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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NEENAH CONSOLIDATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1963

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

PO BOX 729
2121 BROOKS AVE.
NEENAH, WI 54957

2b Employer Identification Number (EIN) 39-1580331

2c Plan Sponsor's telephone number 920-729-3613

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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2026	JIM LOFTUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name NEENAH ENTERPRISES, INC.

c Plan Name NEENAH CONSOLIDATED PENSION PLAN

4b EIN 39-1580331

4d PN 002

5	Total number of participants at the beginning of the plan year	**5**	699
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	105
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	97
b	Retired or separated participants receiving benefits	**6b**	299
c	Other retired or separated participants entitled to future benefits	**6c**	224
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	620
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	66
f	Total. Add lines **6d** and **6e**.	**6f**	686
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 1H 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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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

A Name of plan
NEENAH CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NEENAH FOUNDRY COMPANY

D Employer Identification Number (EIN)
39-1580331

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2024

2 Assets:

a Market value	**2a**	45827870
b Actuarial value	**2b**	45827870

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	355	35729009	35729009
b For terminated vested participants	248	5654081	5654081
c For active participants	105	3050730	3214741
d Total	708	44433820	44597831

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

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

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	542240
c Target normal cost	**6c**	542240

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/13/2026
Date

AUDREY JOHNSON
Type or print name of actuary

26-08370
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

312-551-3224
Telephone number (including area code)

233 SOUTH WACKER DRIVE, SUITE 4850
CHICAGO, IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	523096
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	462605
9	Amount remaining (line 7 minus line 8)	0	60491
10	Interest on line 9 using prior year's actual return of 19.57 %	0	11838
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	72329

Part III Funding Percentages

14	Funding target attainment percentage	14	102.59 %
15	Adjusted funding target attainment percentage	15	102.23 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.93 %	5.27 %	5.59 %	☐ N/A, full yield curve used

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	542240
b Excess assets, if applicable, but not greater than line 31a	**31b**	542240

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

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

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

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NEENAH CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NEENAH FOUNDRY COMPANY

D Employer Identification Number (EIN)
39-1580331

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID MGMT TRUST COMPANY

04-2723880

(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)

FID MGT TRUST CO

04-2723880

(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?
21 50	TRUSTEE	249917	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARIAL	113153	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

R.V. KUHN AND ASSOCIATES, INC.

93-0910652

(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 50	INVESTMENT ADVISOR	65600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CLIFTON LARSON ALLEN

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	24990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV ASSET MANAGEMENT

20-4659714

(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 50	INVESTMENT ADVISORY	17616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL RETIRE INS AND ANN CO

06-1050034

(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 50	INVESTMENT MANGEMENT	17323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	**DFE/Participating Plan Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NEENAH CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NEENAH FOUNDRY COMPANY

D Employer Identification Number (EIN)
39-1580331

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YEAR CORP BOND COMMINGLED

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-155	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10064004

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORP A OR BETTER POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-103	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6810731

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SHORT DURATION POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-016	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1473401

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERMEDIATE CREDIT COMMINGLED

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN 20-4659714-223	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15522189

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NEENAH CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NEENAH FOUNDRY COMPANY

D Employer Identification Number (EIN)
39-1580331

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	13945086	33870326
(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)	31484380	8736276
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	45429466	42606602
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	45429466	42606602

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2795	
(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)		2795
(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)	469574	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		469574
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		437159
(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)		232736
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1142264
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3405526	
(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)		3405526
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	24990	
(5) Investment advisory and investment management fees	2i(5)	100539	
(6) Bank or trust company trustee/custodial fees	2i(6)	249917	
(7) Actuarial fees	2i(7)	113153	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	71003	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		559602
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3965128
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2822864
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 574239.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
NEENAH CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NEENAH FOUNDRY COMPANY

D Employer Identification Number (EIN)
39-1580331

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): 04-1590850 04-3275867

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 | 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

NEENAH ENTERPRISES, INC.
NEENAH CONSOLIDATED PENSION PLAN

FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

YEARS ENDED SEPTEMBER 30, 2025 AND 2024

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NEENAH ENTERPRISES, INC.
NEENAH CONSOLIDATED PENSION PLAN
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YEARS ENDED SEPTEMBER 30, 2025 AND 2024

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Neenah Enterprises Inc.
Neenah Consolidated Pension Plan
Neenah, Wisconsin

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Neenah Enterprises, Inc. Neenah Consolidated Pension 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 September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Neenah Enterprises, Inc. Neenah Consolidated Pension 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of September 30, 2025 and 2024, and for the years then ended stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Neenah Enterprises, Inc. Neenah Consolidated Pension 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 Neenah Enterprises, Inc. Neenah Consolidated Pension 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Neenah Enterprises, Inc. Neenah Consolidated Pension 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 Neenah Enterprises, Inc. Neenah Consolidated Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and reportable transactions as of or for the year ended September 30, 2025 are presented for purposes of additional analysis and is 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 GAAS. For information included in the supplemental schedules that agreed to or are 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).

