

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                             | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>CONTINENTAL NA PENSION PLAN</u>                                                                                                                                                                                                                                                                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>009</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2008</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>009</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/2008</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                   | <u>009</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2008</u>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CONTINENTAL AUTOMOTIVE, INC.</u><br><br><u>1830 MACMILLAN PARK DRIVE</u><br><u>FORT MILL, SC 29707</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>51-0304065</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>704-583-3900</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>336300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>51-0304065</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>704-583-3900</u> | <b>2d</b> Business code (see instructions)<br><u>336300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>51-0304065</u>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>704-583-3900</u>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>336300</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2021 | TED GOSSERT                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1654 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 278  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 249  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 713  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 585  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1547 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 77   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1624 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1C 3H                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                         |            |            |            |
|-------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| For calendar plan year 2020 or fiscal plan year beginning                                                               | 01/01/2020 | and ending | 12/31/2020 |
| ▶ 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<br>CONTINENTAL NA PENSION PLAN                                                                                      |                                                                                                                                                  | B Three-digit plan number (PN) ▶                     | 009 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CONTINENTAL AUTOMOTIVE, INC.                                  |                                                                                                                                                  | D Employer Identification Number (EIN)<br>51-0304065 |     |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                      |     |

|                                                                                                                                                                                                         |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1 Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                   |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                               |                            |                           |                          |
| a Market value .....                                                                                                                                                                                    | 2a                         | 117596357                 |                          |
| b Actuarial value .....                                                                                                                                                                                 | 2b                         | 110921655                 |                          |
| 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.....                                                                                                                                     | 794                        | 67474179                  | 67474179                 |
| b For terminated vested participants.....                                                                                                                                                               | 599                        | 20029133                  | 20029133                 |
| c For active participants .....                                                                                                                                                                         | 278                        | 10106596                  | 10168701                 |
| d Total.....                                                                                                                                                                                            | 1671                       | 97609908                  | 97672013                 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| 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                          | 5.20 %                    |                          |
| 6 Target normal cost.....                                                                                                                                                                               | 6                          | 499000                    |                          |

**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.

|                                                       |  |                                        |            |
|-------------------------------------------------------|--|----------------------------------------|------------|
| <div>SIGN<br/>HERE</div>                              |  |                                        | 09/28/2021 |
| Signature of actuary                                  |  | Date                                   |            |
| ERIC KARPEWICZ                                        |  | 20-07545                               |            |
| Type or print name of actuary                         |  | Most recent enrollment number          |            |
| MERCER                                                |  | 410-727-3345                           |            |
| Firm name                                             |  | Telephone number (including area code) |            |
| ONE SOUTH STREET<br>SUITE 1001<br>BALTIMORE, MD 21202 |  |                                        |            |
| Address of the firm                                   |  |                                        |            |

| 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                                                   | 11265880               |
| 8       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                                                   | 681007                 |
| 9       | Amount remaining (line 7 minus line 8) .....                                                                                                             | 0                                                   | 10584873               |
| 10      | Interest on line 9 using prior year's actual return of <u>18.60</u> % .....                                                                              | 0                                                   | 1968786                |
| 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 <u>5.33</u> % ..... |                                                     | 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                                                   | 12553659               |

| Part III |                                                                                                                                                                  | Funding Percentages |          |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| 14       | Funding target attainment percentage .....                                                                                                                       | 14                  | 100.71 % |
| 15       | Adjusted funding target attainment percentage .....                                                                                                              | 15                  | 113.56 % |
| 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                  | 110.67 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees        |                       |
| 12/21/2020                                                                        | 7100000                           |                                        |                       |
|                                                                                   |                                   |                                        |                       |
|                                                                                   |                                   |                                        |                       |
|                                                                                   |                                   |                                        |                       |
|                                                                                   |                                   |                                        |                       |
|                                                                                   |                                   |                                        |                       |
|                                                                                   |                                   | Totals ►                               | 18(b) 7100000 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 6759340                                                         |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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                                                             |
| 0                                                                                                                             | 0                                                                   |
| (3) 3rd                                                                                                                       | (4) 4th                                                             |
| 0                                                                                                                             | 0                                                                   |

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.64 %                                                                                                                       | 2nd segment:<br>5.21 % | 3rd segment:<br>5.94 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 499000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 499000             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 6759340            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 6759340            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                               |                                                             |     |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020    |                                                             |     |
| <b>A</b> Name of plan<br>CONTINENTAL NA PENSION PLAN                                          | <b>B</b> Three-digit plan number (PN) ▶                     | 009 |
|                                                                                               |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CONTINENTAL AUTOMOTIVE, INC. | <b>D</b> Employer Identification Number (EIN)<br>51-0304065 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

MERCER

ONE SOUTH STREET  
SUITE 1001  
BALTIMORE, MD 21202

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 17               | NONE                                                                                              | 316104                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PIMCO

33-0629048

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 211948                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

STATE STREET BANK & TRUST COMPANY

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 25 28 62 99            | NONE                                                                                              | 49858                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)

CLEARVIEW GROUP

200 GLENRIDGE POINT PARKWAY  
SUITE 400  
ATLANTA, GA 30342

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | NONE                                                                                                     | 25396                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

NORTHEAST RETIREMENT SERVICES

12 GILL STREET  
SUITE 2600  
WOBBURN, MA 01801

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 64                            | NONE                                                                                                     | 22193                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

GREERWALKER

227 WEST TRADE STREET  
SUITE 1100  
CHARLOTTE, NC 28202

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10                            | NONE                                                                                                     | 15464                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

STATE STREET GLOBAL ADVISORS

81-4017137

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 18 19 51                      | NONE                                                                                                     | 7326                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                                             |                                                                    |            |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>CONTINENTAL NA PENSION PLAN</u>                                                 | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>009</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CONTINENTAL AUTOMOTIVE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>51-0304065</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                       |                               |                                                                                                                      |
|---------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CONTINENTAL AUTOMOTIVE, INC. MT</u> |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>CONTINENTAL AUTOMOTIVE, INC.</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>51-0304065-014</u>                                                 | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>127265536</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code          | <b>e</b> 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)**

(Complete as many entries as needed to report all participating plans)

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>CONTINENTAL NA PENSION PLAN</u>                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>009</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CONTINENTAL AUTOMOTIVE, INC.</u>                                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br><u>51-0304065</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 937912                | 552978          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 116018310             | 127265536       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                     |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 116956222 127818514 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 213544 138275       |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 213544 138275       |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 116742678 127680239 |

**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.

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 7100000   |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)           | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 7100000   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> | 707       |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 707       |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> |           |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 11571409  |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 18672116  |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 7621641 |         |
| (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) |         | 7621641 |
| f Corrective distributions (see instructions) .....                                 | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 404619  |         |
| (2) Contract administrator fees .....                                               | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 244670  |         |
| (4) Other.....                                                                      | 2i(4) | 137282  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |         | 786571  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 8408212 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 10263904 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan.....                                    | 2l(1) |  | 673657   |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GREERWALKER, LLP

