

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶	334
	1c Effective date of plan	04/01/1982
	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MARELLI NORTH AMERICA, INC. ONE CALSONIC WAY SHELBYVILLE, TN 37160	2b Employer Identification Number (EIN) 62-1151687
	2c Plan Sponsor's telephone number 931-680-6446	2d Business code (see instructions) 336300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	RAJ DHILLON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as 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	5 1537
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 174 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit 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 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 checked="" 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 checked="" 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"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

▶ **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 <u>MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MARELLI NORTH AMERICA, INC.</u>		
D Employer Identification Number (EIN) <u>62-1151687</u>		
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 <u>04</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>73814218</u>	
b Actuarial value.....	2b	<u>70536169</u>	
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.....	<u>610</u>	<u>35192630</u>	<u>35192630</u>
b For terminated vested participants.....	<u>753</u>	<u>28403226</u>	<u>28403226</u>
c For active participants.....	<u>174</u>	<u>6886423</u>	<u>6886423</u>
d Total.....	<u>1537</u>	<u>70482279</u>	<u>70482279</u>
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 <u>5.42 %</u>
6 Target normal cost.....			
a Present value of current plan year accruals.....			6a <u>0</u>
b Expected plan-related expenses.....			6b <u>1221362</u>
c Total (line 6a + line 6b).....			6c <u>1221362</u>

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

SIGN HERE		
	Signature of actuary	<u>09/29/2023</u> Date
	<u>ANGELA J. REELY</u> Type or print name of actuary	<u>23-07847</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>312-381-7279</u> Telephone number (including area code)
	<u>200 EAST RANDOLPH ST., SUITE 800 CHICAGO, IL 60601</u> Address of the firm	

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

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	811944
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	811944
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.97</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		412
	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>5.63</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		12
	c Total available at beginning of current plan year to add to prefunding balance.....		424
	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	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	100.07 %
15	Adjusted funding target attainment percentage	15	100.07 %
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	99.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/18/2022	254200	0			
10/12/2022	253882	0			
01/13/2023	253882	0			
09/13/2023	465000	0			
			Totals ▶	18(b)	18(c)
				1226964	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 1171278
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	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	1221362
b Excess assets, if applicable, but not greater than line 31a	31b	53890

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1167472
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35).....	36	1167472
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37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1171278
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38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	3806
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0
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40 Unpaid minimum required contributions for all years.....	40	0
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Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

A Name of plan <u>MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARELLI NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>62-1151687</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY MGMT TRUST CO

04-3532603

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

FIDELITY INST ASSET MGMT TRUST CO

20-4659714

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

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

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

FIDELITY INST ASSET MGMT TRUST CO

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	173256	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)

FIDELITY MGMT TRUST CO

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 16 21 50	NONE	166980	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: AARON SEILER	b EIN: 20-4659714
c Position: ACTUARY	
d Address: 6501 SOUTH FIDDLER'S GREEN CIRCLE GREENWOOD VILLAGE, CO 80111	e Telephone: 312-529-2314

Explanation: CHANGE IN ACTUARIAL FIRM

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2022</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

A Name of plan <u>MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>334</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MARELLI NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>62-1151687</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM PENSION JOURNEY 60/40 COMM POO

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO.

c EIN-PN <u>20-4659714-152</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKETS DEBT COMINGLE

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO.

c EIN-PN <u>20-4659714-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM GLOBAL LOW VOLATILITY EQUITY C

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO.

c EIN-PN <u>20-4659714-145</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERNATIONAL GROWTH POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO.

c EIN-PN <u>20-4659714-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE COMINGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN <u>20-4659714-187</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION CIT

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN <u>20-4659714-053</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG U.S. TREASURY STRIPS

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

c EIN-PN <u>20-4659714-120</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT EMERGING MARKETS EQUITY		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-100	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL SMALL CAP		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL CAP CORE POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL/MID CAP CORE POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT CANADA POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-101	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM U.S. REAL ESTATE INVEST TR CIT		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL A		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY		
c EIN-PN 82-6293122-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN COMMODITY INX PL - A		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY		
c EIN-PN 82-6293122-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022			
A Name of plan MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">334</td> </tr> </table>	B Three-digit plan number (PN) ►	334
B Three-digit plan number (PN) ►	334		
C Plan sponsor's name as shown on line 2a of Form 5500 MARELLI NORTH AMERICA, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 62-1151687</td> </tr> </table>	D Employer Identification Number (EIN) 62-1151687	
D Employer Identification Number (EIN) 62-1151687			