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Appleton, Wisconsin
July 6, 2026

NEENAH ENTERPRISES, INC.
NEENAH CONSOLIDATED PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Fund	$ 8,736,276	$ 31,484,380
Common Trust Funds	33,870,326	13,945,086
Total Investments at Fair Value	42,606,602	45,429,466
NET ASSETS AVAILABLE FOR BENEFITS	$ 42,606,602	$ 45,429,466

See accompanying Notes to Financial Statements.

NEENAH ENTERPRISES, INC.
NEENAH CONSOLIDATED PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	2025	2024
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	$ 1,142,264	$ 7,862,850
EMPLOYER CONTRIBUTION	-	445,739
Total Additions	1,142,264	8,308,589
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	3,405,526	9,975,971
PBGC PREMIUMS	71,003	273,264
ADMINISTRATIVE EXPENSES	488,599	299,248
Total Deductions	3,965,128	10,548,483
NET DECREASE	(2,822,864)	(2,239,894)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	45,429,466	47,669,360
End of Year	$ 42,606,602	$ 45,429,466

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

The following description of the Neenah Enterprises, Inc. Neenah Consolidated Pension Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering substantially all production and maintenance employees of Neenah Foundry Company, Meadville Division of Advanced Cast Products, Inc. bargaining unit employees, Belcher Division of Advanced Cast Products, Inc. bargaining unit employees, and the Neenah Foundry Company Hourly Paid Pattern Shop employees (Company or Employer). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan Termination

The Company's Board of Directors approved a resolution to terminate the Plan effective July 1, 2025, subject to the standard requirements prescribed by ERISA. The plan applied for a favorable determination letter from the Internal Revenue Service (IRS) for the termination. As part of the plan for liquidation, the Plan was amended on July 1, 2025 to allow for lump sum or annuity distribution options. The Plan administrator notified eligible participants of their lump sum or annuity distribution options. The Company offered a lump sum window in October through December 2025 which included $4,357,919 of benefits being distributed from the trust in March 2026. The Company purchased an annuity contract which transferred $33,289,785 of pension liability from the Plan effective April 1, 2026. The plan of liquidation is expected to be completed in July 2026.

Pension Benefits

Fully vested employees are entitled to annual pension benefits beginning at normal retirement age (65) equal to $34 per month for each year of credited service for the production and maintenance employees of Neenah Foundry Company, $25.50 per month for each year of credited service for Belcher Division of Advanced Cast Products, Inc., $45 per month for each year of credited service for Meadville Division of Advanced Cast Products, Inc., and $29 per month for the Neenah Foundry Company for Hourly Paid Pattern Shop Employees. The Company has elected to partially freeze the production and maintenance employees of Neenah Foundry Company as of February 15, 2007, the Belcher Division of Advanced Cast Products, Inc. as of June 30, 2004, the Meadville Division of Advanced Cast Products, Inc., as of October 9, 2010, and the Neenah Foundry Company Hourly Paid Pattern Shop Employees as of January 31, 2006. Credited service was frozen for all participants under the age of 55. Participants who have attained age 55 as of the respective dates that the benefits were frozen will accrue future benefits under the Plan.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Pension Benefits (Continued)

For each bargaining unit the Plan permits early retirement. For the production and maintenance employees of Neenah Foundry Company and the Neenah Foundry Company Hourly Paid Pattern Shop Employees early retirement is permitted beginning at age 60 and upon completion of at least five years of service. For the Belcher Division of Advanced Cast Products, Inc., early retirement is permitted beginning at age 60 and upon completion of at least ten years of service. For the Meadville Division of Advanced Cast Products, Inc., early retirement is permitted beginning at age 55 and upon completion of fifteen years of service. Several options exist for the payment of retirement benefits including the joint and survivor annuity form and the life annuity form. All participants from each of the various bargaining units became 100% vested as of October 1, 2018.

Death Benefits

For each bargaining unit, if an active employee dies after accumulating five years of vesting service, a benefit equal to 50% of the benefit payable had the participant begun to receive a pension on the day before death in the form of a 50% joint and survivor annuity will be paid.

Disability Benefits

For all production and maintenance employees of Neenah Foundry Company, if an active employee is disabled after accumulating five years of vesting service, a minimum monthly benefit equal to $410 per month will be paid. For Belcher Division of Advances Cast Products, Inc., if an active employee is disabled after accumulating fifteen years of vesting service, a minimum monthly benefit equal to $25.50 per month for each year of credited service will be paid. For Meadville Division of Advanced Cast Products, Inc., if an active employee is disabled after fifteen years of vesting service and has reached age 50, a minimum monthly benefit equal to $45 per month for each year of credited service will be paid. For the Neenah Foundry Company Hourly Paid Pattern Shop employees, if an active employee is disabled after accumulating ten years of vesting service, a minimum monthly benefit equal to $390 per month will be paid.

Funding Policy

The Company’s contributions to the Plan are based on an actuarial calculation of amounts necessary to provide for defined benefit payments upon retirement or death. As of the most recent actuarial study, October 1, 2024, the minimum funding requirements under ERISA regulations have been met by the Company.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

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 4 for a discussion of fair value measurements.