(2) EIN: 56-1434747

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                              | Yes                 | No                 | Amount |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                             |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                                         |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                              |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                     | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                      |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                   |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                         |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                               | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                    | X                   |                    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                 |                     |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                          |                     |                    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                           |                     |                    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                 |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     | X                  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                                     |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                         |                     |                    |        |
| <b>5b</b> 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.)                                                                                                                                                                                                 |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                 | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
| VITESCO TECHNOLOGIES USA, LLC PENSION PLAN                                                                                                                                                                                                                                                                                                                                                                   | 87-1870421          | 201                |        |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                    |        |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4328428. |                     |                    |        |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                                    |                                                                  |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>CONTINENTAL NA PENSION PLAN</div>                                          | <div>B Three-digit plan number (PN) ▶ 009</div>                  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>CONTINENTAL AUTOMOTIVE, INC.</div> | <div>D Employer Identification Number (EIN)<br/>51-0304065</div> |

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

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

|                                                                                                                                                                                                                                                                                                                                               |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div>    |
| <div>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):<br/><br/>EIN(s): 36-3046063</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |                 |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3 16</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                             |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                               |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                               |
| <div>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).....</div>                                                                                                                                                                                                              | <div>6c</div>                                                                                               |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                             |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>            |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</div> |

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

|                                                                                                                                                                                                                                |                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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.....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2020  
v. 200204

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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).....

**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).....

**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).....

|            |  |
|------------|--|
| <b>14a</b> |  |
| <b>14b</b> |  |
| <b>14c</b> |  |

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**b** The corresponding number for the second preceding plan year.....

|            |  |
|------------|--|
| <b>15a</b> |  |
| <b>15b</b> |  |

- 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.....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

|            |  |
|------------|--|
| <b>16a</b> |  |
| <b>16b</b> |  |

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: 21 % Investment-Grade Debt: 76 % High-Yield Debt: 3 % Real Estate: \_\_\_\_\_ % Other: \_\_\_\_\_ %

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 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 \_\_\_\_\_



# GreerWalker

## INDEPENDENT AUDITORS' REPORT

To the Pension Committee and Participants of the Continental NA Pension Plan:

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the Continental NA Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with generally accepted accounting principles in the United States of America; this includes 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.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with generally accepted auditing standards in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net asset available for benefits as of December 31, 2020 and 2019, and changes therein for the years then ended in accordance with generally accepted accounting principles in the United States of America.

**GreerWalker LLP | GreerWalker Wealth LLC | GreerWalker Corporate Finance LLC**

**Charlotte Office** The Carillon | 227 West Trade St., Suite 1100 | Charlotte, NC 28202 | USA | Tel 704.377.0239

**Greenville Office** Wells Fargo Center | 15 South Main St., Suite 800 | Greenville, SC 29601 | USA | Tel 864.752.0080

**Accounting & Tax | Wealth Management | Corporate Finance | [greerwalker.com](http://greerwalker.com)**

## **Report on Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2020 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

## **Report on Form and Content of the Financial Statements in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements have been audited by us in accordance with generally accepted auditing standards in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Greer Walker LLP*

Certified Public Accountants  
September 30, 2021  
Charlotte, NC

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>CONTINENTAL NA PENSION PLAN                                                                                      | <b>B</b> Three-digit plan number (PN) ▶ 009                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CONTINENTAL AUTOMOTIVE, INC.                                  | <b>D</b> Employer Identification Number (EIN)<br>51-0304065                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                   |                                                                                                         |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                         |
| <b>a</b> Market value.....                                                                                                                                                                                     | <b>2a</b> 117,596,357                                                                                   |
| <b>b</b> Actuarial value.....                                                                                                                                                                                  | <b>2b</b> 110,921,655                                                                                   |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                         |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants 794 (2) Vested Funding Target 67,474,179 (3) Total Funding Target 67,474,179 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                              | 599 20,029,133 20,029,133                                                                               |
| <b>c</b> For active participants.....                                                                                                                                                                          | 278 10,106,596 10,168,701                                                                               |
| <b>d</b> Total.....                                                                                                                                                                                            | 1,671 97,609,908 97,672,013                                                                             |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                         |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                               |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                               |
| <b>5</b> Effective interest rate.....                                                                                                                                                                          | <b>5</b> 5.20%                                                                                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b> 499,000                                                                                        |

**Statement by Enrolled Actuary**

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

|                                                      |                                                                                                    |                                        |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                     | ERIC KARPEWICZ  | 09/28/2021                             |
|                                                      | Signature of actuary                                                                               | Date                                   |
| ERIC KARPEWICZ                                       | Type or print name of actuary                                                                      | 2007545                                |
| MERCER                                               | Firm name                                                                                          | Most recent enrollment number          |
|                                                      |                                                                                                    | 410-727-3345                           |
|                                                      |                                                                                                    | Telephone number (including area code) |
| ONE SOUTH STREET<br>SUITE 1001<br>BALTIMORE MD 21202 | 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 ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2020**  
**v. 200204**

## Part II Beginning of Year Carryover and Prefunding Balances

|           |                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                     | 11,265,880             |
| <b>8</b>  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                     | 681,007                |
| <b>9</b>  | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                     | 10,584,873             |
| <b>10</b> | Interest on line 9 using prior year's actual return of <u>18.60</u> % .....                                                                                          | 0                     | 1,968,786              |
| <b>11</b> | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                       |                        |
|           | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
|           | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> % ..... |                       | 0                      |
|           | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
|           | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
|           | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                     | 0                      |
| <b>13</b> | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                     | 12,553,659             |

| Part III | Funding Percentages |
|----------|---------------------|
|----------|---------------------|

|           |                                                                                                                                                                 |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 100.71% |
| <b>15</b> | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 113.56% |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 110.67% |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

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

| Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |  |
|--------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|--|
| (a) Date<br>(MM-DD-YYYY)                                                       | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |  |
| 12/21/2020                                                                     | 7,100,000                         |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 |                          |                                   |                                 |  |
|                                                                                |                                   |                                 | </                       |                                   |                                 |  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |           |
|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 6,759,340 |

## 20 Quarterly contributions and liquidity shortfalls:

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

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

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.64 %                                                                                                                       | 2nd segment:<br>5.21 % | 3rd segment:<br>5.94 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 499,000            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 499,000            |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 6,759,340          |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 6,759,340          |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

Schedule SB, line 19 — Discounted Employer Contributions

| Date       | Amount contributed | Plan year | Applicable effective interest rate | Discounted value on January 1, 2020 |
|------------|--------------------|-----------|------------------------------------|-------------------------------------|
| 12/21/2020 | \$ 7,100,000       | 2020      | 5.20%                              | \$ 6,759,340                        |
| Total      | \$ 7,100,000       |           |                                    | \$ 6,759,340                        |