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	221000	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	35	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)	372578	0
(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)	72947401	0
(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	73541014	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	73541014	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)	1226964	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1226964
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5318	
(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)		5318
(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)		0
(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)		-12420990
(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		-11188708
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2336619	
(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)		2336619
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)	166980	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	173256	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		340236
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2676855
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-13865563
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		59675451

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: CROWE LLP

(2) EIN: 35-0921680

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		1300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... 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)
EMPLOYEES' RETIREMENT PLAN OF MARELLI NORTH CAROLINA USA LLC	62-1151687	001

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 493188.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

A Name of plan <u>MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARELLI NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>62-1151687</u>	

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

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

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-3275867

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

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

3		0
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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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 45.8 % Investment-Grade Debt: 49.5 % High-Yield Debt: 1.3 % Real Estate: 3.4 % Other: 0.0 %

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 _____

**MARELLI NORTH AMERICA, INC.
DEFINED BENEFIT PLAN**

FINANCIAL STATEMENTS
December 31, 2022 and March 31, 2022

MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN
Shelbyville, Tennessee

FINANCIAL STATEMENTS
December 31, 2022 and March 31, 2022

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INDEPENDENT AUDITOR'S REPORT

The Plan Administrator
Marelli North America, Inc.
Defined Benefit Plan
Shelbyville, Tennessee

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

We have performed audits of the financial statements of Marelli North America, Inc. Defined Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and March 31, 2022, and the related statements of changes in net assets available for benefits for the period from April 1, 2022 through December 31, 2022 and for the year ended March 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and March 31, 2022, and for the for the period from April 1, 2022 through December 31, 2022 and for the year ended March 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the 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 ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter

As described in Note 1 to the financial statements, the Plan merged into the Marelli North Carolina, Inc. Defined Benefit Plan on December 31, 2022. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4j – Schedule of Reportable Transactions for the period from April 1, 2022 through December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).


Crowe LLP

Oak Brook, Illinois
October 16, 2023

MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and March 31, 2022

	December 31, <u>2022</u>	March 31, <u>2022</u>
Assets		
Investments, at fair value	\$ -	\$ 73,319,979
Receivables		
Employer contributions	-	221,000
Other	-	<u>35</u>
	<u>-</u>	<u>221,035</u>
Total assets and net assets available for benefits	<u>\$ -</u>	<u>\$ 73,541,014</u>

See accompanying notes to financial statements.

MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Period from April 1, 2022 through December 31, 2022 and Year ended March 31, 2022

	December 31, <u>2022</u>	March 31, <u>2022</u>
Additions to net assets attributed to:		
Net appreciation in fair value of investments	\$ -	\$ 2,401,915
Employer contributions	1,226,964	221,000
Interest and dividends	<u>5,318</u>	<u>-</u>
Total additions	1,232,282	2,622,915
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	12,420,990	-
Benefit payments to participants	2,336,619	3,442,039
Administrative expenses	<u>340,236</u>	<u>1,256,327</u>
Total deductions	<u>15,097,845</u>	<u>4,698,366</u>
Net decrease before transfer	(13,865,563)	(2,075,451)
Transfer out to other plan (Note 1)	<u>(59,675,451)</u>	<u>-</u>
Net decrease	(73,541,014)	(2,075,451)
Net assets available for benefits		
Beginning of period	<u>73,541,014</u>	<u>75,616,465</u>
End of period	<u>\$ -</u>	<u>\$ 73,541,014</u>

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Marelli North America, Inc. Defined Benefit Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a noncontributory defined benefit pension plan covering the qualified employees of Marelli North America, Inc. and subsidiaries (collectively, the "Company"). The Plan became effective April 1, 1981 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The operations of the Plan are directed by a plan administrator appointed by the board of directors of Marelli North America, Inc..

Eligibility and Vesting: Prior to April 1, 2003, employees automatically became participants in the Plan on April 1 or October 1 coincident with or after completion of one year of service and attainment of age 21. One year of service is any 12-consecutive-month period in which an employee has worked at least 1,000 hours. After April 1, 2003, no new participants are eligible to participate in the Plan.

Participants become fully vested after seven years of service. Participants separating from the Plan for any reason prior to completion of seven years of service are considered partially vested commencing after three years of service at 20% and increasing 20% for each year of service thereafter.

