

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: ACCURATE CASTINGS, INC. PROFIT SHARING PLAN AND TRUST
1b Three-digit plan number (PN): 002
1c Effective date of plan: 12/01/1973
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 35-1101257
2c Plan Sponsor's telephone number: 219-362-8531
2d Business code (see instructions): 331500

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	188
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	148
	6a(2)	129
	6b	1
	6c	24
	6d	154
	6e	4
	6f	158
	6g(1)	149
	6g(2)	143
h	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2H 2J 2K 2T 3H

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

9a Plan funding arrangement (check all that apply)	9b 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)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ACCURATE CASTINGS, INC. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ACCURATE CASTINGS, INC.	D Employer Identification Number (EIN) 35-1101257	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

1ST SOURCE BANK

100 NORTH MICHIGAN STREET
SOUTH BEND, IN 46601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 19 21 25 28 38 50 51 64 70	TRUSTEE	41140	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)

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ACCURATE CASTINGS, INC. PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ACCURATE CASTINGS, INC.</u>	D Employer Identification Number (EIN) <u>35-1101257</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2539158</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ACCURATE CASTINGS, INC. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ACCURATE CASTINGS, INC.	D Employer Identification Number (EIN) 35-1101257

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	5
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	376818	364063
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	24844	26133
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	218568	118208
(2) U.S. Government securities	1c(2)	426623	947311
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1072407	1496465
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	268208	340867
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2503183	2539158
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12477028	12430793
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17367679	18263003
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17367679	18263003

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	364063	
(B) Participants.....	2a(1)(B)	342470	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		706533
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	84607	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		84607
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	189463	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		189463
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	64811
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	1462737
c Other income	2c	22
d Total income. Add all income amounts in column (b) and enter total.....	2d	2508173

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1561994
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	1561994
f Corrective distributions (see instructions)	2f	9715
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	1846
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	39294
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	41140
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	1612849

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	895324
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

(1) 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: SCHMITT & KAYLOR CPA'S

(2) EIN: 35-1387112

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	X		582
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ACCURATE CASTINGS, INC. PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACCURATE CASTINGS, INC.</u>	D Employer Identification Number (EIN) <u>35-1101257</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 27-3169253 23-3060382

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**ACCURATE CASTINGS, INC.
PROFIT SHARING PLAN**

FINANCIAL REPORT

DECEMBER 31, 2024

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN

La Porte, Indiana

FINANCIAL REPORT

December 31, 2024

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Schmitt & Kaylor, CPA's

CERTIFIED PUBLIC ACCOUNTANTS

P.O. BOX 608

LA PORTE, IN 46352-0608

(219) 362-1515

INDEPENDENT AUDITORS' REPORT

**BOARD OF TRUSTEES
ACCURATE CASTINGS, INC.
PROFIT SHARING PLAN**
La Porte, Indiana 46350

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

We have performed audits of the financial statements of ACCURATE CASTINGS, INC. PROFIT SHARING PLAN, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statement of changes in net assets available for benefits for the year then ended, December 31, 2024 and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit 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 audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Accurate Castings, Inc. Profit Sharing 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.

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 Accurate Castings, Inc. Profit Sharing Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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 generally accepted accounting standards 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 generally accepted accounting standards, 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 Accurate Castings, Inc. Profit Sharing 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 Accurate Castings, Inc. Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets held for investment purposes and schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 generally accepted auditing standards. 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 Department of Labor'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 Department of Labor'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).

Schmitt & Kaylor, CPA's
Schmitt & Kaylor, CPA's
La Porte, Indiana

June 16, 2025

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2024 AND 2023

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments, at fair value		
U.S. and government securities	\$ 947,311	\$ 590,382
Mutual funds	12,430,794	12,311,268
Common collective funds	2,539,157	2,503,183
Corporate bonds	1,496,464	1,072,407
Common stocks	340,867	268,208
	<u>17,754,593</u>	<u>16,745,448</u>
 Receivables		
Employer contributions	365,333	376,818
Employee contributions	582	---
Accrued interest and dividends	26,133	24,844
	<u>392,048</u>	<u>401,662</u>
 Cash	5	---
Cash (Interest Bearing)	118,209	220,569
	<u>118,214</u>	<u>220,569</u>
 TOTAL ASSETS	<u>18,264,855</u>	<u>17,367,679</u>
 Liabilities		
Excess contributions payable	12,481	9,715
Accrued fees	3,310	3,224
	<u>15,791</u>	<u>12,939</u>
 TOTAL LIABILITIES	<u>15,791</u>	<u>12,939</u>
 NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 18,249,064</u>	<u>\$ 17,354,740</u>

See accompanying accountants' report and notes to financial statements.