Purchases and sales of investments 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.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

During August and September 2023, the Plan offered a lump sum distribution window to certain active vested participants and certain terminated vested participants who are not currently receiving benefit. During October and November 2023, $6,493,249 was paid out related to this lump sum window.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through July 6, 2026, the date on which the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

The computation of the actuarial present value of accumulated plan benefits was made as of October 1, 2024. Had the valuation been performed as of September 30, 2024, there would be no material differences.

The following presents the accumulated plan benefits as of September 30, 2024:

Vested Benefits:	
Participants Currently Receiving Payments	$ 34,559,721
Other Participants	10,650,726
Nonvested Benefits	145,770
Total Accumulated Plan Benefits	$ 45,356,217

The following presents the changes in accumulated plan benefits for the year ended September 30, 2024:

Accumulated Plan Benefits - Beginning of Year	$ 43,104,119
Increase (Decrease) During the Year Attributable to:	
Decrease in Discount Period	2,760,745
Benefits Paid	(10,228,726)
Change in Actuarial Assumptions	8,564,716
Benefits Accumulated and Actuarial Experience	1,155,363
Accumulated Plan Benefits - End of Year	$ 45,356,217

The significant actuarial assumptions used in the valuations as of September 30, 2024 were (a) life expectancy of participants (Pri-2012 Blue Collar Mortality Table with Scale MP-2021 Mortality Improvement Scale applied on a generational basis), (b) retirement age assumptions (the assumed average retirement age was 65), and (c) discount interest rate (4.70%, prior assumption was 7.25%). The foregoing actuarial assumptions are based on the presumption that the Plan will continue as the decision to terminate was adopted after the benefit information date. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 4 FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Trust Funds – Valued at the NAV of units of a common collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024:

	2025			
	Level 1	Level 2	Level 3	Total
Mutual Fund	$ 8,736,276	$ -	$ -	$ 8,736,276
Common Trust Funds	-	33,870,326	-	33,870,326
Total Investments at Fair Value	$ 8,736,276	$ 33,870,326	$ -	$ 42,606,602

	2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 31,484,380	$ -	$ -	$ 31,484,380
Common Trust Fund	-	13,945,086	-	13,945,086
Total Investments at Fair Value	$ 31,484,380	$ 13,945,086	$ -	$ 45,429,466

NOTE 5 PLAN TERMINATION

The Company approved a resolution to terminate the Plan effective July 1, 2025. Net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Management has not deemed liquidation imminent as of September 30, 2025 as the necessary steps to begin liquidation were not complete and failure to comply with the standard termination requirements or to meet deadlines may have caused the termination to be nullified.

NOTE 6 CERTIFICATION OF INVESTMENT INFORMATION

Fidelity Management Trust Company, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investments as of September 30, 2025 and 2024, and investment income for years then ended, in the accompanying financial statements and ERISA-required supplemental schedules for the year ended September 30, 2025.

NOTE 7 PLAN TAX STATUS

The Company has adopted a pre-approved plan document that has received an opinion letter from the IRS stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended and restated since receiving the letter, the Plan administrator believes 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.

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

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain administrative expenses relating to the Plan are paid by the Company.

Certain Plan investments are managed by Fidelity Investments, an affiliated company of Fidelity Management Trust Company. Administrative expenses paid to Fidelity Management Trust Company, the Plan trustee, amounted to $34,939 and $30,826 for the years ended September 30, 2025 and 2024, respectively.

Administrative expenses paid by the Plan to various companies for consulting, actuarial, and audit services amounted to $453,660 and $268,422 for the years ended September 30, 2025 and 2024, respectively.

These transactions qualify as party-in-interest transactions.

NOTE 9 RISKS AND UNCERTAINTIES

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

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

NEENAH ENTERPRISES, INC.
NEENAH CONSOLIDATED PENSION PLAN
E.I.N. 39-1580331 PLAN NO.002
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		Mutual Fund:		
*	Fidelity	Long-Term Treasury Bond Index	$ 8,724,841	$ 8,736,276
		Common Trust Funds:		
*	Fidelity	8-10 Year Corporate Bond Commingled Pool	9,421,072	10,064,005
*	Fidelity	Long Corporate A or Better Commingled Pool	6,483,615	6,810,731
*	Fidelity	Short Duration Commingled Pool	1,418,107	1,473,401
*	Fidelity	Intermediate Credit Commingled Pool	14,688,448	15,522,189
		Total Common Trust Funds	32,011,242	33,870,326
		Total	$ 40,736,083	$ 42,606,602