Pension Benefits: Vested employees are entitled to pension benefits beginning at normal retirement age (65) equal to the sum of 1.5% of a Participant's Final Average Earnings multiplied by credited service earned after April 1985 to date of termination plus the Participant's Accrued Benefit as of March 31, 1985 calculated under the Plan in effect on that date.

Effective May 1, 2003, the participating companies elected to freeze benefit accruals under the Plan for certain participants. Effective on and after May 1, 2003, no further credited service shall be earned under this Plan unless the participant (1) is an employee of Calsonic North America, Inc. or Marelli North America, Inc., (2) has attained age 50 and has at least 5 full years of employment with the Employer or any member of the controlled group of the Employer as of May 1, 2003, and (3) is not a Highly Compensated Employee as defined in the Plan agreement. Provided, however, if a participant who meets the criteria above subsequently becomes a Highly Compensated Employee, Credited Service shall cease as of the end of the calendar year that ends within the Plan Year that the participant is deemed to be a Highly Compensated Employee.

Effective May 1, 2009, benefit accruals for all employees covered under the Plan ceased.

The normal form of benefit payments for a single participant is a straight-life annuity, under which monthly payments commence at retirement and end upon death of the participant, and for married participants, a reduced 50% joint and survivor annuity, which is the equivalent of a straight-life annuity. Participants may alternatively elect to receive benefits under optional annuity forms as described in the Plan agreement.

Death and Disability Benefits: If a vested active employee dies, his or her spouse will receive a monthly survivor annuity equal to 50% of the employee's joint and survivor annuity retirement benefit earned as of the date of death. Active employees who are deemed to be disabled prior to April 1, 1993 are entitled to an immediate monthly disability benefit equal to the normal retirement benefits they have earned as of their disability date. These disability benefits continue until normal retirement age, at which time the employee begins receiving normal monthly retirement benefits equal to the monthly disability payment.

MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and March 31, 2022

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Employees who become disabled after March 31, 1993, are entitled to a benefit at normal retirement age. This benefit is calculated using the participant's average compensation at the date of disability and assumes continued service credit while disabled until benefit commencement date.

Funding Policy: The contributions of the Company are designed to fund the Plan's current service costs on a current basis, to fund the estimated accrued benefit cost arising from qualifying service prior to establishment of the Plan, and to meet the minimum funding requirements of ERISA. No participant contributions are allowed under the plan provisions. The Plan has met the minimum funding requirements of ERISA for the period from April 1, 2022 through December 31, 2022 and for the year ended March 31, 2022.

Administrative and Investment Management Expenses: Certain Plan fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. Actuarial fees and Pension Benefit Guaranty Corporation fees can be paid by either the Plan or the Company. Certain plan administrative expenses are paid directly by the Company and are excluded from these financial statements.

Transfers to Other Plan: Effective December 31, 2022, the net assets of the Plan merged into the Marelli North Carolina, Inc. Defined Benefit Plan (the North Carolina Plan). As a result of the merger, net assets totaling \$59,675,451 (including \$718,882 in contributions related to the Plan that were deposited into the North Carolina Plan during 2023) and accumulated plan benefit obligation of \$94,245,461 (unaudited) transferred into the North Carolina Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of investments are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

(Continued)

MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and March 31, 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Money market mutual fund: The fair value of the money market mutual fund investment is determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective trust funds: The fair values of participation units held in collective trust funds are based on the net asset values per unit as reported by the fund managers. The collective trusts provide for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

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

Investments measured at fair value on a recurring basis are summarized below:

There were no investments in the Plan as of December 31, 2022 due to the merger described in Note 1.

	Fair Value Measurements at March 31, 2022, Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Mutual Fund	\$ 372,578	\$ 372,578	\$ -	\$ -
Collective Trust Funds*	72,947,401	-	-	-
Total	\$ 73,319,979	\$ 372,578	\$ -	\$ -

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

(Continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates: The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated plan benefits as of the benefit information date; the change in net assets available for benefits and actuarial present value of accumulated plan benefits during the reporting period; and when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits and the fair values of investments.

Risks and Uncertainties: The Plan's investments are exposed to various risks such as interest rate, market, liquidity and credit risks, as well as the risks associated with global events. Due to the level of risk associated with the Plan's investments as well as the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of the Plan investment will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits. A significant decline in the market value of the investments held by the Plan could significantly affect the net assets available for benefits of the Plan.