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

| (A)<br>Retirement age | (B)<br>Retirement percent | (C)<br>Lx | (D)<br>Number of employees expected to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|-----------------------|---------------------------|-----------|------------------------------------------------------------|------------------|
| 55                    | 5.0%                      | 10,000    | 500                                                        | 27,500           |
| 56                    | 5.0%                      | 9,500     | 475                                                        | 26,600           |
| 57                    | 5.0%                      | 9,025     | 451                                                        | 25,721           |
| 58                    | 5.0%                      | 8,574     | 429                                                        | 24,864           |
| 59                    | 5.0%                      | 8,145     | 407                                                        | 24,028           |
| 60                    | 15.0%                     | 7,738     | 1,161                                                      | 69,640           |
| 61                    | 15.0%                     | 6,577     | 987                                                        | 60,181           |
| 62                    | 15.0%                     | 5,591     | 839                                                        | 51,992           |
| 63                    | 15.0%                     | 4,752     | 713                                                        | 44,906           |
| 64                    | 15.0%                     | 4,039     | 606                                                        | 38,776           |
| 65                    | 25.0%                     | 3,433     | 858                                                        | 55,791           |
| 66                    | 25.0%                     | 2,575     | 644                                                        | 42,487           |
| 67                    | 25.0%                     | 1,931     | 483                                                        | 32,348           |
| 68                    | 25.0%                     | 1,448     | 362                                                        | 24,623           |
| 69                    | 25.0%                     | 1,086     | 272                                                        | 18,739           |
| 70                    | 100.0%                    | 815       | 815                                                        | 57,032           |
| Total                 |                           |           | 10,000                                                     | 625,230          |
| Average               |                           |           |                                                            | 63               |

***Schedule SB, line 24 — Change in Actuarial Assumptions***

The following assumption changes have occurred since the January 1, 2019 valuation.

- The expense component of normal cost decreased from \$592,000 to \$499,000 to reflect our expectations for the current plan year.
- Expected investment return decreased from 4.75% to 3.75%.
- The form of payment and commencement age assumptions were updated as per the experience study completed in November 2019.
- Cash balance interest credit rate decreased from 3.75% to 3.25%.

**Schedule SB, Part V — Summary of Plan Provisions****Summary of major plan provisions**

|                                                  |                                                                                                                           |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | Original plan: January 1, 2008<br>Restated plan: January 1, 2015<br>Last amended: January 1, 2019<br>Plan year: January 1 |
| Status of the plan                               | Effective January 1, 2011, all benefits accrued under the plan were frozen                                                |
| Significant events that occurred during the year | None                                                                                                                      |

**DEFINITIONS**

|                          |                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Covered employees      | January 1 or July 1 coincident with or following completion of six months of Vesting Service, but not before January 1, 2008                                                                                                                                                                                                                                                                        |
| • Participation          | Effective January 1, 2010, the Continental NA Pension Plan for Union Employees (CPP Union) merged into the Plan. Any individual who was a participant in the CPP Union as of December 31, 2009 became a participant in this Plan on that date. Effective January 1, 2019, 211 Powertrain employees were transferred to the Continental Powertrain Pension Plan. Participation in the plan is closed |
| • Vesting service        | From date of hire                                                                                                                                                                                                                                                                                                                                                                                   |
| • Credited service       | Elapsed time in years from membership date                                                                                                                                                                                                                                                                                                                                                          |
| • Pensionable earnings   | Eligible compensation includes base pay, bonuses, overtime pay, shift differential, commissions, salary continuation payments, and Section 125 contributions. Compensation shall not exceed the limit described in IRC section 401(a)(17)                                                                                                                                                           |
| • Final average earnings | Certain plan participants had a choice to remain covered by the Final Average Pay formula if age plus vesting points equaled 55 or more on January 1, 2001. All other participants are covered under the Cash Balance formula described later in this section                                                                                                                                       |
| • Accrued benefit        | The pension is greater of (a) or (b):<br>a) 1.125% of AFC up to \$12,000 plus 1.50% of such AFC in excess of \$12,000, all multiplied by years of Benefit Service. AFC is the average annual Total Cash Compensation in the 4 consecutive plan years out of the last 10 plan years prior to the Normal Retirement date which produces the highest such average<br>b) The minimum benefit            |

**NORMAL RETIREMENT**

|               |                                                                           |
|---------------|---------------------------------------------------------------------------|
| • Eligibility | Later of age 65 or completion of three years of Vesting Service           |
| • Benefit     | A life annuity starting at normal retirement equal to the Accrued Benefit |

**Schedule SB, Part V — Summary of Plan Provisions**

| <b>EARLY RETIREMENT</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility                    | Age 55 with 10 years of Vesting Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| • Benefit                        | The annual pension is the accrued benefit deferred to age 65 or if payments commence before age 65, such accrued benefit is reduced by 5/12ths for each of the first 24 months by which the starting date precedes age 62 and by 1/2% for each additional month in excess of 24 months. There is no reduction if the starting date is between ages 62 and 65                                                                                                                                                   |
| <b>DEFERRED VESTED</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Eligibility                    | 100% vested with three years of Vesting Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Benefit                        | The annual pension is determined as in Normal Retirement (a) above, but reduced actuarially, using 7.00% interest and the UP 1984 mortality table, if payments begin after age 55 but before age 65                                                                                                                                                                                                                                                                                                            |
| <b>DISABILITY</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Eligibility                    | Ten years of Vesting Service or qualifies for Workmen's Compensation in connection with disability                                                                                                                                                                                                                                                                                                                                                                                                             |
| • Benefit                        | The annual pension is the accrued benefit based on Normal Retirement (a) above. The participant shall be credited with Vesting and Benefit Service during the period of disability prior to the earliest commencement of retirement benefits, the participant's death, or the participant's recovery from disability. Benefit Service is not imputed after January 1, 2011. Participants may elect to commence a reduced benefit as early as age 55 reduced in accordance with the Early Retirement provisions |
| <b>PRE-RETIREMENT DEATH</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Eligibility                    | Eligibility occurs on death after three years of vesting service                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| • Final Average Pay Participants | 50% of the pension the participant would have received under the 50% Joint & Survivor option                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>OTHER BENEFITS</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Benefit                        | Certain operating companies receive special minimum benefits based on the terms of agreement when they entered the Siemens Pension Plan. In addition, certain benefit provisions from prior plans that were subsequently merged into the Plan continue                                                                                                                                                                                                                                                         |
| <b>CASH BALANCE FORMULA</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| • Account Balance                | The Cash Balance formula applies to all participants except for those who chose to remain under the Final Average Pay formula. The cash balance account is increased monthly with Pay and Interest Credits (no additional pay credits accrued after plan freeze)                                                                                                                                                                                                                                               |
| • Interest Credits               | Based on the 30 year Treasury rate for the August immediately preceding the Plan Year                                                                                                                                                                                                                                                                                                                                                                                                                          |