** Indicates party-in-interest*

NEENAH ENTERPRISES, INC.
NEENAH CONSOLIDATED PENSION PLAN
E.I.N. 39-1580331 PLAN NO.002
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred With Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets								
Baird	Core Plus Bond							
	Sale	$ -	$ 25,546,534	$ -	$ -	$ 26,073,719	$ 25,546,534	$ (527,185)
Fidelity	Long-Term Treasury Bond Index							
	Purchase	$ 9,055,481	$ -	$ -	$ -	$ 9,055,481	$ 9,055,481	$ -
Fidelity	8-10 Year Corporate Bond Commingled Pool							
	Purchase	$ 10,025,711	$ -	$ -	$ -	$ 10,025,711	$ 10,025,711	$ -
Fidelity	Long Corporate A or Better Commingled Pool							
	Purchase	$ 6,899,414	$ -	$ -	$ -	$ 6,899,414	$ 6,899,414	$ -
Fidelity	Intermediate Credit Commingled Pool							
	Purchase	$ 15,631,485	$ -	$ -	$ -	$ 15,631,485	$ 15,631,485	$ -
Prudential	Long Duration Government							
	Sale	$ -	$ 13,269,783	$ -	$ -	$ 13,467,446	$ 13,269,783	$ (197,664)
Category (iii) -A Series of Transaction in Excess of 5% of Plan Assets								
Baird	Core Plus Bond							
	Purchase	$ 398,452	$ -	$ -	$ -	$ 398,452	$ 398,452	$ -
	Sale	-	26,428,098	-	-	26,974,947	26,428,098	(546,849)
Fidelity	500 Index							
	Purchase	$ 15,774	$ -	$ -	$ -	$ 15,774	$ 15,774	$ -
	Sale	-	2,469,594	-	-	1,274,738	2,469,594	1,194,856
Fidelity	Global Ex U.S. Index							
	Purchase	$ 69,679	$ -	$ -	$ -	$ 69,679	$ 69,679	$ -
	Sale	-	2,262,539	-	-	2,099,480	2,262,539	163,059
Fidelity	Long-Term Treasury Bond Index							
	Purchase	$ 9,251,904	$ -	$ -	$ -	$ 9,251,904	$ 9,251,904	$ -
	Sale	-	547,652	-	-	554,736	547,652	(7,084)
Fidelity	8-10 Year Corporate Bond Commingled Pool							
	Purchase	$ 10,029,694	$ -	$ -	$ -	$ 10,029,694	$ 10,029,694	$ -
	Sale	-	627,505	-	-	608,623	627,505	18,883
Fidelity	Long Corporate A or Better Commingled Pool							
	Purchase	$ 6,902,103	$ -	$ -	$ -	$ 6,902,103	$ 6,902,103	$ -
	Sale	-	421,948	-	-	418,488	421,948	3,460
Fidelity	Intermediate Credit Commingled Pool							
	Purchase	$ 15,637,682	$ -	$ -	$ -	$ 15,637,682	$ 15,637,682	$ -
	Sale	-	976,812	-	-	949,234	976,812	27,578
Prudential	Long Duration Government							
	Sale	$ -	$ 13,287,105	$ -	$ -	$ 13,484,893	$ 13,287,105	$ (197,788)

There were no category (ii) or (iv) reportable transactions for the year ended September 30, 2025.

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan

EIN: 39-1580331 PN: 002

Schedule SB, Line 26a – Schedule of Active Participants Data

	Completed Years of Credited Service on October 1, 2024										
Attained Age	**<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**
25-29	0	0	0	0	0	0	0	0	0	0	**0**
30-34	0	0	0	0	0	0	0	0	0	0	**0**
35-39	0	4	0	0	0	0	0	0	0	0	**4**
40-44	1	5	1	0	0	0	0	0	0	0	**7**
45-49	2	9	4	1	0	0	0	0	0	0	**16**
50-54	1	10	7	8	4	0	0	0	0	0	**30**
55-59	0	7	7	8	15	0	0	0	0	0	**37**
60-64	0	3	1	1	2	1	1	0	0	0	**9**
65-69	0	0	0	0	0	0	1	0	0	0	**1**
Over 69	0	0	0	0	0	0	0	0	1	0	**1**
Total	**4**	**38**	**20**	**18**	**21**	**1**	**2**	**0**	**1**	**0**	**105**

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan

EIN: 39-1580331 PN: 002

Schedule SB Part V – Statement of Actuarial Assumptions/Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2024 Plan Year		**2023 Plan Year**	
Purpose	Minimum	Minimum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.93%	4.93%	4.75%	3.03%
Next 15 years	5.27%	5.27%	5.00%	4.11%
Over 20 years	5.59%	5.26%	5.74%	4.27%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Actuarial Assumptions and Methods (continued)

Salary Scale: N/A

Increase in Consumer Price Index (CPI): 3.00%. This is based on long-term historical inflation rates of about 3.5% (since 1952), adjusted lower by 0.50% to reflect the current low rate environment.

Increase in Social Security Taxable Wage Base: Not applicable.

Administrative Expenses:

ERISA: $542,240. Estimated based on the non-investment related administrative expenses paid from the Trust in the prior year plus estimated PBGC premiums for the current year.

Mortality:

ERISA: IRS 2024 Generational Mortality Table (Previously IRS 2024 Static Mortality Table) using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430. These tables include future mortality improvement of 8 years for males and 9 years for females with the following adjustments: For ages below 80, the projection period is increased by 1 year for each year below age 80. For ages above 80, the projection period is reduced (but not below zero) by 1/3 year for each year above 80. This plan does not have a large enough population to vary from the standard tables.