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

Benefit Payments: Benefit payments to participants are recorded upon distribution.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and present employees or their beneficiaries. Benefits under the Plan are based on employees' annual compensation and years of service. The accumulated plan benefits for active employees are based on their annual compensation, ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

(Continued)

MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and March 31, 2022

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

Calculations of the present value of accumulated plan benefits under the Plan were made by the Plan's consulting actuary as of March 31, 2022. At this date, the actuarial present value of accumulated plan benefits was as follows:

	March 31, <u>2022</u>
Vested benefits:	
Participants currently receiving payments	\$ 42,284,429
Participants entitled to deferred benefits	52,469,213
Non-vested benefits	-
Total actuarial present value of accumulated plan benefits	<u>\$ 94,753,642</u>

Changes in the actuarial present value of accumulated plan benefits from March 31, 2021 to March 31, 2022 are as follows:

Actuarial present value of accumulated plan benefits, March 31, 2021	\$ 98,997,571
Interest accumulation	2,578,232
Benefits paid	(3,442,039)
Plan amendments	-
Assumption changes**	(3,902,316)
Other changes	<u>522,194</u>
Net decrease	<u>(4,243,929)</u>
Actuarial present value of accumulated plan benefits at March 31, 2022	<u>\$ 94,753,642</u>

** The \$3,902,316 decrease in the present value of accumulated plan benefits in 2022 related to assumption changes was attributed to a change in the interest rate assumption from 2.65% to 2.95%.

The significant actuarial assumptions used in the valuations as of April 1, 2022 were as follows:

Retirement age	At normal retirement age 65
Mortality basis	Pri-2012 Total Mortality Table, with Scale MP-2021
Settlement rate	2.95%

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 the accumulated plan benefits.

NOTE 4 - CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements, including investments held at December 31, 2022 and March 31, 2022 and net appreciation (depreciation) in fair value of investments for the period from April 1, 2022 through December 31, 2022 and for the year ended March 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

(Continued)

NOTE 5 - PLAN TERMINATION

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA as described below.

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and related regulations as follows: first, to employees to whom pension payments have been made for three years and to employees whose normal retirement date has passed by three years and who have not yet retired; second, to provide the pension benefits called for under the Plan that are guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"); third, to provide for all nonforfeitable benefits under the Plan; fourth, to provide all other accrued benefits under the Plan; fifth, if the pension benefits to which the Participants or Pensioners of any of the above-described classes are entitled cannot be fully provided, then the assets available shall be allocated pro rata among such Participants or Pensioners, based upon the actuarial value of the pension benefit described in that class; and sixth, any balance which remains unallocated, if any, shall be paid to the Company. Allocations within each category are required to be in proportion to the ratio which the actuarial reserve for each employee in each category bears to the total of the actuarial reserve of all such employees within the category.

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 survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

NOTE 6 - TAX STATUS

Effective April 1, 2019, the Plan adopted a new plan document. The IRS issued a determination letter dated December 2, 2020 that the plan document on which the Plan is based is designed in accordance with the applicable sections of the IRC. Although the Plan has been amended from the prototype plan document, plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and March 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

(Continued)

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. During the period from April 1, 2022 through December 31, 2022 and for the year ended March 31, 2022, the Plan invested in funds managed by affiliates of Fidelity Management Trust Company, the trustee of the Plan. As a result, these transactions and the Plan's payment of fees to Fidelity Management Trust Company and its affiliates are party-in-interest transactions.

NOTE 8 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 16, 2023, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Schedule SB, line 26a—Schedule of Active Participant Data as of April 1, 2022

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		8	4							
45-49		11	9	2						
50-54		12	16	10	4					
55-59		4	14	13	31					
60-64		5	4	6	19					
65-69		1			1					
70+										

N-174

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of December 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of December 2021), without regard to interest rate stabilization
1st Segment Rate	0.92%
2nd Segment Rate	2.62%
3rd Segment Rate	3.29%
Retirement Age	
Active and Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 1
Disability Rates	See Table 2
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 100% of males and females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$245,000 and the 401(a)(17) compensation limit of \$305,000.

