

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2022

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: WALKER DIE CASTING, INC. EMPLOYEE BENEFIT PLAN
1b Three-digit plan number (PN): 503
1c Effective date of plan: 08/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): WALKER DIE CASTING, INC.
2b Employer Identification Number (EIN): 62-0879006
2c Plan Sponsor's telephone number: 931-359-6206
2d Business code (see instructions): 332110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: Filed with authorized/valid electronic signature (10/13/2023, JIM CROSS), Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2022) v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																		
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																		
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	5	0																
5	0																		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). 6a(1) Total number of active participants at the beginning of the plan year 6a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)		6a(2)	0	6b	0	6c	0	6d	0	6e		6f		6g		6h	
6a(1)																			
6a(2)	0																		
6b	0																		
6c	0																		
6d	0																		
6e																			
6f																			
6g																			
6h																			
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																	
7																			
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B 4D 4E 4F 4H																			
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor																		
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																			
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)																		

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan WALKER DIE CASTING, INC. EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ► 503
C Plan sponsor's name as shown on line 2a of Form 5500 WALKER DIE CASTING, INC.	D Employer Identification Number (EIN) 62-0879006

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	16083	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	16083	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16083	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	24837	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		24837
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		24837
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
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)		
(2) Contract administrator fees.....	2i(2)	31560	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9360	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		40920
j Total expenses. Add all expense amounts in column (b) and enter total	2j		40920
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-16083
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **SEGARS & CO., P.C.**

(2) EIN: **20-4034368**

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 Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		50000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**WALKER DIE CASTING, INC.
EMPLOYEE BENEFIT PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

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SEGARS & CO., P. C.
CERTIFIED PUBLIC ACCOUNTANT
517 NELSON STREET NW
HARTSELLE, AL 35640
Phone: (256) 751 – 4900 F a x (256) 751 - 2749

INDEPENDENT AUDITOR’S REPORT

To the Board of Trustees
Walker Die Casting, Inc. Employee Benefit Plan

Opinion

We have audited the accompanying financial statements of Walker Die Casting, Inc. Employee Benefit Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA) which comprise the statements of net assets in liquidation as of December 31, 2022 and 2021, and the related statements of changes in net assets in liquidation for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets in liquidation of the Plan as of December 31, 2022 and 2021, and the changes in its net assets in liquidation for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

MEMBER
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Segars & Co PC

Segars & Co., P.C.
Hartselle, Alabama
July 20, 2023

WALKER DIE CASTING, INC.
EMPLOYEE BENEFIT PLAN
STATEMENTS OF NET ASSETS IN LIQUIDATION
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Cash	<u>\$ -</u>	<u>\$ 16,083</u>
Net Assets In Liquidation	<u>\$ -</u>	<u>\$ 16,083</u>

The accompanying notes are an integral part of the financial statements.

WALKER DIE CASTING, INC.
EMPLOYEE BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS IN LIQUIDATION
For the Years Ended December 31, 2022 and 2021

	2022	2021
Net Assets in Liquidation as of January 1,	\$ 16,083	\$ 164,297
Allison BCBST Refund of Credit Balance	24,837	-
Administration fees	(31,560)	(44,214)
Charitable contributions	(9,360)	(104,000)
	<hr/>	<hr/>
Net Assets in Liquidation as of December 31,	\$ -	\$ 16,083

The accompanying notes are an integral part of these financial statements.

WALKER DIE CASTING, INC.
EMPLOYEE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

Note 1 - Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements of the Walker Die Casting, Inc. Employee Benefit Plan (the Plan) have been prepared on the liquidation basis of accounting. AU-C Section 9700 considers the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates – The preparation of financial statements in conformity with the liquidation basis of accounting requires the Plan administrator to make estimates and assumptions regarding all estimated future income, expenses, estimated asset disposal costs, other accrued liquidation costs and measurement of assets and liabilities. The net asset balances, income and expenses were presented in actual amounts for the years ended December 31, 2022 and 2021.

Investment Valuation and Income Recognition – The Plan's had no investments at December 31, 2022 and 2021.