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS/[REDUCTIONS] TO NET ASSETS		
ATTRIBUTED TO:		
Investment income		
Net appreciation in fair value of investments	\$ 1,495,770	\$ 1,812,621
Interest	84,607	72,616
Dividends	189,463	180,479
Gain on sale of assets	31,777	5,939
	<hr/>	<hr/>
Total Investment Income	1,801,617	2,071,655
Employer contributions	365,333	376,818
Employee contributions	343,053	346,626
Excess employee contributions returned	[12,481]	[9,715]
	<hr/>	<hr/>
Net Additions	2,497,522	2,785,384
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO:		
Benefits paid to participants	1,561,994	638,345
Administrative expenses	41,204	36,228
	<hr/>	<hr/>
Total Deductions	1,603,198	674,573
	<hr/>	<hr/>
Increase in Net Assets	894,324	2,110,811
Net assets available for plan benefits		
Beginning of year	17,354,740	15,243,929
	<hr/>	<hr/>
Net Assets – End of Year	\$ 18,249,064	\$ 17,354,740

See accompanying accountants' report and notes to financial statements.

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1: DESCRIPTION OF PLAN

The following description of the ACCURATE CASTINGS, INC. PROFIT SHARING PLAN (PLAN) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

- (A) **General.** The Plan is a defined contribution plan covering all full-time employees of Accurate Castings, Inc., who have six months of service and are age 20 ½ or older at the beginning of a plan year. The plan includes a 401(k) portion which allows for employee contributions from their respective earnings. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- (B) **Contributions.** The Company, at the option of its board of directors, contributes an amount from their "Net Profit or Accumulated (Retained) Earnings". These amounts are determined at the sole discretion of the employer. Participants may contribute up to the federal statutory limit of their aggregate compensation to the 401(k) portion of the plan, (\$20,500 plus catch-up contributions for 2024). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. For 2024, the Company contributed an amount equal to 4.5% of the wages of eligible employees.
- (C) **Participant Accounts.** Each participant's account is credited with the participant's contribution and an allocation of (a) the company's contribution, (b) Plan earnings, and (c) forfeitures of terminated participant's nonvested accounts. Allocations are based on a participant earnings formula for each plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. The profit sharing account and 401(k) account are computed and maintained separately for all participants.
- (D) **Vesting.** Participants are immediately vested in their voluntary and rollover contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after three years of credited service. A participant is 100% vested in their respective contributions and earnings in the 401(k) portion of the plan.
- (E) **Payment of Benefits.** On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or periodic payments over a period of time not exceeding 30 years or the joint life expectancy of the participant and the participant's beneficiary.
- (F) **Forfeited Accounts** at December 31, 2024, forfeited nonvested accounts totaled \$0. These accounts are distributed to active participants.

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1: DESCRIPTION OF PLAN (continued)

(G) *Cares Act 2.0*. The Company has not amended the Plan to include the provision for legislation enacted under the Cares Act 2.0. There is no impact on the current plan year.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the plan are prepared using the accrual method of accounting. Securities held in the plan are valued at quoted market prices.

Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

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

Excess Contributions Payable and Payment of Benefits

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2024 excess contributions to the applicable participants prior to March 15, 2025.

Payment of Benefits

Benefits are recorded when paid.

Date of Managements Review

Subsequent events were evaluated through June 16, 2025 which is the date the financial statements were available to be issued.

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 3: CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments at fair value, notes receivable from participants held at December 31, 2024 and 2023, and net appreciation/depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by First Source Bank (the Plan's Trustee).

NOTE 4: PLAN TERMINATION

Although it has not expressed any intent to do so the company has the right under the plan to discontinue their contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

NOTE 5: TAX STATUS

The Accurate Castings, Inc. Profit Sharing Plan has received as required by the Internal Revenue Service a favorable determination on its application to become a qualified plan. The plan was last amended on April 1, 2019.

