Salary

Not Applicable

### Withdrawal

90% of 2003 Society of Actuaries Small Plan Age Turnover Table. Sample rates are shown below:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	21.8700%	35	10.8900%	50	5.0400%
25	17.5500%	40	8.4600%	55	3.7800%
30	13.9500%	45	6.5700%	60	2.7000%

### Mortality

IRS 2023 Static Table

Incorporated into the table are rates projected using the methodology in regulation 1.430(h)(3)-1 and Scale MP-2021 to reflect mortality improvement.

### Disability

SOA 1987 Group LTD Table - Males and Females, 6-month elimination. Sample rates shown below.

Rates of disability for males at selected ages:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	0.0764%	35	0.1242%	50	0.5396%
25	0.0854%	40	0.1760%	55	0.9770%
30	0.0986%	45	0.2944%	60	1.4774%

Rates of disability for females at selected ages:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	0.0937%	35	0.2011%	50	0.6220%
25	0.1094%	40	0.2756%	55	0.9323%
30	0.1395%	45	0.3997%	60	1.7792%

## Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Name of Plan: Russellville Engineered Castings Union Retirement Plan

EIN: 61-1154640

PN: 002

Plan Year: 7/1/2023 - 6/30/2024

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### Retirement

Rates of retirement for participants eligible to retire:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
Less than 55	0.0000%	60	0.0000%	66	33.0000%
55	0.0000%	61	0.0000%	67	33.0000%
56	0.0000%	62	25.0000%	68	33.0000%
57	0.0000%	63	25.0000%	69	33.0000%
58	0.0000%	64	25.0000%	70+	100.0000%
59	0.0000%	65	33.0000%		

Weighted average retirement age: 64

The weighted average retirement age is computed by first determining, for each possible retirement age, the probability that an eligible employee would retire at that age, given survival to the earliest possible retirement age. Then these probabilities at each age are multiplied (or weighted) by the age and summed. This sum, rounded to the nearest integral age, is the weighted average retirement age.

### Preretirement Survivor Death Benefit

Liabilities computed on the assumption that 75% of participants will have spouses of the same age at the date of eligibility for the benefit.

### Expenses

Plan-related expenses expected to be paid from plan assets during the plan year.

### Actuarial Value of Assets

Average of the Adjusted Market Values as of the valuation date and the 2 preceding valuation dates. The averaging is adjusted for contributions, distributions and expected earnings, using an assumed interest rate of 6.50% (but not in excess of the applicable third segment rate for that year). The resulting value may not be less than 90% nor more than 110% of the Adjusted Market Value of Assets.

**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

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- 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.)  
 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:  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**

<b>1a</b> Name of plan Russellville Engineered Castings Union Retirement Plan	<b>1b</b> Three-digit plan number (PN) ▶	002
	<b>1c</b> Effective date of plan	10/31/2014
<b>2a</b> 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) Russellville Engineered Castings, Inc.  232 Hopkinsville Road  Russellville KY 42276	<b>2b</b> Employer Identification Number (EIN)	61-1154640
	<b>2c</b> Plan Sponsor's telephone number	270-726-2441
	<b>2d</b> Business code (see instructions)	339900

**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	<i>Maurice B. King</i>	4/30/25	Maurice King
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023)  
v. 2300728

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	197
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	34
	<b>6a(2)</b>	28
	<b>6b</b>	90
	<b>6c</b>	61
	<b>6d</b>	179
	<b>6e</b>	14
	<b>6f</b>	193
	<b>6g(1)</b>	
	<b>6g(2)</b>	
<b>h</b>		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 Characteristics Codes in the instructions:  
1B 3H 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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**Schedule H, line 4j – Schedule of Reportable Transactions**

Plan Name: Russellville Engineered Castings Union Retirement Plan  
Employer I.D. #: 61-1154640  
Plan Number: 002

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
--------------------------------	---	--------------------	-------------------	------------------	---------------------------------------	-------------------	--	------------------------

Schedule of Reportable Transactions is contained in the attached audit report.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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.