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Trust Expenses Included in Target Normal Cost

The Target Normal Cost includes the estimated administration expenses (based on actual amounts for the short plan year) plus the estimated PBGC premiums for the current year. For the 2022 short plan year this amount is \$1,221,362.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2020 Plan Year

5.10%

2021 Plan Year

5.30%

Actuarial Method

Standard unit credit cost method

Valuation Date

April 1, 2022

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Table 1

Withdrawal Rates

Age	Rate	Age	Rate
20	12.0000%	45	7.9027%
21	11.9447%	46	7.4881%
22	11.8874%	47	7.0409%
23	11.8277%	48	6.5574%
24	11.7654%	49	6.0363%
25	11.7000%	50	5.4808%
26	11.6311%	51	4.9029%
27	11.5583%	52	4.3209%
28	11.4809%	53	3.7565%
29	11.3981%	54	3.2325%
30	11.3086%	55	2.7700%
31	11.2107%	56	2.3845%
32	11.1025%	57	2.0855%
33	10.9815%	58	1.8766%
34	10.8453%	59	1.7558%
35	10.6914%	60	1.7169%
36	10.5177%	61	1.7520%
37	10.3222%	62	1.8520%
38	10.1039%	63+	0.0000%
39	9.8618%		
40	9.5957%		
41	9.3054%		
42	8.9909%		
43	8.6523%		
44	8.2896%		

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Table 2

Disability Rates

Age	Male Rate	Female Rate	Age	Male Rate	Female Rate
15	0.146%	0.060%	45	0.556%	0.493%
16	0.146%	0.060%	46	0.613%	0.540%
17	0.146%	0.060%	47	0.669%	0.587%
18	0.146%	0.060%	48	0.726%	0.634%
19	0.146%	0.060%	49	0.783%	0.681%
20	0.146%	0.060%	50	0.887%	0.768%
21	0.146%	0.060%	51	0.991%	0.855%
22	0.146%	0.060%	52	1.094%	0.941%
23	0.146%	0.060%	53	1.119%	1.028%
24	0.146%	0.060%	54	1.302%	1.115%
25	0.152%	0.070%	55	1.503%	1.265%
26	0.158%	0.079%	56	1.705%	1.415%
27	0.163%	0.089%	57	1.906%	1.566%
28	0.169%	0.099%	58	2.108%	1.716%
29	0.175%	0.108%	59	2.309%	1.866%
30	0.186%	0.126%	60	2.507%	1.888%
31	0.198%	0.144%	61	2.705%	1.909%
32	0.209%	0.162%	62	2.903%	1.931%
33	0.221%	0.180%	63	3.101%	1.953%
34	0.232%	0.198%	64	3.299%	1.974%
35	0.253%	0.221%	65+	0.000%	0.000%
36	0.275%	0.244%			
37	0.296%	0.266%			
38	0.318%	0.289%			
39	0.339%	0.312%			
40	0.371%	0.339%			
41	0.403%	0.366%			
42	0.435%	0.392%			
43	0.467%	0.419%			
44	0.499%	0.446%			

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [x] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [x] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN
1b Three-digit plan number (PN): 334
1c Effective date of plan: 04/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): MARELLI NORTH AMERICA, INC.
2b Employer Identification Number (EIN): 62-1151687
2c Plan Sponsor's telephone number: 931-680-6446
2d Business code (see instructions): 336300

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. Row 1: Raj Dhillon, Oct 16, 2023, RAJ DHILLON. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as 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	5	1,537
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	174
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit 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 type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Period from April 1, 2022 through December 31, 2022

Name of Plan Sponsor: Marelli North America, Inc.
Employer Identification Number: 62-1151687
Three-Digit Plan Number: 334

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset at Date of Transaction	(i) Net Gain or (Loss)
Category (i) – A single transaction in excess of 5% of beginning Plan assets								
*FIAM Trust Company	FIAM Long Corporate Commingled Pool Fund	\$ 8,957,644	\$ -	\$ -	\$ -	\$ 8,957,644	\$ 8,957,644	\$ -

* Parties-in-interest to the Plan.