**Schedule SB, Part V — Summary of Plan Provisions**

|               |                           |            |
|---------------|---------------------------|------------|
| • Pay Credits | Based on Vesting Service: |            |
|               | Service                   | Pay Credit |
|               | <5                        | 3.00%      |
|               | 5 – 9                     | 3.75%      |
|               | 10 – 14                   | 4.50%      |
|               | 15 – 19                   | 6.00%      |
|               | 20 – 24                   | 7.50%      |
|               | 25 – 29                   | 9.00%      |
|               | 30 +                      | 11.25%     |

**PRE- RETIREMENT DEATH**

Account balance payable to beneficiary determined as of beneficiary commencement date (as early as participant's date of death but no later than participant's age 65)

**UNPREDICTABLE CONTINGENT EVENT BENEFITS**

|               |     |
|---------------|-----|
| • Event       | N/A |
| • Eligibility | N/A |
| • Benefit     | N/A |

**FORM OF BENEFITS**

|                                                                  |                                                                                                                                                                                    |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Automatic form for unmarried participants                      | Life annuity                                                                                                                                                                       |
| • Late Retirement factors                                        | UP 1984 Mortality table and 7% interest                                                                                                                                            |
| • Automatic form for married participants                        | 50% joint and survivor annuity                                                                                                                                                     |
| • Optional forms                                                 | Joint and survivor annuity (100%, 75%, 66 2/3%, 50%)<br>120 months certain and life<br>Lump Sum (for Cash Balance participants only)                                               |
| • Lump sum cash-out                                              | Benefit paid immediately to participant as a lump sum if the Actuarial Equivalent of the age-65 monthly retirement benefit payable as a Life Annuity is less than \$5,000          |
| • Optional form conversion factors (excluding lump sum payments) | 7.00% interest and UP 1984 mortality table                                                                                                                                         |
| • Optional form conversion factors (lump sum payments)           | IRC Section 417(e) mortality table for the applicable year and interest based on 3-segment yield curve with 4 month look-back (with comparison to 5 month look-back for 2015 only) |

**Schedule SB, Part V — Summary of Plan Provisions**

---

**MISCELLANEOUS**

- **Maximum benefits** Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. When plan benefits were frozen, the limit was \$195,000

---

**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated and amended January 1, 2015, are included in this valuation:

- **Most recent plan amendments included:** Third Amendment effective January 1, 2019
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Plan provisions specific to funding****Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits, which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above

**Schedule SB, Part V — Summary of Plan Provisions**

- *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**Plan provision changes since prior valuation**

None

**Schedule SB, Part V — Summary of Actuarial Assumptions/Methods****Actuarial assumptions for January 1, 2020 funding valuation**

| DISCOUNT RATE SPONSOR ELECTIONS   |                                                                                                                                                                                                                                        |                      |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Segment rates or full yield curve | Segment                                                                                                                                                                                                                                |                      |
| Look-back months                  | 4                                                                                                                                                                                                                                      |                      |
|                                   | <u>Stabilized</u>                                                                                                                                                                                                                      | <u>Nonstabilized</u> |
| First 5 years                     | 3.64%                                                                                                                                                                                                                                  | 2.79%                |
| Next 15 years                     | 5.21%                                                                                                                                                                                                                                  | 3.92%                |
| Over 20 years                     | 5.94%                                                                                                                                                                                                                                  | 4.38%                |
| Mortality sponsor elections       |                                                                                                                                                                                                                                        |                      |
| Healthy participants              | Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2006 mortality tables with IRS developed adjustments and projected with mortality improvement scale MP-2018 |                      |
| Disabled Participants             | Same as healthy                                                                                                                                                                                                                        |                      |
| Cash balance plans                |                                                                                                                                                                                                                                        |                      |
| Cash balance interest credit      | 3.25%                                                                                                                                                                                                                                  |                      |
| Annuity conversion                | 2020 IRS applicable mortality table under Section 417(e) and funding valuation discount rate assumptions per regulations                                                                                                               |                      |
| Other economic assumptions        |                                                                                                                                                                                                                                        |                      |
| Expected investment return        | 4.00% for calendar year 2018, 4.75% for calendar year 2019 and 3.75% for calendar year 2020                                                                                                                                            |                      |
| Expenses                          | \$499,000 added to current year normal cost                                                                                                                                                                                            |                      |

**Schedule SB, Part V — Summary of Actuarial Assumptions/Methods****Rationale for Economic Assumptions**

- Cash balance interest accumulation rate – This assumption is based on a long-term view of 30-year Treasury yields.
- Expected investment return – The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix. The expected return on assets assumption is net of an adjustment of 8 bps for investment expenses assumed to be paid from plan assets.
- Expenses – Equal to prior year's actual administrative expense rounded to nearest \$1,000, adjusted for increase in anticipated PBGC premiums.

| DEMOGRAPHIC ASSUMPTIONS                                  |                                                                               |                                   |
|----------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------|
| • Withdrawal                                             | 75% of the Mercer modified 2003 SOA Turnover Table. See table of sample rates |                                   |
| • Disability incidence                                   | 82% of the 1985 Pension Disability Table-Class 1. See table of sample rates   |                                   |
| • Retirement age                                         | <b>Attained age</b>                                                           | <b>Percentage</b>                 |
|                                                          | 55-59                                                                         | 5%                                |
|                                                          | 60-64                                                                         | 15%                               |
|                                                          | 65-69                                                                         | 25%                               |
|                                                          | 70                                                                            | 100%                              |
| For disabled participants, 100% rate at age 65 and later |                                                                               |                                   |
| • Benefit commencement age – Cash Balance                |                                                                               |                                   |
| - Future vested deferred                                 | Lump sum at age 55; Annuity at age 61                                         |                                   |
| - Current vested deferred                                | Lump sum at age 55; Annuity at age 61                                         |                                   |
| • Benefit commencement age for - Final Average Earnings  |                                                                               |                                   |
| - Future vested deferred                                 | 64                                                                            |                                   |
| - Current vested deferred                                | 62                                                                            |                                   |
| • Spouse assumptions                                     | <b><u>Male participants</u></b>                                               | <b><u>Female participants</u></b> |
| - Percentage married                                     | 80%                                                                           | 80%                               |
| - Spouse age difference                                  | 3 years younger                                                               | 3 years older                     |