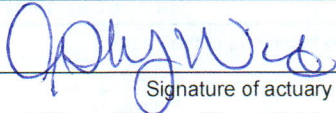
<b>A</b> Name of plan Russellville Engineered Castings Union Retirement Plan		<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Russellville Engineered Castings, Inc.		<b>D</b> Employer Identification Number (EIN) 61-1154640	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	4,330,953	
<b>b</b> Actuarial value.....	<b>2b</b>	4,589,299	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	101	2,758,144	2,758,144
<b>b</b> For terminated vested participants.....	63	1,328,093	1,328,093
<b>c</b> For active participants.....	34	1,157,924	1,137,452
<b>d</b> Total.....	198	5,244,161	5,223,689
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</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.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	5.30%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	31,444	
<b>b</b> Expected plan-related expenses.....	<b>6b</b>	169,000	
<b>c</b> Target normal cost.....	<b>6c</b>	200,444	

**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.

<b>SIGN HERE</b>		<u>4/10/2025</u>
	Signature of actuary	Date
Ashley A. Wise, FSA, CERA, EA, MAAA		2307946
Type or print name of actuary		Most recent enrollment number
Conrad Siegel		717-652-5633
Firm name		Telephone number (including area code)
P.O. Box 5900, 501 Corporate Circle		
Harrisburg PA 17110-0900		
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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>	

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

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	200,444	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	695,509		74,083
<b>b</b> Waiver amortization installment .....	0		0
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	274,527	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement.....		0	36,040
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	238,487	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	238,487	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

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

<b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
---

**Schedule C, line 2(h) – Formula Description**

Plan Name: Russellville Engineered Castings Union Retirement Plan  
Employer I.D. #: 61-1154640  
Plan Number: 002

<u>(a) Name of Investment Fund (Source of Compensation)</u>	<u>(b) Name of Investment Adviser (Service Provider)</u>	<u>(c) Formula as Percentage of Assets</u>	<u>(d) Other Formula, if any</u>
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See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

**Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)**

Plan Name: Russellville Engineered Castings Union Retirement Plan  
Employer I.D. #: 61-1154640  
Plan Number: 002

<u>(a) Identity of issue, borrower, lessor, or similar party</u>	<u>(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(c) Costs of acquisitions</u>	<u>(d) Proceeds of dispositions</u>
--	--	--------------------------------------	---

Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

**Schedule SB, line 19 - Discounted Employer Contributions**

Name of Plan: Russellville Engineered Castings Union Retirement Plan

EIN: 61-1154640

PN: 002

Plan Year: 7/1/2023 - 6/30/2024

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Effective Interest Rate: 5.30%  
Late Quarterly Interest Rate: 10.30%

<b>Contribution Date</b>	<b>Applicable Plan Year</b>	<b>Contribution Amount</b>	<b>Interest Adjusted Contribution</b>
10/20/2023	2023	61,877	60,874
2/14/2024	2023	61,877	59,685
4/11/2024	2023	61,877	59,431
7/24/2024	2023	61,877	58,497
Total		<hr/> 247,508	238,487

**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

Name of Plan: Russellville Engineered Castings Union Retirement Plan

EIN: 61-1154640

PN: 002

Plan Year: 7/1/2023 - 6/30/2024

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The description of weighted average retirement age is contained in the first page of the attached Schedule SB, Part V - Statement of Actuarial Assumptions/ Methods.



Schedule SB, Part V - Summary of Plan Provisions  
Russellville Engineered Castings Union Retirement Plan  
EIN: 61-1154640  
Plan Number: 002

Russellville Engineered Castings Union Retirement Plan  
Actuarial Valuation as of July 1, 2023  
**Summary of Plan Provisions**

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Russellville Engineered Castings Union Retirement Plan (formerly known as Rane Light Metal Castings Union Retirement Plan prior to October 1, 2023, Rane Precision Die Casting Union Retirement Plan prior to July 1, 2021 and Precision Die Casting Union Retirement Plan prior to September 1, 2016) is a defined benefit pension plan that was established October 31, 2014. The first plan year began October 31, 2014 and ended June 30, 2015. Subsequent plan years begin July 1 and end June 30.

***ELIGIBILITY TO PARTICIPATE***

No employees with a date of hire on or after October 11, 2010, will participate in the Plan.

Previously, an employee became a participant in the Plan on the first day he meets the following requirement:

- Completes one hour of service.

Provided he was:

- A union employee covered by the Local No. 2407 of the United Auto Workers (UAW).