Plan Benefits – Effective September 8, 2019, the participants in the Plan transferred to an identical plan provided by the company acquiring Walker Die Casting, Inc. Walker Die Casting, Inc. no longer has any obligations under the Plan as of September 8, 2019.

Note 2 - Description of the Plan

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan provided health and other benefits to eligible employees of Walker Die Casting, Inc. (the Company) and covered dependents. All participants in the Plan were transferred to an identical plan provided by the company acquiring Walker Die Casting, Inc. effective September 8, 2019. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits – The Plan provided health (medical, vision, dental and prescription drugs), life insurance and short-term disability benefits to participants as outlined in the Plan's Health Benefit Plan Evidence of Coverage handbook. The Plan also provided benefits to participants during periods of unemployment. All participants in the Plan were transferred to an identical plan provided by the company acquiring Walker Die Casting, Inc. effective September 8, 2019.

Current health claims of active participants and their dependents were processed and paid by Blue Cross Blue Shield of Tennessee, but the Plan was required to reimburse the third-party administrator for claims paid. Death benefits were covered by a group-term policy with Guardian Insurance Company. Disability benefits were provided under a group insurance contract with Guardian Insurance Company. All participants in the Plan were transferred to an identical plan provided by the company acquiring Walker Die Casting, Inc. effective September 8, 2019 and contracts with Blue Cross Blue Shield of Tennessee and Guardian Insurance Company were no longer effective at that date.

Contributions – Under the Plan agreement, the Company had agreed to voluntarily contribute such amounts that are necessary to provide assets sufficient to meet the claims for benefits for participants into a trust fund. The Company's intention was to make contributions to the Plan based on analysis of prior loss experience sufficient to meet the current claims. The Company had entered into a stop-loss insurance arrangement with Blue Cross Blue

WALKER DIE CASTING, INC.
EMPLOYEE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

Note 2 - Description of the Plan – continued

Shield that limited the Plan's liability in any twelve-month period beginning December 1 of each year to \$175,000 per plan participant. All participants in the Plan were transferred to an identical plan provided by the company acquiring Walker Die Casting, Inc. effective September 8, 2019 and contracts with Blue Cross Blue Shield of Tennessee and Guardian Insurance Company were no longer effective at that date.

Note 3 – Tax Status

The trust established under the Plan is exempt from income taxes under Section 501(c)(9) of the Internal Revenue Code and, accordingly, does not reflect a provision for income taxes in its financial statements. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and believes that the trust, as amended, continues to qualify and to operate as designed.

The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2020.

Note 4 – Termination of Plan

Effective September 8, 2019, the participants in the Plan transferred to an identical plan provided by the company acquiring Walker Die Casting, Inc. The Company no longer has any employee benefit obligations under the Plan as of September 8, 2019. The Company authorized the termination of the Plan effective April 30, 2022. The Plan was completely liquidated at December 31, 2022.

Note 5 – Concentration of Credit Risk

The Plan maintains its cash in a bank deposit account at a high credit quality financial institution. The account at the institution is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The balance, at times, may exceed the insured limits. At December 31, 2022 and 2021, the Plan had \$0 and \$0, respectively, not insured by the FDIC. The Plan has not experienced any losses in such account and believes it is not exposed to any significant credit risk to cash.

Note 6 – Risk and Uncertainties

The Plan held no investments at December 31, 2022 and 2021. The only asset held by the Plan was cash which was \$16,083 at December 31, 2021. The risks to cash are disclosed in Note 5 above.

Note 7 – Related Party and Party-In-Interest

Certain administrative functions winding down the plan were performed by the former Chief Financial Officer of Walker Die Casting, Inc. Walker Die Casting, Inc. was acquired by Allison Transmission, Inc. on September 9, 2019.

Note 8 – Subsequent Events

Management has evaluated subsequent events through July 20, 2023, the date the financial statements were available to be issued.

Distributable Benefits From Employee Pension Benefit Plans

▶ Attach to application for determination—regarding a plan termination.