Disability Mortality:

ERISA: Same as Healthy Annuitants

Retirement Rates:

Age 65 based on the assumption used by the prior actuary for this plan.

There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Actuarial Assumptions and Methods (continued)

Disability Incidence: Rates varying by age and sex based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

Age	Male	Female
25	0.03%	0.03%
35	0.04%	0.07%
45	0.16%	0.24%
55	0.69%	0.64%

Termination: Rates varying by age and sex based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

Age	Male	Female
25	7.4%	11.6%
35	3.1%	5.1%
45	1.3%	2.8%
55	0.0%	0.0%
65	0.0%	0.0%

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan

EIN: 39-1580331 PN: 002

Actuarial Assumptions and Methods (continued)

Marital Status:

Legacy Pattern/Production: 90% of males and females are assumed married, with females 3 years younger than males, based on the assumption used by the prior actuary for this plan, and checked for reasonability each year.

Legacy Meadville/Belcher: 85% of males and females are assumed married, with females 3 years younger than males, based on the assumption used by the prior actuary for this plan, and checked for reasonability each year.

Maximum Benefit: $275,000 for 2024.

Maximum Salary: $345,000 for 2024.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan

EIN: 39-1580331 PN: 002

Actuarial Assumptions and Methods (continued)

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Actuarial Assumptions and Methods (continued)

Disclosure of Reliance on Models

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

NEENAH ENTERPRISES, INC.
NEENAH CONSOLIDATED PENSION PLAN
E.I.N. 39-1580331 PLAN NO.002
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred With Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5% of Plan Assets								
Baird	Core Plus Bond							
	Sale	$ -	$ 25,546,534	$ -	$ -	$ 26,073,719	$ 25,546,534	$ (527,185)
Fidelity	Long-Term Treasury Bond Index							
	Purchase	$ 9,055,481	$ -	$ -	$ -	$ 9,055,481	$ 9,055,481	$ -
Fidelity	8-10 Year Corporate Bond Commingled Pool							
	Purchase	$ 10,025,711	$ -	$ -	$ -	$ 10,025,711	$ 10,025,711	$ -
Fidelity	Long Corporate A or Better Commingled Pool							
	Purchase	$ 6,899,414	$ -	$ -	$ -	$ 6,899,414	$ 6,899,414	$ -
Fidelity	Intermediate Credit Commingled Pool							
	Purchase	$ 15,631,485	$ -	$ -	$ -	$ 15,631,485	$ 15,631,485	$ -
Prudential	Long Duration Government							
	Sale	$ -	$ 13,269,783	$ -	$ -	$ 13,467,446	$ 13,269,783	$ (197,664)
Category (iii) -A Series of Transaction in Excess of 5% of Plan Assets								
Baird	Core Plus Bond							
	Purchase	$ 398,452	$ -	$ -	$ -	$ 398,452	$ 398,452	$ -
	Sale	-	26,428,098	-	-	26,974,947	26,428,098	(546,849)
Fidelity	500 Index							
	Purchase	$ 15,774	$ -	$ -	$ -	$ 15,774	$ 15,774	$ -
	Sale	-	2,469,594	-	-	1,274,738	2,469,594	1,194,856
Fidelity	Global Ex U.S. Index							
	Purchase	$ 69,679	$ -	$ -	$ -	$ 69,679	$ 69,679	$ -
	Sale	-	2,262,539	-	-	2,099,480	2,262,539	163,059
Fidelity	Long-Term Treasury Bond Index							
	Purchase	$ 9,251,904	$ -	$ -	$ -	$ 9,251,904	$ 9,251,904	$ -
	Sale	-	547,652	-	-	554,736	547,652	(7,084)
Fidelity	8-10 Year Corporate Bond Commingled Pool							
	Purchase	$ 10,029,694	$ -	$ -	$ -	$ 10,029,694	$ 10,029,694	$ -
	Sale	-	627,505	-	-	608,623	627,505	18,883
Fidelity	Long Corporate A or Better Commingled Pool							
	Purchase	$ 6,902,103	$ -	$ -	$ -	$ 6,902,103	$ 6,902,103	$ -
	Sale	-	421,948	-	-	418,488	421,948	3,460
Fidelity	Intermediate Credit Commingled Pool							
	Purchase	$ 15,637,682	$ -	$ -	$ -	$ 15,637,682	$ 15,637,682	$ -
	Sale	-	976,812	-	-	949,234	976,812	27,578
Prudential	Long Duration Government							
	Sale	$ -	$ 13,287,105	$ -	$ -	$ 13,484,893	$ 13,287,105	$ (197,788)

There were no category (ii) or (iv) reportable transactions for the year ended September 30, 2025.