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

NOTE 6: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 7: EXPENSES

Certain expenses of maintaining the plan are paid by the Plan Sponsor, Accurate Castings, Inc.

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 8: RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by First Source Bank. First Source Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$41,140 for the year ended December 31, 2024.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 9: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented.

Level 1 - Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Level 2 - Fair Value Measurements

The fair value of common collective funds are valued using inputs that are derived principally from or corroborated by observable market data by correlation or by other means.

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 9: FAIR VALUE MEASUREMENTS (continued)

The fair value of corporate bonds and U.S. government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

	<u>Fair Value</u>	Fair Value Measurements at the End of the Reporting Period Using:	
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
December 31, 2024			
Mutual funds	\$ 12,430,794	\$ 12,430,794	\$ ---
Common/collective funds	2,539,157	---	2,539,157
Common stocks	340,867	340,867	---
Corporate bonds	1,496,464	---	1,496,464
U.S. and Government securities	<u>947,311</u>	<u>---</u>	<u>947,311</u>
Total assets at fair value	\$ <u>17,754,593</u>	\$ <u>12,771,661</u>	\$ <u>4,982,932</u>

	<u>Fair Value</u>	Fair Value Measurements at the End of the Reporting Period Using:	
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
December 31, 2023			
Mutual funds	\$ 12,311,268	\$ 12,311,268	\$ ---
Common/collective funds	2,503,183	---	2,503,183
Common stocks	268,208	268,208	---
Corporate bonds	1,072,407	---	1,072,407
U.S. and Government securities	<u>590,382</u>	<u>---</u>	<u>590,382</u>
Total assets at fair value	\$ <u>16,745,448</u>	\$ <u>12,579,476</u>	\$ <u>4,165,972</u>

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 10: INVESTMENTS

During 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/[depreciated] in value as follows:

U.S. and Government securities	\$ [17,266]
Mutual funds	1,413,841
Common/collective funds	60,794
Corporate securities	[13,988]
Common stocks	84,166
Net Appreciation, Gains	<u>\$ 1,527,547</u>

NOTE 11 – NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the Nonparticipant-Directed Investments is as follows:

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Net Assets:		
Common & preferred stocks	\$ 340,867	\$ 268,208
Mutual funds/common collective funds	5,203,586	5,325,404
Corporate securities	1,496,465	1,072,407
U.S. and other Government securities	947,311	590,381
Receivables	391,466	401,662
Interest bearing cash	118,208	220,491
Total Net Assets	<u>\$ 8,497,903</u>	<u>\$ 7,878,553</u>

	<u>Year Ended</u> <u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Changes in Net Assets:		
Contributions	\$ 365,333	\$ 376,818
Interest	82,115	72,617
Dividends	119,253	106,444
Net appreciation	683,036	753,909
Realized gains	17,636	[8,202]
Benefits paid to participants	<u>[648,023]</u>	<u>[481,539]</u>
Increase in Net Assets	<u>\$ 619,350</u>	<u>\$ 820,047</u>

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 12: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024.

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 18,249,064	\$ 17,354,740
Contributions receivable	[1,852]	---
Excess contributions payable	12,481	9,715
Accrued fees	<u>3,310</u>	<u>3,224</u>
Net assets available for benefits per Form 5500	<u>\$ 18,263,003</u>	<u>\$ 17,367,679</u>

The following is a reconciliation of change in net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024.

	<u>2024</u>	<u>2023</u>
Increase [decrease] in net assets per statement of changes in net assets available for plan benefits	\$ 894,324	\$ 2,110,811
Contributions	[1,852]	---
Excess contribution payable	12,481	9,715
Benefits paid to participants	[9,715]	[16,450]
Accrued fees	3,310	3,224
Fees paid	<u>[3,224]</u>	<u>[2,787]</u>
Net income per Form 5500	<u>\$ 895,324</u>	<u>\$ 2,104,513</u>

NOTE 13: PRIOR YEAR REVISION

The December 31, 2023 financial statement has been revised as follows:

Increase accrued fees \$2,787

Increase fees expense \$2,787

Decrease net assets available for benefits \$2,787

NOTE 14: NEW ACCOUNTING STANDARDS

The Company adopted ASU 2016-13. There was no impact on the financial statements.