**Schedule SB, Part V — Summary of Actuarial Assumptions/Methods**

| <b>Form of payment — Cash Balance</b>             | <b><u>Lump sum</u></b> | <b><u>Single life</u></b> | <b><u>50% J&amp;S</u></b> | <b><u>100% J&amp;S</u></b> |
|---------------------------------------------------|------------------------|---------------------------|---------------------------|----------------------------|
| • Active retirements                              | 85%                    | 7.5%                      | 7.5%                      | 0%                         |
| • Future vested deferred                          | 85%                    | 7.5%                      | 7.5%                      | 0%                         |
| • Future disabilities                             | 100%                   | 0%                        | 0%                        | 0%                         |
| • Future deaths                                   | 100%                   | 0%                        | 0%                        | 0%                         |
| • Current vested deferred                         | 70%                    | 15%                       | 15%                       | 0%                         |
| <b>Form of payment — Final Average Earnings</b>   | <b><u>Lump sum</u></b> | <b><u>Single life</u></b> | <b><u>50% J&amp;S</u></b> | <b><u>100% J&amp;S</u></b> |
| • Active retirements                              | 0%                     | 50%                       | 50%                       | 0%                         |
| • Future vested deferred                          | 0%                     | 50%                       | 50%                       | 0%                         |
| • Future disabilities                             | 0%                     | 100%                      | 0%                        | 0%                         |
| • Future deaths                                   | 0%                     | 0%                        | 100%                      | 0%                         |
| • Current vested deferred                         | 0%                     | 50%                       | 50%                       | 0%                         |
| <b>Unpredictable contingent event assumptions</b> | Not applicable         |                           |                           |                            |

**Table of sample rates**

| <b>Attained age</b> | <b>Percentage</b> |                             |               |
|---------------------|-------------------|-----------------------------|---------------|
|                     | <b>Withdrawal</b> | <b>Disability incidence</b> |               |
|                     |                   | <b>Male</b>                 | <b>Female</b> |
| 20                  | 19.50%            | 0.02%                       | 0.02%         |
| 25                  | 13.50%            | 0.03%                       | 0.04%         |
| 30                  | 9.15%             | 0.04%                       | 0.07%         |
| 35                  | 6.53%             | 0.06%                       | 0.11%         |
| 40                  | 5.18%             | 0.10%                       | 0.17%         |
| 45                  | 4.58%             | 0.17%                       | 0.26%         |
| 50                  | 4.20%             | 0.29%                       | 0.44%         |
| 55                  | 3.30%             | 0.59%                       | 0.78%         |
| 60                  | 2.55%             | 1.03%                       | 0.95%         |
| 65                  | 0.00%             | 1.44%                       | 1.11%         |

**Schedule SB, Part V — Summary of Actuarial Assumptions/Methods****Rationale for Demographic Assumptions**

- Withdrawal rates and retirement rates assumptions are based on the experience study *Continental Automotive, Inc. Pension Plans Actuarial Assumptions* Review report dated December 21, 2015 using data from 2012 through 2014 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- The form of payment and benefit commencement age assumptions are based on the experience study completed in November 2019 using data from 2014 through 2018.
- The disability decrement assumption is 82% of the 1985 Pension Disability Table - Class 1. The plan's relatively small size would not support a credible decrement study; therefore, use of a standard table is appropriate.

**Actuarial methods for funding****Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

**Participant methods**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date.
- **Participants excluded:** No actuarial liability is included for non-vested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

*Schedule SB, Part V — Summary of Actuarial Assumptions/Methods***Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**Schedule SB, line 26 — Schedule of Active Participant Data**

| Attained age | Years of credited service as of December 31, 2010 |     |     |       |       |       |       |       |       |         | Total |
|--------------|---------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                                           | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up |       |
| Under 25     |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| 25–29        |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| 30–34        |                                                   | 1   |     |       |       |       |       |       |       |         | 1     |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| 35–39        |                                                   | 4   |     |       |       |       |       |       |       |         | 4     |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| 40–44        | 2                                                 | 25  | 16  |       |       |       |       |       |       |         | 43    |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| 45–49        | 1                                                 | 21  | 32  | 6     |       |       |       |       |       |         | 60    |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| 50–54        |                                                   | 20  | 37  | 7     |       |       |       |       |       |         | 64    |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| 55–59        |                                                   | 20  | 30  | 13    | 3     | 2     |       |       |       |         | 68    |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| 60–64        |                                                   | 9   | 15  | 5     | 2     |       |       |       |       |         | 31    |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| 65–69        |                                                   |     | 4   | 1     |       | 1     |       |       |       |         | 6     |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| 70 & up      |                                                   |     | 1   |       |       |       |       |       |       |         | 1     |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
| Total        | 3                                                 | 100 | 135 | 32    | 5     | 3     |       |       |       |         | 278   |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |
|              |                                                   |     |     |       |       |       |       |       |       |         |       |

In each cell, the number is the count of active participants for each age/service combination. Average frozen benefit or average cash-balance amount is not shown for plans with fewer than 1,000 active participants.

## **CONTINENTAL NA PENSION PLAN**

Financial Statements and Supplemental Schedule  
for the Years Ended December 31, 2020 and 2019  
and Independent Auditors' Report



GreerWalker

## TABLE OF CONTENTS

### Pages

#### INDEPENDENT AUDITORS' REPORT

1-2

#### FINANCIAL STATEMENTS:

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

3

Statements of Changes in Net Assets Available for Benefits

for the Years Ended December 31, 2020 and 2019

4

Notes to Financial Statements

for the Years Ended December 31, 2020 and 2019

5-13

#### SUPPLEMENTAL SCHEDULE:

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

as of December 31, 2020

14



# GreerWalker

## INDEPENDENT AUDITORS' REPORT

To the Pension Committee and Participants of the Continental NA Pension Plan:

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the Continental NA Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with generally accepted accounting principles in the United States of America; this includes 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.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with generally accepted auditing standards in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net asset available for benefits as of December 31, 2020 and 2019, and changes therein for the years then ended in accordance with generally accepted accounting principles in the United States of America.

**GreerWalker LLP | GreerWalker Wealth LLC | GreerWalker Corporate Finance LLC**

**Charlotte Office** The Carillon | 227 West Trade St., Suite 1100 | Charlotte, NC 28202 | USA | Tel 704.377.0239

**Greenville Office** Wells Fargo Center | 15 South Main St., Suite 800 | Greenville, SC 29601 | USA | Tel 864.752.0080

**Accounting & Tax | Wealth Management | Corporate Finance | [greerwalker.com](http://greerwalker.com)**

## **Report on Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2020 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

## **Report on Form and Content of the Financial Statements in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements have been audited by us in accordance with generally accepted auditing standards in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Greer Walker LLP*

Certified Public Accountants  
September 30, 2021  
Charlotte, NC

## **CONTINENTAL NA PENSION PLAN**

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2020 AND 2019

---

|                                                                            | <u>2020</u>               | <u>2019</u>               |
|----------------------------------------------------------------------------|---------------------------|---------------------------|
| ASSETS:                                                                    |                           |                           |
| Investments:                                                               |                           |                           |
| Interest-bearing cash                                                      | \$ 552,978                | \$ 937,912                |
| Plan interest in the Continental Automotive, Inc.<br>Master Trust (Note 4) | <u>127,265,536</u>        | <u>116,018,310</u>        |
| Total investments                                                          | <u>127,818,514</u>        | <u>116,956,222</u>        |
| <br>Total assets                                                           | <br>127,818,514           | <br>116,956,222           |
| <br>LIABILITIES:                                                           |                           |                           |
| Accrued administrative expense                                             | <u>138,275</u>            | <u>213,544</u>            |
| <br>NET ASSETS AVAILABLE FOR BENEFITS                                      | <br><u>\$ 127,680,239</u> | <br><u>\$ 116,742,678</u> |

See notes to financial statements.