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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

A Name of plan
NEENAH CONSOLIDATED PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NEENAH FOUNDRY COMPANY

D Employer Identification Number (EIN)
39-1580331

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2024

2 Assets:

a Market value	**2a**	45,827,870
b Actuarial value	**2b**	45,827,870

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	355	35,729,009	35,729,009
b For terminated vested participants	248	5,654,081	5,654,081
c For active participants	105	3,050,730	3,214,741
d Total	708	44,433,820	44,597,831

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

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

5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	542,240
c Target normal cost	**6c**	542,240

Statement by Enrolled Actuary

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

SIGN HERE Audrey M. Johnson
Signature of actuary

7/13/26
Date

AUDREY JOHNSON
Type or print name of actuary

2608370
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

312-551-3224
Telephone number (including area code)

233 South Wacker Drive, Suite 4850

Chicago IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	523,096
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	462,605
9	Amount remaining (line 7 minus line 8)	0	60,491
10	Interest on line 9 using prior year's actual return of 19.57%	0	11,838
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.20%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	72,329

Part III Funding Percentages

14	Funding target attainment percentage	14	102.59%
15	Adjusted funding target attainment percentage	15	102.23%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.45%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.93 %	5.27 %	5.59%	☐ N/A, full yield curve used

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

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	542,240
b Excess assets, if applicable, but not greater than line 31a	**31b**	542,240

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

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

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

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

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

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

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan
EIN: 39-1580331 PN: 002

Schedule SB Part V — Summary of Plan Provisions

Plan Provisions

Name of Plan: Neenah Consolidated Pension Plan

Employer Identification Number / Plan Number: 39-1580331 / 002.

Effective Date: January 1, 1963. Effective date of most recent amendment, May 9, 2025.

Legacy Neenah Foundry Company Retirement Income Plan for Production and Maintenance Employees ("Production")

Covered Employees: Employee who is either (1) covered by a collective bargaining agreement with the Glass, Molders, Pottery, and Plastics Allied Workers International Union or (2) a non-union, hourly-paid foreman.

Participation Date: Date of becoming a Covered Employee.

Definitions:

Accrued Benefit: Effective January 1, 2002, $34.00 times all years of Credited Service.

Credited Service: Effective February 15, 2007, credited service is frozen for all participants under age 55. Employees earn one year of credited service or a partial year of credited service for a plan year based on the following schedule:

Hours of Service During a Plan Year	Years of Credited Service	Hours of Service During a Plan Year	Years of Credited Service
≤180	0.0	991-1,170	0.6
181-270	0.1	1,171-1,350	0.7
271-450	0.2	1,351-1,530	0.8
451-630	0.3	1,531-1,710	0.9
631-810	0.4	1,711+	1.0
811-990	0.5		

Normal Retirement Date (NRD): For Covered Employees who became a Participant prior to January 1, 1988, age 65. For all others, the later of age 65 and 5 years of Service.

Service: Employees earn one year of Service for each plan year that at least 1,000 hours of work is performed.

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan
EIN: 39-1580331 PN: 002

Schedule SB Part V — Summary of Plan Provisions

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: 5 years of Service and within five years of NRD.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminate for reasons other than death, disability, or retirement after completing 5 years of Service.

Pre-retirement spouse benefit: Death with a vested accrued benefit and a surviving spouse.

Disability: 5 years of Service and permanently and totally disabled.

Vesting: Employees become vested in accordance with the following schedule:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

Legacy Neenah Foundry Company Pension Plan for Hourly Paid Pattern Shop Employees ("Pattern")

Plan History: Effective January 31, 2006, the plan was closed to new entrants and benefit accruals under the Plan were frozen.

Effective Date: January 1, 1982. Effective date of most recent amendment, January 1, 2018.

Covered Employees: Employee who is covered by a collective bargaining agreement with the Independent Pattern Makers Union of Neenah, Wisconsin.

Participation Date: Date of becoming a Covered Employee.

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan
EIN: 39-1580331 PN: 002

Schedule SB Part V — Summary of Plan Provisions

Definitions:

Accrued Benefit: Effective January 1, 2001, $29.00 times all years of Credited Service.

Credited Service: Effective January 31, 2006, Credited Service is frozen for all participants.

Normal Retirement Date (NRD): For Covered Employees who became a Participant prior to January 1, 1988, age 65. For all others, the later of age 65 and 5 years of Service.

Service: Effective January 31, 2006, employees earn one year of Service for each plan year that at least 1,000 hours of work is performed.

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: 5 years of Service and within five years of NRD.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminate for reasons other than death, disability, or retirement after completing 5 years of Service.

Pre-retirement spouse benefit: Death with a vested accrued benefit and a surviving spouse.

Disability: 10 years of Service and permanently and totally disabled.

Vesting: Employees become vested in accordance with the following schedule:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan
EIN: 39-1580331 PN: 002

Schedule SB Part V — Summary of Plan Provisions

Monthly Benefits Paid upon the following events:

Normal retirement: Accrued Benefit determined as of NRD.

Early retirement: The vested Accrued Benefit on the date of early retirement, reduced by the appropriate early commencement factor.

Postponed retirement: Greater of the monthly pension benefit determined as of actual retirement date and the actuarial equivalent of the Accrued Benefit determined as of NRD.

Termination with deferred vested benefit: Accrued Benefit determined as of termination date, payable at NRD. Alternatively, participants eligible for early retirement may commence prior to NRD, with the accrued benefit reduced by the appropriate early commencement factor.