***NORMAL RETIREMENT BENEFIT***

**Normal Retirement Date**

A participant is eligible for his normal retirement pension after the participant satisfies the following conditions:

- Attainment of age 62.
- Terminates employment.

**Normal Retirement Benefit**

The normal retirement pension is payable monthly as long as the participant lives, with payments ceasing upon the participant's death.

**Normal Retirement Pension Formula**

A participant shall receive a monthly benefit payable at normal retirement age equal to:

\$23.00 multiplied by years of benefit service from December 18, 2003 to October 10, 2005; plus

\$24.00 multiplied by benefit service from October 10, 2005, to October 9, 2006; plus

\$25.00 multiplied by benefit service from October 9, 2006, to October 8, 2007; plus

\$26.00 multiplied by benefit service from October 5, 2007, to December 16, 2010; plus

\$16.00 multiplied by benefit service after December 16, 2010.

Russellville Engineered Castings Union Retirement Plan  
Actuarial Valuation as of July 1, 2023  
**Summary of Plan Provisions**

---

"Year of benefit service" is explained under Service Rules. Years of benefit service are limited to the most recent 35 years.

### **Accrued Benefit**

The accrued benefit on any date other than the normal retirement date is determined according to the normal retirement pension formula but based upon benefit service to date.

### **Retirement Payment Options**

A participant may elect to receive his monthly pension in one of these optional forms of payment:

- **Lifetime Pension**
- **Lifetime Pension with Guaranteed Period** with guaranteed payments for 60, or 120.
- **Joint and Survivor Pension** with 100%, 75%, or 50% survivor pension.

If the present value of the vested benefit does not exceed \$5,000, lump sum is the only payment option.

If the participant is married at the time payments are to begin, the automatic form of payment will be a Joint and 50% Survivor Pension with the spouse named as survivor annuitant. If the participant is not married at the time payments are to begin, the automatic form of payment will be a Lifetime Pension.

**Employment after Retirement.** If a participant in pay status returns to employment, retirement benefits will not be suspended.

**Distributions under Qualified Domestic Relations Order.** With respect to a participant, no distribution will be made before the date the participant could receive a distribution if he terminated employment.

## ***OTHER RETIREMENT BENEFITS***

### **Late Retirement**

If a participant continues working after his normal retirement date, his pension will not commence until he actually retires. The late retirement benefit is the normal retirement benefit determined under the pension formula using current service.

### **Early Retirement**

A participant is eligible for early retirement after attainment of age 55 and completion of 10 years of vesting service. The early retirement pension is the actuarial equivalent of the pension accrued to the date of early retirement.

Russellville Engineered Castings Union Retirement Plan  
Actuarial Valuation as of July 1, 2023  
**Summary of Plan Provisions**

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**DISABILITY BENEFIT**

The participant is entitled to receive a disability benefit if he meets **all** of the following requirements:

- He is actively employed.
- Becomes disabled and remains so for six months.
- Not eligible for long-term disability through the employer.

The benefit will be payable in the form of a Lifetime Pension until the earliest of: recovery, death, or normal retirement date. The participant's monthly disability benefit will be equal to his normal retirement pension accrued as of the date the disability occurred.

If the participant is eligible for long term disability through the employer, the participant will continue to accrue as if the participant were an active participant until normal retirement age.

**DEATH BENEFIT**

If a participant dies after he has become vested under the Plan but before he begins to receive a retirement pension benefit, his spouse will receive a 50% survivor benefit if he has been married at least one year. Payment will begin on the date on which he first would have been eligible for retirement. The amount of his surviving spouse's benefit is equal to the 50% survivor benefit payable under the joint and 50% survivor pension option, based upon his accrued pension at the date of death and reduced for early commencement of benefits, if applicable. If the participant is not married or has not been married for a full year at the time of death, no benefit will be paid by the Plan.

**TERMINATION OF EMPLOYMENT BENEFITS**

**Vesting in Accrued Pension**

If employment terminates other than by retirement or disability, the amount payable from the Plan is based upon the following vesting schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
0–4 Years	0%
5 or More Years	100%

**Time of Payment**

The participant may elect payment after his early retirement date, reduced to reflect the early commencement of benefits. No pension payment is available under the Plan prior to early retirement or death, with one exception. If the present value of the vested accrued benefit does not exceed \$5,000, the lump sum value can be paid following termination of employment.