## **CONTINENTAL NA PENSION PLAN**

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

|                                                      | <u>2020</u>           | <u>2019</u>           |
|------------------------------------------------------|-----------------------|-----------------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:               |                       |                       |
| Investment income:                                   |                       |                       |
| Plan interest in the Continental Automotive, Inc.    |                       |                       |
| Master Trust's income (Note 4)                       | \$ 11,571,409         | \$ 18,846,443         |
| Interest income                                      | 707                   | 1,209                 |
| Total investment income                              | <u>11,572,116</u>     | <u>18,847,652</u>     |
| Employer contributions                               | <u>7,100,000</u>      | <u>-</u>              |
| Total additions                                      | <u>18,672,116</u>     | <u>18,847,652</u>     |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:            |                       |                       |
| Benefits paid to participants                        | 7,621,641             | 8,214,006             |
| Administrative expenses                              | <u>786,571</u>        | <u>868,748</u>        |
| Total deductions                                     | <u>8,408,212</u>      | <u>9,082,754</u>      |
| CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS          | 10,263,904            | 9,764,898             |
| TRANSFERS OF ASSETS, NET                             | 673,657               | (15,314,503)          |
| NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR | <u>116,742,678</u>    | <u>122,292,283</u>    |
| NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR       | <u>\$ 127,680,239</u> | <u>\$ 116,742,678</u> |

See notes to financial statements.

## **CONTINENTAL NA PENSION PLAN**

### NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

---

#### 1. DESCRIPTION OF PLAN

The following description of the Continental NA Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan which was established by Continental Automotive, Inc. (the "Employer"), effective January 1, 2008 as a result of Continental AG acquiring all of the stock of Siemens VDO Holding Company ("Siemens"). Continental Automotive, Inc., a subsidiary of Continental AG, adopted the Plan to benefit individuals who were participants in the Siemens Pension Plan on December 31, 2007 who became employees of Continental Automotive Systems US, Inc. or Continental Diesel Systems US, LLC (the "Employing Companies") as a result of the Siemens acquisition, as well as certain former employees of Siemens that satisfy all requirements for eligibility under the Plan on or after January 1, 2008. Individuals that were in the Siemens Pension Plan will retain their accrued benefit balance and their status as of January 1, 2008 and will participate in accordance with the terms and conditions of the Plan. Employees hired or rehired by Siemens or an affiliated company prior to April 1, 2006 were eligible to participate after six months of vesting service. Employees hired or rehired after April 1, 2006 are not eligible to participate. Effective December 31, 2009, Continental Automotive Systems US, Inc. employees at the Blythewood, SC facility are ineligible to participate in the Plan. Effective December 31, 2009, the Continental NA Pension Plan for Union Employees ("Union Plan") was merged into the Plan. Union employees hired on/or after January 1, 2008, with six months of service with the Employing Companies and covered by a collective bargaining agreement entered into by the Employing Companies, are eligible to become participants in the Plan. Effective December 31, 2010, prior plan participants, who are defined in the plan document as any member under the Siemens Pension Plan on December 31, 2007, who were employed on or before December 31, 2007 and became a participant in the Plan on January 1, 2008, will have future benefit accruals under the Plan ceased. Cash balance participants will cease to be credited with pay credits but will continue to receive interest credits after December 31, 2010. Participants formerly in the Union Plan will continue to accrue benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

In conjunction with the Continental's business acquisition and divestiture activities, plan assets have been transferred into and out of the Plan, respectively. For the year ended December 31, 2020 and 2019, plan assets that have been transferred into and out of the Plan from and to other company sponsored qualified plans as a result of employee status changes are included in the transfers of assets, net of the accompanying statements of changes in net assets available for benefits.

Master Trust - The assets of the Plan are maintained, for investment purposes only, on a commingled basis with the assets of the Pension Plan for Hourly-Paid Employees of Continental Automotive, Inc. and Certain Affiliated Companies, the Pension Plan for Salaried Employees of Continental Automotive, Inc. and Certain Affiliated Companies, the Continental NA Automotive Union Pension Plan (Huntsville), the Vitesco Technologies Hourly Pension Plan, the ContiTech USA, Inc. Defined Benefit Plan and the Vitesco Technologies USA, LLC Pension Plan (collectively, the "Participating Plans") in the Master Trust. These plans own specific assets of the Master Trust. Investment earnings for each fund is allocated to each plan based on the ownership interest of each plan in the fund.

Funding Policy - The Plan's funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. For the year ended December 31, 2020, the Employer made contributions totaling \$7,100,000. The Employer's contributions for the year ended December 31, 2020 exceeded the minimum funding requirements of ERISA. For the year ended December 31, 2019, no contributions were necessary to meet the minimum funding requirements of ERISA.

Pension Benefits - Non-union participants accrue benefits based on either a cash balance formula or a final average pay formula which was in effect for participants hired or rehired prior to January 1, 2001. All participants in the Plan are 100% vested at all times. Under the cash balance formula, eligible participants earn interest credits based on a percentage of their account balance and pay credits based on their years of vesting service. Under the final average pay formula, benefits are calculated using average compensation and years of service. Under both methods participants may elect to receive benefits under one of several actuarial equivalent forms of payment.

Union participants accrue benefits based on a cash balance formula. Under the cash balance formula, eligible participants earn interest credits based on their account balance and pay credits based on their years of vesting service. Participants may elect to receive benefits under one of several actuarial equivalent forms of payment. Participants that were part of the Union Plan on December 31, 2007 are 100% vested in the Plan. Participants that were not part of the Union Plan on December 31, 2007 will become vested upon completing three years of service or attaining normal retirement age.

Death and Disability Benefits - If a non-union participant using the cash balance formulas dies while still employed, the Plan provides that the participant's beneficiary shall be paid the participant's accrued benefits commencing on a benefit commencement date elected by the beneficiary.

If a non-union participant using the final average pay formula dies before retirement or after retirement but prior to their benefit commencement date, the surviving spouse will receive a life annuity equal to 50% of the vested benefit. Benefit payments to the surviving spouse will commence on the later of the first day of the month following the participant's death or first day of the month following the 55<sup>th</sup> anniversary of the participant's birth date.

Cash balance non-union participants, who become disabled prior to retirement will continue to accrue interest credits through their benefit commencement date, but will not continue to accrue pay credits after the date they are determined to be disabled.

Final average pay non-union participants, who either received workers compensation in connection with the disability or having completed at least ten years of employment, shall have the period of the participant's disability treated as benefit service and employment under the Plan.