Death with pre-retirement spouse benefit: Calculated as if the participant was actively employed until the earlier of actual separation from service or death, and had selected a 50% Joint and survivor annuity with a 5 year certain period with a commencement date that is the same as date of death (normal form for married participants, with a commencement date on the date of death).

Disability: Effective January 1, 2005, $390.00 per month reduced by any disability benefit accrued under the Pattern Maker's Pension Trust Fund attributable to employment with the Employer.

Forms of payment:

Normal form (single participants): 5 Year Certain and Life Annuity

Normal form (married participants): 50% Joint and Survivor Annuity with 5 year certain period.

Optional forms: Single participants and married participants with spousal consent have the following options:

(a) 5-year Certain and Life Annuity
(b) 50% Joint and Survivor Annuity with a 5-year certain period
(c) 66 2/3% Joint and Survivor Annuity with a 5-year certain period
(d) 75% Joint and Survivor Annuity with a 5-year certain period
(e) 100% Joint and Survivor Annuity with a 5-year certain period

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan
EIN: 39-1580331 PN: 002

Schedule SB Part V — Summary of Plan Provisions

Legacy Belcher Division of Advanced Cast Products, Inc. Pension Plan for Bargaining Unit Employees ("Belcher")

Plan History: Effective December 27, 2002, the Plan was closed to new entrants. Effective June 30, 2004, benefit accruals under the Plan were frozen.

Covered Employees: Employee who is covered by a collective bargaining agreement with the United Steel Workers of America, AFL-CIO and employed at the sponsor's Belcher Division.

Participation Date: Date of becoming a Covered Employee.

Definitions:

Accrued Benefit: Equal to the sum of the Credited Service times the applicable benefit rate for each Credited Service Period in the table below:

Current Service Period	Applicable Rate
Prior to July 1, 1991	$9.00
July 1, 1991 to June 30, 1992	$10.00
July 1, 1992 to June 30, 1993	$11.00
July 1, 1993 to June 30, 1994	$12.00
July 1, 1994 to June 30, 1995	$13.00
July 1, 1995 to June 30, 1996	$14.00
July 1, 1996 to June 30, 1997	$15.00
July 1, 1997 to June 30, 1998	$16.00
July 1, 1998 to June 30, 1999	$17.00
July 1, 1999 to June 30, 2000	$18.00
July 1, 2000 to June 30, 2001	$19.50
July 1, 2001 to June 30, 2002	$21.50
July 1, 2002 to June 30, 2003	$23.50
July 1, 2003 to June 30, 2004	$25.50

Credited Service: Effective June 30, 2004, Credited Service is frozen for all participants.

Normal Retirement Date (NRD): Age 65.

Service: Employees earn Service in completed full years and fractions of years treating a calendar month as 1/12th of a year of Service. Partial calendar months of Service shall be aggregated as if 30 days is 1/12th of a year of Service. Additionally, a participant shall be credited with Service for a period of absence from work if the participant returns to work with an Employer as a Covered Employee within 12 months of the most recent date of absence.

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan
EIN: 39-1580331 PN: 002

Schedule SB Part V — Summary of Plan Provisions

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Age 60 with 10 years of Service or age plus Service greater than or equal to 80.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminate for reasons other than death, disability or retirement after completing 5 years of Service.

Pre-retirement spouse benefit: Death with a vested accrued benefit and a surviving spouse, provided the spouse has been married to the participant throughout the one-year period immediately preceding the participant's date of death.

Disability: Becomes permanently and totally disabled after attaining 15 years of service and who is not eligible or does not elect an early retirement benefit.

Vesting: Employees become vested in accordance with the following schedule:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

Monthly Benefits Paid upon the following events:

Normal retirement: Accrued Benefit determined as of NRD.

Early retirement: The vested Accrued Benefit on the date of early retirement, reduced by 0.5% for each full calendar month that the annuity starting date precedes the participant's NRD.

Postponed retirement: Greater of the monthly pension benefit determined as of actual retirement date and the actuarial equivalent of the Accrued Benefit determined as of NRD.

Termination with deferred vested benefit: Accrued Benefit determined as of termination date, payable at NRD. Alternatively, participants eligible for early retirement may commence prior to NRD, with the accrued benefit reduced by 0.5% for each full calendar month that the annuity starting date precedes the participant's NRD.

Death with pre-retirement spouse benefit: Calculated as if the participant was actively employed until the earlier of actual separation from service or death, and had selected a 50% Joint and Survivor annuity with a commencement date that is the same as date of death (normal form for married participants, with a commencement date on the date of death).

Schedule SB Part V — Summary of Plan Provisions

Disability: The participant's vested Accrued Benefit.

Forms of payment:

Normal form (single participants): Single Life Annuity.

Normal form (married participants): 50% Joint and Survivor Annuity.

Optional forms: Single participants and married participants with spousal consent have the following options:

(a) Single Life Annuity
(b) 75% Joint and Survivor Annuity
(c) 100% Joint and Survivor Annuity
(d) 10-year Certain and Life Annuity

Legacy Meadville Division of Advanced Cast Products, Inc. Pension Plan for Bargaining Unit Employees ("Meadville")

Plan History: Effective October 9, 2010, the Plan was closed to new entrants. Effective July 30, 2021 any actively employed participants at the Meadville plant ("Meadville Actives") transferred to the Grede Meadville Retirement Plan.