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
SCHEDULE H LINE 4i - EIN: 35-1101257 PN: 002
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2024

(A) PARTY IN INTEREST	(B) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY DATE	(D) COST	(E) FAIR VALUE
	US Treasury Notes	4.625% due 03/15/2026	\$ 161,934	\$ 160,691
	US Treasury Notes	3.250% due 06/30/2027	81,397	83,007
	US Treasury Notes	5.375% due 02/15/2031	85,456	83,893
	Fannie Mae Pool	4.000% due 11/01/2048	19,341	17,653
	Fannie Mae Pool	2.000% due 02/01/2041	69,609	56,111
	Fannie Mae Pool	5.500% due 04/01/2026	164	165
	Fannie Mae Pool	5.000% due 05/01/2053	63,838	62,131
	Government National Mortgage Assn	4.000% due 09/20/2034	676	642
	Government National Mortgage Assn	3.000% due 10/16/2039	1,599	1,490
	Fannie Mae Pool	2.000% due 02/01/2041	43,758	35,911
	Freddie Mac Pool	4.500% due 10/01/2054	97,650	93,215
	Ginnie Mae II Pool	5.000% due 11/20/2053	75,447	73,810
	Ginnie Mae II Pool	4.000% due 10/20/2049	18,001	15,940
	Waste Management Inc	4.875% due 02/15/2034	99,098	98,089
	Toyota Motor Credit Corp	5.550% due 11/20/2030	83,376	82,425
	DTE Electric Co	3.375% due 03/01/2025	106,944	99,732
	Apple Inc	3.250% due 02/23/2026	106,053	98,794
	Huntington Natl Bank	4.270% due 11/25/2026	74,803	73,895
	JP Morgan Chase & Co	3.625% due 12/01/2027	83,723	72,866
	Medtronic Global Hld	4.250% due 03/30/2028	80,158	79,001
	Comcast Corp	3.550% due 05/01/2028	112,627	95,994
	GE Mortgage Services LLC	6.465% due 06/25/2028	1	1
	PNC Financial Svcs	3.450% due 04/23/2029	73,793	75,715
	Verizon Comm Inc	4.016% due 12/03/2029	82,303	78,704
	Thermo Fisher Scient	4.950% due 11/21/2032	79,145	79,498
	Cisco Systems Inc	5.900% due 02/15/2039	110,043	79,252
	Public Storage	5.100% due 08/01/2033	80,148	79,695

(continued)

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
SCHEDULE H LINE 4i - EIN: 35-1101257 PN: 002
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2024

(A)	(B)	(C)	(D)	(E)
<u>PARTY IN</u>	<u>IDENTITY OF ISSUE, BORROWER,</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>COST</u>	<u>FAIR</u>
<u>INTEREST</u>	<u>OR SIMILAR PARTY</u>	<u>INCLUDING</u>		<u>VALUE</u>
		<u>MATURITY DATE, RATE OF INTEREST,</u>		
		<u>COLLATERAL, PAR OR MATURITY DATE</u>		
	Wisconsin St	2.141% due 05/01/2027	27,371	28,453
	Tulsa Cnty OK Indep	4.400% due 04/01/2028	79,953	79,874
	Mississippi St Home	5.508% due 12/01/2048	78,946	73,904
	National Rural Util Coop	5.000% due 02/07/2031	79,367	80,420
	Cliffwater Corp	Mutual Fund – 6,463.98 shares	68,154	68,647
	Berkshire Hathaway Inc	Common Stock 752 shares	44,519	340,867
	AB Large Cap Growth Adv	Mutual Fund – 7,905.266 shares	601,796	864,757
	Boston Partners Inv All Cap Val Inst	Mutual Fund - 11,688.375 shares	281,667	353,340
	Causeway Internat'l Val	Mutual Fund - 12,252.731 shares	221,383	227,411
	iShares Core S&P Small Cap	Mutual Fund - 1,857.00 shares	181,011	213,964
	iShares MSCI Emr Mrk Ex	Mutual Fund - 4,813.00 shares	243,588	266,881
	MFS International Growth	Mutual Fund - 4,597.461 shares	209,126	190,289
	SPDR S&P Dividend ETF	Mutual Fund - 4,887.00 shares	493,815	645,573
	SPDR S&P 500 ETF Trust	Mutual Fund - 2,662.00 shares	494,113	1,560,145
	Vanguard Strat Sm Cap	Mutual Fund – 10,841.458 shares	356,027	428,563
	Loomis Sayles Invest Grade Bond	Mutual Fund - 17,397.845 shares	171,186	168,933
	Dodge & Cox Income Fund	Mutual Fund – 25,758.124 shares	341,740	318,886
	Lord Abbett Shrt Dur	Mutual Fund – 44,649.776 shares	183,300	172,348
	Nuveen Preferred Securities Fund	Mutual Fund - 2,751.902 shares	41,702	42,737
	Voya Strategic Income Opp Fund	Mutual Fund – 9,091.709 shares	83,214	83,916
	Goldman Sachs S/C Value Inst	Mutual Fund – 11,812.2730 shares	*	476,625
	T Rowe Pr Mid-Cap Grow - 1	Mutual Fund – 30,694.5680 shares	*	3,070,685
	Vanguard Windsor II – Adm	Mutual Fund – 13,560.8430 shares	*	1,065,204
	Vanguard Mid-Cap Index Fund Adm	Mutual Fund – 28.2622 shares	*	9,356