Russellville Engineered Castings Union Retirement Plan  
Actuarial Valuation as of July 1, 2023  
**Summary of Plan Provisions**

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### **Forfeitures and Restoration**

Forfeiture occurs when the participant terminates employment before being vested. The forfeited amount is used to reduce any employer contribution otherwise due under the Plan. If the participant returns to employment with the employer during the restoration period, the employer will restore the forfeited accrued pension upon completion of one year of service. The restoration period ends on the date the participant has breaks in service in accordance with the vesting service rules equaling the greater of 5 or his total years of vesting service. If a participant terminates employment after he is 100% vested and receives a distribution of his accrued pension, he cannot return his distribution to the Plan.

### ***EMPLOYEE CONTRIBUTIONS***

#### **Voluntary Employee Contributions**

Voluntary nondeductible employee contributions are not permitted.

#### **Mandatory Employee Contributions**

Mandatory employee contributions have never been required under the Plan.

#### **Rollover Accounts**

Rollover or transfer contributions are not permitted.

### ***SERVICE RULES***

#### **Vesting Service Rules**

Vesting service is determined using the elapsed time method. Fractional years of vesting service will be credited to the completed day.

#### **Benefit Service Rules**

A participant is credited with a year of benefit service for each 12-month period he is employed by the employer. Fractional years of benefits service will be credited to the completed day.

For the purpose of determining years of benefit service, the Plan will not count the following service:

- Service when you do not meet the job description requirements. See Eligibility to Participate.
- Service before you participated in the Plan.
- Service before December 18, 2003.

Service with Sensus Precision Die Casting, Inc. will be counted for benefit purposes, provided you were employed by that business as of October 31, 2014.

Russellville Engineered Castings Union Retirement Plan  
Actuarial Valuation as of July 1, 2023  
**Summary of Plan Provisions**

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***ACTUARIAL EQUIVALENCE***

Actuarial equivalence is determined as set forth below.

**Late Retirement** – Increase factor of 1.06.

**Early Retirement** – The accrued benefit shall be reduced by 5/9 or 1% for each of the first 60 months and 5/18 of 1% for each additional month by which the early retirement date precedes the normal retirement date.

**Monthly Pension** – Actuarial equivalence will be determined based on the following mortality table and interest assumption:

Mortality table:	1983 Group Annuity Mortality
Interest rate:	7.5%

**Lump Sum** – Actuarial equivalence will be determined based on the following mortality and interest assumptions:

Mortality table:	The Code section 417 mortality table
Interest rate:	The Code section 417 interest rates

**Code Section 417 Mortality Table**

The Code section 417 mortality table is the Applicable Mortality Table released annually by the Internal Revenue Service.

**Code Section 417 Interest Rates**

The Code section 417 interest rates are the Segment Rates for the third month preceding the first day of the plan year that contains the annuity starting date.

***CHANGES IN PLAN PROVISIONS SINCE THE LAST VALUATION***

None

***SIGNIFICANT EVENTS THAT OCCURRED DURING THE YEAR***

None

**Schedule H, line 4i – Schedule of Assets (Held At End of Year)**

Plan Name: Russellville Engineered Castings Union Retirement Plan  
Employer I.D. #: 61-1154640  
Plan Number: 002

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.

**Schedule SB, line 32 - Schedule of Amortization Bases**

Name of Plan: Russellville Engineered Castings Union Retirement Plan

EIN: 61-1154640

PN: 002

Plan Year: 7/1/2023 - 6/30/2024

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<b>Type of Base (shortfall or Waiver)</b>	<b>Initial Date</b>	<b>Amortization Base</b>	<b>Amortization Installment</b>	<b>Present Value of Remaining Amortization Installment</b>	<b>Remaining Amortization Years</b>
shortfall	7/1/2019	713,971	66,012	577,105	11
shortfall	7/1/2020	(171,352)	(16,088)	(150,054)	12
shortfall	7/1/2021	(114,843)	(10,708)	(105,837)	13
shortfall	7/1/2022	137,785	12,733	132,605	14
shortfall	7/1/2023	241,690	22,134	241,690	15

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\$	807,251	\$	74,083	\$	695,509
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