Covered Employees: Employee who is covered by a collective bargaining agreement with the United Steel Workers of America, AFL-CIO and its Local 1917 and employed at the sponsor's Meadville Division.

Participation Date: Date of becoming a Covered Employee.

Definitions:

Accrued Benefit: Equal to the sum of the Credited Service times the applicable benefit rate for each Credited Service Period in the table below:

Current Service Period	Applicable Rate
Prior to October 9, 1999	$17.50
October 9, 1999 to October 10, 2000	$27.25
October 11, 2000 to October 14, 2001	$37.25
October 15, 2001 to October 13, 2002	$41.00
October 14, 2002 to October 12, 2003	$43.00
On or after October 13, 2003	$45.00

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan
EIN: 39-1580331 PN: 002

Schedule SB Part V — Summary of Plan Provisions

Credited Service: Effective January 1, 2012, credited service is earned in completed full years and fractions of years treating a calendar month as 1/12th of a year of Service. Partial calendar months of Service shall be aggregated as if 30 days is 1/12th a year of Service.

Normal Retirement Date (NRD): Age 65.

Service: Employees earn Service in completed full years and fractions of years treating a calendar month as 1/12th of a year of Service. Partial calendar months of Service shall be aggregated as if 30 days is 1/12th a year of Service. Additionally, a participant shall be credited with Service for a period of absence from work if the participant returns to work with an Employer as a Covered Employee within 12 months of the most recent date of absence.

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Age 55 with 15 years of Service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminate for reasons other than death, disability or retirement after completing 5 years of Service.

Pre-retirement spouse benefit: Death with a vested accrued benefit and a surviving spouse, provided the spouse has been married to the participant throughout the one-year period immediately preceding the participant's date of death.

Disability: Become permanently and totally disabled at or after age 50 with at least 15 years of Service and who is not eligible or does not elect an early retirement benefit.

Vesting: Employees become vested on their NRD or in accordance with the following schedule:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

Monthly Benefits Paid upon the following events:

Normal retirement: Accrued Benefit determined as of NRD

Early retirement: The vested Accrued Benefit on the date of early retirement, reduced by 0.5% for each full calendar month that the annuity starting date precedes the participant's NRD. If the participant has completed at least 30 years of Service, unreduced Accrued Benefit determined as of NRD.

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan
EIN: 39-1580331 PN: 002

Schedule SB Part V — Summary of Plan Provisions

Postponed retirement: Greater of the monthly pension benefit determined as of actual retirement date and the actuarial equivalent of the Accrued Benefit determined as of NRD.

Termination with deferred vested benefit: Accrued Benefit determined as of termination date, payable at NRD. Alternatively, participants eligible for early retirement may commence prior to NRD, with the Accrued Benefit reduced by 0.5% for each full calendar month that the annuity starting date precedes the participant's NRD.

Death with pre-retirement spouse benefit: Calculated as if the participant was actively employed until the earlier of actual separation from service or death, and had selected a 50% Joint and survivor annuity with a commencement date that is the same as date of death (normal form for married participants, with a commencement date on the date of death).

Disability: The participant's vested Accrued Benefit.

Forms of payment:

Normal form (single participants): Single Life Annuity.

Normal form (married participants): 50% Joint and Survivor Annuity.

Optional forms: Single participants and married participants with spousal consent have the following options:

(a) Single Life Annuity
(b) 50% Joint and Survivor Annuity
(c) 75% Joint and Survivor Annuity
(d) 100% Joint and Survivor Annuity
(e) 10-year Certain and Life Annuity

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

NEENAH ENTERPRISES, INC.
NEENAH CONSOLIDATED PENSION PLAN
E.I.N. 39-1580331 PLAN NO.002
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SEPTEMBER 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		Mutual Fund:		
*	Fidelity	Long-Term Treasury Bond Index	$ 8,724,841	$ 8,736,276
		Common Trust Funds:		
*	Fidelity	8-10 Year Corporate Bond Commingled Pool	9,421,072	10,064,005
*	Fidelity	Long Corporate A or Better Commingled Pool	6,483,615	6,810,731
*	Fidelity	Short Duration Commingled Pool	1,418,107	1,473,401
*	Fidelity	Intermediate Credit Commingled Pool	14,688,448	15,522,189
		Total Common Trust Funds	32,011,242	33,870,326
		Total	$ 40,736,083	$ 42,606,602

** Indicates party-in-interest*

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Neenah Consolidated Pension Plan

EIN: 39-1580331 PN: 002

Schedule SB, Line 25 – Method Change

Starting with the October 1, 2024 Valuation, the Plan changed its actuarial asset valuation method from a 24-month smoothing method to Market Value of Assets. Accordingly, the Actuarial Value of Assets used for purposes of IRC Section 430 funding calculations is equal to the Market Value of Assets as of the Valuation Date.