(Continued)

MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Period from April 1, 2022 through December 31, 2022

Name of Plan Sponsor: Marelli North America, Inc.
Employer Identification Number: 62-1151687
Three-Digit Plan Number: 334

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset at Date of Transaction	(i) Net Gain or (Loss)
Category (iii) – A series of transactions in excess of 5% of beginning Plan assets								
*FIAM Trust Company	FIAM Global Low Volatility Equity Commin – Class A	\$ -	\$ 4,024,195	\$ -	\$ -	\$ 3,429,221	\$ 4,024,195	\$ 594,974
*FIAM Trust Company	FIAM Long Corporate Commingled Pool Fund	\$ 9,068,655	\$ -	\$ -	\$ -	\$ 9,068,655	\$ 9,068,655	\$ -
*FIAM Trust Company	FIAM Long Corporate Commingled Pool Fund	\$ -	\$ 971,032	\$ -	\$ -	\$ 1,080,916	\$ 971,032	\$ (109,884)
*Spartan Group Trust	Spartan 500 Index Pool	\$ -	\$ 5,412,784	\$ -	\$ -	\$ 5,700,878	\$ 5,412,784	\$ (288,094)

See Independent Auditor's Report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 12/31/2022

▶ **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 MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	334
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARELLI NORTH AMERICA, INC.	D Employer Identification Number (EIN) 62-1151687	
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 <u>04</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a		73,814,218
b Actuarial value.....	2b		70,536,169
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.....	610	35,192,630	35,192,630
b For terminated vested participants.....	753	28,403,226	28,403,226
c For active participants.....	174	6,886,423	6,886,423
d Total.....	1,537	70,482,279	70,482,279
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		5.42%
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a		0
b Expected plan-related expenses.....	6b		1,221,362
c Total (line 6a + line 6b).....	6c		1,221,362

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

SIGN HERE	Angela J. Reely <i>AR</i>	
	Signature of actuary	Date 09/29/2023
	Angela J. Reely	2307847
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc.	312-381-7279
	Firm name	Telephone number (including area code)
	200 East Randolph St., Suite 800	
	Chicago IL 60601	
	Address of the firm	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	31a	1,221,362
b Excess assets, if applicable, but not greater than line 31a	31b	53,890
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,167,472
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1,167,472
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,171,278
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	3,806
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2022

Date	Amount	Days to Discount to 4/1/2022 at 5.42%	Days to Discount to 7/15/2023 at 10.42%	Interest Adjusted Contribution
July 18, 2022	\$ 254,200	105	3	\$ 250,166
October 12, 2022	253,882	194	0	246,859
January 13, 2023	253,882	287	0	243,561
September 13, 2023	<u>465,000</u>	530	0	<u>430,693</u>
Total Contribution	\$ 1,226,964			\$ 1,171,278

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

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

All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Schedule SB, line 26a—Schedule of Active Participant Data as of April 1, 2022

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		8	4							
45-49		11	9	2						
50-54		12	16	10	4					
55-59		4	14	13	31					
60-64		5	4	6	19					
65-69		1			1					
70+										

N-174

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	\$33,182	\$334,203	\$3,319,402	\$3,686,787
2023	71,803	540,913	3,250,497	3,863,213
2024	87,135	747,138	3,180,229	4,014,502
2025	153,961	936,125	3,107,337	4,197,423
2026	223,806	1,168,067	3,030,845	4,422,718
2027	293,844	1,373,486	2,949,205	4,616,535
2028	348,590	1,636,769	2,863,854	4,849,213
2029	416,560	1,881,275	2,773,739	5,071,574
2030	518,862	2,100,202	2,679,147	5,298,211
2031	569,799	2,255,466	2,579,327	5,404,592
2032	599,318	2,367,042	2,474,471	5,440,831
2033	626,991	2,479,997	2,364,213	5,471,201
2034	638,672	2,579,466	2,248,532	5,466,670
2035	662,901	2,661,177	2,127,659	5,451,737
2036	675,388	2,721,105	2,002,039	5,398,532
2037	703,159	2,732,381	1,872,339	5,307,879
2038	706,473	2,729,541	1,739,462	5,175,476
2039	702,245	2,710,559	1,604,552	5,017,356
2040	692,503	2,663,166	1,468,918	4,824,587
2041	678,023	2,600,143	1,333,980	4,612,146
2042	667,280	2,525,295	1,201,214	4,393,789
2043	652,849	2,442,034	1,072,088	4,166,971
2044	634,866	2,349,623	948,004	3,932,493
2045	610,985	2,251,432	830,265	3,692,682
2046	584,226	2,139,857	720,013	3,444,096
2047	555,797	2,021,877	618,167	3,195,841
2048	525,789	1,899,054	525,373	2,950,216
2049	494,344	1,772,245	442,010	2,708,599
2050	461,668	1,642,535	368,167	2,472,370
2051	428,028	1,511,193	303,665	2,242,886
2052	393,758	1,379,618	248,093	2,021,469
2053	359,247	1,249,283	200,860	1,809,390
2054	324,921	1,121,663	161,250	1,607,834
2055	291,220	998,188	128,475	1,417,883
2056	258,583	880,192	101,705	1,240,480
2057	227,416	768,846	80,114	1,076,376
2058	198,073	665,101	62,906	926,080
2059	170,836	569,661	49,337	789,834
2060	145,899	482,965	38,747	667,611
2061	123,365	405,205	30,554	559,124
2062	103,259	336,348	24,266	463,873
2063	85,543	276,163	19,475	381,181
2064	70,132	224,243	15,844	310,219
2065	56,893	180,042	13,100	250,035
2066	45,660	142,905	11,033	199,598
2067	36,244	112,111	9,471	157,826
2068	28,441	86,912	8,283	123,636
2069	22,049	66,560	7,369	95,978
2070	16,875	50,338	6,653	73,866
2071	12,741	37,581	6,073	56,395