(continued)

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
SCHEDULE H LINE 4i - EIN: 35-1101257 PN: 002
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2024

(A)	(B)	(C)	(D)	(E)
<u>PARTY IN</u>	<u>IDENTITY OF ISSUE, BORROWER,</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>COST</u>	<u>FAIR</u>
<u>INTEREST</u>	<u>OR SIMILAR PARTY</u>	<u>INCLUDING</u>		<u>VALUE</u>
		<u>MATURITY DATE, RATE OF INTEREST,</u>		
		<u>COLLATERAL, PAR OR MATURITY DATE</u>		
	Vanguard Small-Cap Index Fund Adm	Mutual Fund – 819.6650 shares	*	94,393
	Vanguard 500 Index Fund Adm	Mutual Fund – 1,063.4490 shares	*	577,198
	American Funds Washington Mut IF	Mutual Fund – 23,374.3850 shares	*	1,439,862
	Vanguard Total Intl Stock Index Fund	Mutual Fund – 15,584.8480 shares	*	493,884
	Morley Stable Value Fund Class 25	Mutual Fund – 86,074.3300 shares	*	2,539,158
	TOTAL ASSETS			<u>\$ 17,754,593</u>

*Participant directed investments; cost is not required to be disclosed.

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
 EIN: 35-1101257 PLAN: 002

SCHEDULE H LINE 4a

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2024

PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO PLAN	CONTRIBUTIONS NOT CORRECTED	CONTRIBUTIONS CORRECTED OUTSIDE VFCP	TOTAL FULLY CORRECTED UNDER VFCP AND PTE 2002-51
582.44	---	---	---

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
SCHEDULE H LINE 4j - EIN: 35-1101257 PN: 002
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	COLUMN C TOTAL PURCHASED DURING YEAR	COLUMN D TOTAL SOLD DURING YEAR	COLUMN E EXPENSE INCURRED w/TRANSACTION	COLUMN G COST OF ASSET	COLUMN H CURRENT VALUE OF ASSET ON TRANS DATE	COLUMN I NET GAIN/LOSS REALIZED
Federated Hermes Govt Obl	Mutual Fund	\$ 1,132,669	\$ 1,233,890	---	\$ 1,233,890	\$ 1,233,890	---

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
SCHEDULE H LINE 4i - EIN: 35-1101257 PN: 002
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2024

(A) PARTY IN INTEREST	(B) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY DATE	(D) COST	(E) FAIR VALUE
	US Treasury Notes	4.625% due 03/15/2026	\$ 161,934	\$ 160,691
	US Treasury Notes	3.250% due 06/30/2027	81,397	83,007
	US Treasury Notes	5.375% due 02/15/2031	85,456	83,893
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	Fannie Mae Pool	5.500% due 04/01/2026	164	165
	Fannie Mae Pool	5.000% due 05/01/2053	63,838	62,131
	Government National Mortgage Assn	4.000% due 09/20/2034	676	642
	Government National Mortgage Assn	3.000% due 10/16/2039	1,599	1,490
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	Freddie Mac Pool	4.500% due 10/01/2054	97,650	93,215
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	Ginnie Mae II Pool	4.000% due 10/20/2049	18,001	15,940
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	Verizon Comm Inc	4.016% due 12/03/2029	82,303	78,704
	Thermo Fisher Scient	4.950% due 11/21/2032	79,145	79,498
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(continued)