If a union participant dies while still employed, the participant becomes 100% vested. The Plan provides that the participant's beneficiary shall be paid the participant's accrued benefits commencing on a benefit commencement date elected by the beneficiary.

Union participants, who become disabled prior to retirement, will continue to accrue interest credits through their benefit commencement date, but will not continue to accrue pay credits after the date they are determined to be disabled. Participants will be credited with employment for vesting purposes for the period of the participant's disability up to 12 months. If the period of participant disability exceeds 12 months the participant becomes 100% vested.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with generally accepted accounting principles in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Concentration of Credit Risk - As of December 31, 2020, the Master Trust and the Plan place their temporary cash and cash equivalents with high credit quality financial institutions. At times, such cash may be in excess of the Federal Depository Insurance Corporation insurance limit. Management believes these financial institutions have strong credit ratings and that credit risk related to these deposits is minimal.

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 as of the measurement date. See Note 3 for disclosure of fair value measurements.

Investments, and the income and losses therein, are allocated to the Participating Plans based on each plan's participation in investment options within the Master Trust. Accordingly, the Plan's investment income includes its allocable share of the Master Trust's interest income and net appreciation in fair value of investments.

The Plan's cash equivalents held outside of the Master Trust record purchases and sales of securities on a trade-date basis. Interest income is recorded on the accrual basis.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - The Plan's expenses are paid either by the Plan or by the Employer, as provided in the plan document. Expenses that are paid directly by the Employer are excluded from the accompanying 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 reflected as a reduction of the Plan's interest in the Master Trust's income in the accompanying statements of changes in net assets available for benefits.

Subsequent Events - Management has evaluated subsequent events through September 30, 2021, which is the date the financial statements were available to be issued.

### 3. FAIR VALUE MEASUREMENTS

GAAP provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP 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 Master Trust and the Plan have the ability to access. |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• Inputs other than quoted prices that are observable for the asset or liability;</li><li>• Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

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

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used as of December 31, 2020 and 2019.

**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.

**Government and corporate bonds:** Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issues with similar credit ratings.

**Collective trust funds:** Valued at the NAV of units of a bank collective trust. The NAV, as provided by the State Street Bank and Trust Company ("State Street"), the Trustee of the Master Trust, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor 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. There are no unfunded commitments as of December 31, 2020 and 2019.

**Common stocks:** Valued at the closing price reported on the active market on which the individual securities are traded.

**Cash equivalents:** Valued as of the ending cash balance plus any accrued interest held by the Plan as of year-end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020. The following table does not include the Plan's interest in the Master Trust because that information is presented in a separate table (Note 4).

|                  | <u>Level 1</u>    | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>      |
|------------------|-------------------|----------------|----------------|-------------------|
| Cash equivalents | <u>\$ 552,978</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 552,978</u> |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019. The following table does not include the Plan's interest in the Master Trust because that information is presented in a separate table (Note 4).

|                  | <u>Level 1</u>    | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>      |
|------------------|-------------------|----------------|----------------|-------------------|
| Cash equivalents | <u>\$ 937,912</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 937,912</u> |

#### 4. INTEREST IN MASTER TRUST

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the amount of the time the Plan's assets were invested in the Master Trust.

The following is a summary of the net assets of the Master Trust as of December 31, 2020 and 2019, and for the years then ended, that was prepared by, or derived from, information prepared by State Street and furnished to management.

|                                   | <u>2020</u>             | <u>2019</u>             |
|-----------------------------------|-------------------------|-------------------------|
| Assets:                           |                         |                         |
| Investments:                      |                         |                         |
| Mutual funds                      | \$ 606,979,363          | \$ 437,216,377          |
| Corporate debt instruments        | 377,008,898             | 330,838,136             |
| Collective trust funds            | 284,159,959             | 429,251,281             |
| U.S. government securities        | 202,680,362             | 213,850,847             |
| Cash equivalents                  | 38,496,563              | 7,549,124               |
| Common stocks                     | 5,665,000               | 4,604,000               |
| Other                             | <u>-</u>                | <u>42,605</u>           |
| Total investments                 | 1,514,990,145           | 1,423,352,370           |
| Receivables for securities sold   | 73,910,649              | -                       |
| Accrued income                    | <u>15,090</u>           | <u>4,372</u>            |
| Total assets                      | <u>1,588,915,884</u>    | <u>1,423,356,742</u>    |
| Liabilities:                      |                         |                         |
| Payables for securities purchased | 172,292,474             | 205,492,616             |
| Other liabilities                 | <u>1,522,435</u>        | <u>-</u>                |
| Total liabilities                 | <u>173,814,909</u>      | <u>205,492,616</u>      |
| Total net assets                  | <u>\$ 1,415,100,975</u> | <u>\$ 1,217,864,126</u> |
| Plan interest in the Master Trust | <u>\$ 127,265,536</u>   | <u>\$ 116,018,310</u>   |

The following are the changes in net assets for the Master Trust for the years ended December 31, 2020 and 2019.

|                                               | <u>2020</u>             | <u>2019</u>             |
|-----------------------------------------------|-------------------------|-------------------------|
| Investment income:                            |                         |                         |
| Net appreciation in fair value of investments | \$ 116,215,413          | \$ 184,751,169          |
| Interest and dividend income                  | <u>46,775,468</u>       | <u>42,649,923</u>       |
| Total investment income                       | 162,990,881             | 227,401,092             |
| Net transfers                                 | <u>34,245,968</u>       | <u>(63,825,799)</u>     |
| Change in net assets                          | <u>\$ 197,236,849</u>   | <u>\$ 163,575,293</u>   |
| Net assets:                                   |                         |                         |
| Beginning of year                             | <u>\$ 1,217,864,126</u> | <u>\$ 1,054,288,833</u> |
| End of year                                   | <u>\$ 1,415,100,975</u> | <u>\$ 1,217,864,126</u> |

See Note 3 for disclosure of the valuation methodologies used for investments of the Master Trust.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2020.

|                                                       | <u>Level 1</u>         | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>            |
|-------------------------------------------------------|------------------------|----------------|----------------|-------------------------|
| Mutual funds                                          | \$ 606,979,363         | \$ -           | \$ -           | \$ 606,979,363          |
| Corporate debt instruments                            | 377,008,898            | -              | -              | 377,008,898             |
| U.S. government securities                            | 202,680,362            | -              | -              | 202,680,362             |
| Cash equivalents                                      | 38,496,563             | -              | -              | 38,496,563              |
| Common stocks                                         | <u>5,665,000</u>       | <u>-</u>       | <u>-</u>       | <u>5,665,000</u>        |
| Total investments in the fair value hierarchy         | <u>\$1,230,830,186</u> | <u>\$ -</u>    | <u>\$ -</u>    | 1,230,830,186           |
| Investments measured at NAV, as a practical expedient |                        |                |                | <u>284,159,959</u>      |
| Investments, at fair value                            |                        |                |                | <u>\$ 1,514,990,145</u> |