**This Form Is NOT Open
 to Public Inspection**

Name of employer

Employer identification number

Line No.	Participant's last name and initials (see instructions)	Check if highly compensated	Fill in columns		(Money amounts should be in whole dollars. Round off to nearest dollar.)					For defined contribution plans, enter total account balances. For defined benefit plans, see instructions	
			Years of participation (see instructions)	Age at plan termination	Compensation (see instructions)	Accrued Benefit (see instructions)	Distributable Benefits (see instructions)				(g)
							(1)	(2)	(3)		
(a)	(b)	(c)	(d)	(e)	(f)	(1)	(2)	(3)	(h)		
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25											
26	Totals for above ▶										
27	Totals for all other participants not listed on lines 1 through 25 ▶										
28	Totals for lines 26 and 27 ▶										

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of form. The Internal Revenue Service (IRS) uses the information on Form 6088 to analyze an application for a determination letter on the qualification of the plan upon termination.

Who must file. A plan sponsor or administrator of a defined benefit or an underfunded defined contribution plan that files an application for an IRS determination letter regarding a plan termination must attach Form(s) 6088 to Form 5310, Application for Determination for Terminating Plans or Form 5300, Application for Determination for Employee Benefit Plan, whichever applies.

A plan sponsor or administrator of a collectively bargained underfunded defined contribution plan must file Form 6088 only if the plan benefits employees who are not collectively bargained employees or more than 2% of the employees covered by the plan are professional employees. See Regulations section 1.410(b)-6(d) and 1.410(b)-9 for definitions of collectively bargained employee and professional employee. If this form is required for a collectively bargained underfunded plan that benefits noncollectively bargained employees, file a separate Form 6088 for each employer with noncollectively bargained employees benefiting under the plan as if such noncollectively bargained employees were benefiting under a separate plan. Do not file a Form 6088 for the portion of an underfunded defined contribution plan benefiting collectively bargained employees. If more than 2% of the employees covered by a collectively bargained plan are professional employees, file as if all employees covered by the plan were noncollectively bargained employees.

File a separate Form 6088 for each employer participating in a multiple employer defined benefit or underfunded defined contribution plan described in section 413(c) (all employers in each affiliated service group, controlled group of corporations, or group of trades or businesses under common control are considered one employer).

Public inspection. Section 6104(a)(1)(B) provides generally that applications, filed for the qualification of a pension, profit-sharing, or stock bonus plan, will be open to public inspection. However, section 6104(a)(1)(C) provides that information concerning the compensation of any participant will not be open to public inspection. Therefore, Form 6088 will not be made available to the public, plan participants, or other employees of the employer who established the plan.

Definitions

Participant. For purposes of this form, participant means any individual who satisfied the plan participation requirements and is entitled to receive plan benefits upon termination of the plan. This includes employees with accrued nonvested benefits and individuals who are former employees at the time of plan termination who are entitled to future benefits under the plan.

Compensation. Compensation, for purposes of completing columns (a) and (e), means section 415 compensation as defined in Regulations section 1.415(c)-2.

Underfunded defined benefit plan. Generally, an underfunded defined benefit plan is a defined benefit plan under which, at the time of plan termination, the sum of the value of benefit liabilities for all participants exceeds the value of plan assets available to pay those benefit liabilities. Benefit liabilities include participants' accrued benefits, qualified preretirement survivor annuities, and any other plan benefits payable on or after plan termination.

Underfunded defined contribution plan. Generally, an underfunded defined contribution plan is a defined contribution plan in which the sum of the account balances exceeds the plan's assets available to provide the benefits (for example, a money purchase plan terminates before a funding waiver has been fully amortized).

Specific Instructions

Prepare the participant census as of the date of plan termination or proposed date of plan termination.

For underfunded defined benefit plans (except those benefiting only collectively bargained employees of which not more than 2% are professional employees), provide the information in columns (a) through (h) for all participants. If there are more than 25 participants, attach additional sheets providing the information in the same format as Form 6088.

For defined benefit plans other than those subject to the preceding paragraph, complete all columns on Form 6088 except (g)(1), (g)(2), and (g)(3). If there are fewer than 25 participants, list all of the participants. Otherwise, submit only the first 25 who fall under the priorities specified in the instructions for column (a).

For underfunded defined contribution plans, complete only columns (a), (b), (e), (g)(1), (g)(3), and (h). Provide this information for all participants. If there are more than 25 participants, attach additional sheets providing the information in the same format as the Form 6088.