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
SCHEDULE H LINE 4i - EIN: 35-1101257 PN: 002
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2024

(A)	(B)	(C)	(D)	(E)
<u>PARTY IN INTEREST</u>	<u>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY DATE</u>	<u>COST</u>	<u>FAIR VALUE</u>
	Wisconsin St	2.141% due 05/01/2027	27,371	28,453
	Tulsa Cnty OK Indep	4.400% due 04/01/2028	79,953	79,874
	Mississippi St Home	5.508% due 12/01/2048	78,946	73,904
	National Rural Util Coop	5.000% due 02/07/2031	79,367	80,420
	Cliffwater Corp	Mutual Fund – 6,463.98 shares	68,154	68,647
	Berkshire Hathaway Inc	Common Stock 752 shares	44,519	340,867
	AB Large Cap Growth Adv	Mutual Fund – 7,905.266 shares	601,796	864,757
	Boston Partners Inv All Cap Val Inst	Mutual Fund - 11,688.375 shares	281,667	353,340
	Causeway Internat'l Val	Mutual Fund - 12,252.731 shares	221,383	227,411
	iShares Core S&P Small Cap	Mutual Fund - 1,857.00 shares	181,011	213,964
	iShares MSCI Emr Mrk Ex	Mutual Fund - 4,813.00 shares	243,588	266,881
	MFS International Growth	Mutual Fund - 4,597.461 shares	209,126	190,289
	SPDR S&P Dividend ETF	Mutual Fund - 4,887.00 shares	493,815	645,573
	SPDR S&P 500 ETF Trust	Mutual Fund - 2,662.00 shares	494,113	1,560,145
	Vanguard Strat Sm Cap	Mutual Fund – 10,841.458 shares	356,027	428,563
	Loomis Sayles Invest Grade Bond	Mutual Fund - 17,397.845 shares	171,186	168,933
	Dodge & Cox Income Fund	Mutual Fund – 25,758.124 shares	341,740	318,886
	Lord Abbett Shrt Dur	Mutual Fund – 44,649.776 shares	183,300	172,348
	Nuveen Preferred Securities Fund	Mutual Fund - 2,751.902 shares	41,702	42,737
	Voya Strategic Income Opp Fund	Mutual Fund – 9,091.709 shares	83,214	83,916
	Goldman Sachs S/C Value Inst	Mutual Fund – 11,812.2730 shares	*	476,625
	T Rowe Pr Mid-Cap Grow - 1	Mutual Fund – 30,694.5680 shares	*	3,070,685
	Vanguard Windsor II – Adm	Mutual Fund – 13,560.8430 shares	*	1,065,204
	Vanguard Mid-Cap Index Fund Adm	Mutual Fund – 28.2622 shares	*	9,356

(continued)

ACCURATE CASTINGS, INC. PROFIT SHARING PLAN
SCHEDULE H LINE 4i - EIN: 35-1101257 PN: 002
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2024

(A)	(B)	(C)	(D)	(E)
<u>PARTY IN</u>	<u>IDENTITY OF ISSUE, BORROWER,</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>COST</u>	<u>FAIR</u>
<u>INTEREST</u>	<u>OR SIMILAR PARTY</u>	<u>INCLUDING</u>		<u>VALUE</u>
		<u>MATURITY DATE, RATE OF INTEREST,</u>		
		<u>COLLATERAL, PAR OR MATURITY DATE</u>		
	Vanguard Small-Cap Index Fund Adm	Mutual Fund – 819.6650 shares	*	94,393
	Vanguard 500 Index Fund Adm	Mutual Fund – 1,063.4490 shares	*	577,198
	American Funds Washington Mut IF	Mutual Fund – 23,374.3850 shares	*	1,439,862
	Vanguard Total Intl Stock Index Fund	Mutual Fund – 15,584.8480 shares	*	493,884
	Morley Stable Value Fund Class 25	Mutual Fund – 86,074.3300 shares	*	2,539,158
	TOTAL ASSETS			<u>\$ 17,754,593</u>

*Participant directed investments; cost is not required to be disclosed.