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2019.

|                                                       | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>            |
|-------------------------------------------------------|-----------------------|----------------|----------------|-------------------------|
| Mutual funds                                          | \$ 412,824,218        | \$ -           | \$ -           | \$ 412,824,218          |
| Corporate debt instruments                            | 330,838,136           | -              | -              | 330,838,136             |
| U.S. government securities                            | 213,850,847           | -              | -              | 213,850,847             |
| Cash equivalents                                      | 7,549,124             | -              | -              | 7,549,124               |
| Common stocks                                         | 4,604,000             | -              | -              | 4,604,000               |
| Other                                                 | <u>42,605</u>         | <u>-</u>       | <u>-</u>       | <u>42,605</u>           |
| Total investments in the fair value hierarchy         | <u>\$ 969,708,930</u> | <u>\$ -</u>    | <u>\$ -</u>    | 969,708,930             |
| Investments measured at NAV, as a practical expedient |                       |                |                | <u>453,643,440</u>      |
| Investments, at fair value                            |                       |                |                | <u>\$ 1,423,352,370</u> |

## 5. RISKS AND UNCERTAINTIES

### Risks

The Master Trust and the Plan's investments include funds which invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several 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 accompanying 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 participant 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.

## Uncertainty

On March 10, 2020, the World Health Organization declared the coronavirus outbreak ("COVID-19") to be a pandemic. The COVID-19 pandemic has also led to extreme volatility in financial markets and has affected, and may continue to affect, the market price of the Plan's assets. While the potential economic impact brought by, and the duration of, COVID-19 may be difficult to assess or predict, a widespread pandemic could result in significant disruption of global financial markets. The extent to which COVID-19 impacts the financial markets will depend on future developments that are highly uncertain and cannot be predicted.

## 6. TAX STATUS

The Internal Revenue Service has determined and informed the Employer by a letter dated August 26, 2016, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, management and the Plan's tax counsel, believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of any tax period in progress.

## 7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Employer has the right under the Plan, pending approval of applicable requirements under the collective bargaining agreements, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding the Plan's termination.
- Other vested benefits insured by the Pension Benefits Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Any funds remaining after the satisfaction of all liabilities under the Plan with respect to participants, transferred retirees or their beneficiaries shall be returned to the Employer. In the event of a partial termination of the Plan, the interests in the Plan of all participants affected by such partial termination shall be fully vested and non-forfeitable to the extent funded as of the date of such partial termination.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' 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 level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Employer and the level of benefits guaranteed by the PBGC.

#### 8. RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain investments of the Master Trust and the Plan are managed by the State Street and KeyBank National Association. State Street and KeyBank National Association are Trustees of the Master Trust and the Plan, as defined by the master trust agreement and plan document, and therefore, these transactions qualify as exempt party in interest transactions. The Trustees receive investment and administrative fees as a result of these activities. Certain other third party administrative expenses were paid by the Employer on behalf of the Plan. These transactions qualify as exempt party in interest transactions.

#### 9. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2020. Had the valuation been performed as of December 31, 2019, there would be no material differences.

The significant actuarial assumptions used in the valuations as of December 31, 2019 were:

|                                             |                                                                                                                                                                                                                      |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount rate                               | 3.30%                                                                                                                                                                                                                |
| Mortality basis after normal retirement age | Pri-2012 sex distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and no collar adjustments applied with future improvement using the MP-2019 projection scale |
| Expected long-term return on assets         | 3.30%, net of expenses in the amount of \$360,000                                                                                                                                                                    |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The total actuarial present value of accumulated plan benefits as of December 31, 2019, was as follows:

|                                              |                   |
|----------------------------------------------|-------------------|
| Vested benefits:                             |                   |
| Active participants                          | \$ 12,354,097     |
| Inactive participants with deferred benefits | 23,068,559        |
| Inactive participants receiving benefits     | <u>77,539,327</u> |
| Total vested benefits                        | 112,961,983       |
| Nonvested benefits                           | <u>23,730</u>     |

|                                                                        |                       |
|------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits as of end of year | <u>\$ 112,985,713</u> |
|------------------------------------------------------------------------|-----------------------|

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2019, was as follows:

|                                                                               |                       |
|-------------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits as of beginning of year: | <u>\$ 108,408,624</u> |
| Increase (decrease) during the year attributable to:                          |                       |
| Increase for interest due to decrease in discount period                      | 4,524,201             |
| Change in actuarial assumptions                                               | 6,901,601             |
| Benefits paid                                                                 | (8,130,469)           |
| Other changes                                                                 | 640,314               |
| Benefits accumulated and losses                                               | <u>641,442</u>        |
| Net change                                                                    | <u>4,577,089</u>      |

|                                                                        |                       |
|------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits as of end of year | <u>\$ 112,985,713</u> |
|------------------------------------------------------------------------|-----------------------|

---

## **CONTINENTAL NA PENSION PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2020

EIN: 51-0304065 - PN: 009

| <b>(a)</b>               | <b>(b)</b>                                                       | <b>(c)</b>                                                                                                        | <b>(d)</b>  | <b>(e)</b>               |
|--------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|
| <u>Party in interest</u> | <u>Identity of issuer, borrower,<br/>lessor or similar party</u> | <u>Description of investment including maturity date,<br/>rate of interest, collateral, par or maturity value</u> | <u>Cost</u> | <u>Current<br/>value</u> |
| *                        | Keybank National Association                                     | Federated Government Obligations Institutional Shares                                                             | \$ 552,978  | \$ 552,978               |

\* Party in interest to the Plan

See independent auditors' report.

## **CONTINENTAL NA PENSION PLAN**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2020

EIN: 51-0304065 - PN: 009

| <b>(a)</b>               | <b>(b)</b>                                                       | <b>(c)</b>                                                                                                        | <b>(d)</b>  | <b>(e)</b>               |
|--------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|
| <u>Party in interest</u> | <u>Identity of issuer, borrower,<br/>lessor or similar party</u> | <u>Description of investment including maturity date,<br/>rate of interest, collateral, par or maturity value</u> | <u>Cost</u> | <u>Current<br/>value</u> |
| *                        | Keybank National Association                                     | Federated Government Obligations Institutional Shares                                                             | \$ 552,978  | \$ 552,978               |

\* Party in interest to the Plan

See independent auditors' report.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning and ending

|                                                               |                                               |  |
|---------------------------------------------------------------|-----------------------------------------------|--|
| <b>A</b> Name of plan                                         | <b>B</b> Three-digit plan number (PN) ▶       |  |
|                                                               |                                               |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 | <b>D</b> Employer Identification Number (EIN) |  |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                  | <b>1</b> |  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____ |          |  |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                       | <b>3</b> |  |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                           | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2020  
v. 200204

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

**a** Enter the percentage of plan assets held as:

Stock: 21% Investment-Grade Debt: 76% High-Yield Debt: 3% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 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 \_\_\_\_\_