Column (a). First list any participant who at any time during the 5-year period prior to the date of plan termination or proposed plan termination owned directly or indirectly 5% or more of the voting stock or 5% or more of the business. Next list the remaining participants in order of current compensation (see *Definitions* above and the instructions for column (e)) starting with the highest-paid participant followed by the next highest-paid, and so on.

Column (b). Check column (b) to indicate that a participant is a highly compensated employee under section 414(q). Enter "NA" if the participant is not a highly compensated employee.

Column (c). (Defined benefit plans only.) List years of participation prior to the earliest of plan termination, retirement, or separation from employment. If the accrued benefit described in column (f) is based on years of credited service that is different than years of participation, attach a separate schedule to add this information for each participant.

Column (d). (Defined benefit plans only.) List the participant's age as of plan termination.

Column (e). For defined contribution plans. Enter the participant's compensation for the current 12-month period. The current 12-month period can be the last calendar or plan year ending on or before plan termination. For participants who are no longer employed as of the date of plan termination, compensation is the compensation received for the applicable period immediately before the earlier of retirement or separation from employment. See Regulations section 1.415(c)-2(e)(3) for additional rules.

For defined benefit plans. Enter the participant's average compensation for the high 3 years. Average compensation for the "high 3 years" means the participant's average compensation determined on an annual basis for the period of consecutive calendar years (but not more than 3) during which the participant had the greatest aggregate compensation from the employer (or earned income if the participant is self-employed or an owner-employee). For participants no longer employed as of the proposed termination date, use compensation and years of participation prior to the earliest of the proposed date of plan termination, retirement, or separation from employment. If the accrued benefit described in column (f) is based on compensation other than the "high 3 years," please attach a separate schedule to report those amounts for each participant.

Column (f). (Defined benefit plans only.) List the accrued benefit, as of the date of plan termination, of each participant (in the normal form payable at normal retirement age under the plan) excluding any benefits attributable to voluntary employee contributions (including rollovers). In lieu of providing the information in the preceding sentence for participants in pay status, the accrued benefit in the form being paid may be entered with an asterisk and the form of the payout described on an attachment. If the accrued benefit is increased or decreased because of top-heaviness, section 415 limitations or offsets, report this in an attachment that includes a detailed calculation of the increased or decreased benefit. However, do not adjust for an election of a majority owner to forego receipt of a distribution under PBGC Regulations section 4041.21(b)(2).

Column (g). If the sum of the amounts in columns (g)(1), (g)(2), and (g)(3) does not equal line 20(l) of Form 5310, attach an explanation of the difference.

For defined contribution plans. Enter in column (g)(1) the total assets distributable to each participant attributable to mandatory and voluntary employee contributions and rollover contributions. Leave column (g)(2) blank and enter in column (g)(3) the total assets distributable to each participant attributable to employer contributions including elective deferrals to a qualified cash or deferred arrangement (section 401(k) plan) and employer matching contributions.

For underfunded defined benefit plans. Enter in column (g)(1) amounts allocated in accordance with section 4044(a)(1) and (2) of the Employee Retirement Income Security Act of 1974. In column (g)(2), enter amounts allocated in accordance with section 4044(a)(3) and (4)(A). In column (g)(3), enter all amounts allocated other than those entered in columns (g)(1) and (g)(2).

Column (h). For defined benefit plans. Enter the present value of the participant's total benefit liabilities (determined as of the termination date, and whether or not forfeitable) at the date of distribution of the plan assets. Use the date of plan termination for plans to be trustee by the PBGC. For this purpose, present value is the single-sum distribution amount provided under the terms of the plan. However, if the plan does not provide for a single-sum distribution or the participant's benefits are provided by an annuity contract, present value is the cost (or estimated cost if actual cost is not available) of the annuity. Attach a statement explaining how the present values were determined (including the interest rate, lookback month, stability period, and mortality table used). This statement also should indicate the specific interest rates used to compute single-sum distributions. If the sum of the amounts in column (h) does not equal line 20(l) of Form 5310, attach an explanation of the difference.