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of December 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of December 2021), without regard to interest rate stabilization
1st Segment Rate	0.92%
2nd Segment Rate	2.62%
3rd Segment Rate	3.29%
Retirement Age	
Active and Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85
Withdrawal Rates	See Table 1
Disability Rates	See Table 2
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 100% of males and females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$245,000 and the 401(a)(17) compensation limit of \$305,000.

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Trust Expenses Included in Target Normal Cost

The Target Normal Cost includes the estimated administration expenses (based on actual amounts for the short plan year) plus the estimated PBGC premiums for the current year. For the 2022 short plan year this amount is \$1,221,362.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2020 Plan Year

5.10%

2021 Plan Year

5.30%

Actuarial Method

Standard unit credit cost method

Valuation Date

April 1, 2022

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Table 1

Withdrawal Rates

Age	Rate	Age	Rate
20	12.0000%	45	7.9027%
21	11.9447%	46	7.4881%
22	11.8874%	47	7.0409%
23	11.8277%	48	6.5574%
24	11.7654%	49	6.0363%
25	11.7000%	50	5.4808%
26	11.6311%	51	4.9029%
27	11.5583%	52	4.3209%
28	11.4809%	53	3.7565%
29	11.3981%	54	3.2325%
30	11.3086%	55	2.7700%
31	11.2107%	56	2.3845%
32	11.1025%	57	2.0855%
33	10.9815%	58	1.8766%
34	10.8453%	59	1.7558%
35	10.6914%	60	1.7169%
36	10.5177%	61	1.7520%
37	10.3222%	62	1.8520%
38	10.1039%	63+	0.0000%
39	9.8618%		
40	9.5957%		
41	9.3054%		
42	8.9909%		
43	8.6523%		
44	8.2896%		

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
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Table 2

Disability Rates

Age	Male Rate	Female Rate	Age	Male Rate	Female Rate
15	0.146%	0.060%	45	0.556%	0.493%
16	0.146%	0.060%	46	0.613%	0.540%
17	0.146%	0.060%	47	0.669%	0.587%
18	0.146%	0.060%	48	0.726%	0.634%
19	0.146%	0.060%	49	0.783%	0.681%
20	0.146%	0.060%	50	0.887%	0.768%
21	0.146%	0.060%	51	0.991%	0.855%
22	0.146%	0.060%	52	1.094%	0.941%
23	0.146%	0.060%	53	1.119%	1.028%
24	0.146%	0.060%	54	1.302%	1.115%
25	0.152%	0.070%	55	1.503%	1.265%
26	0.158%	0.079%	56	1.705%	1.415%
27	0.163%	0.089%	57	1.906%	1.566%
28	0.169%	0.099%	58	2.108%	1.716%
29	0.175%	0.108%	59	2.309%	1.866%
30	0.186%	0.126%	60	2.507%	1.888%
31	0.198%	0.144%	61	2.705%	1.909%
32	0.209%	0.162%	62	2.903%	1.931%
33	0.221%	0.180%	63	3.101%	1.953%
34	0.232%	0.198%	64	3.299%	1.974%
35	0.253%	0.221%	65+	0.000%	0.000%
36	0.275%	0.244%			
37	0.296%	0.266%			
38	0.318%	0.289%			
39	0.339%	0.312%			
40	0.371%	0.339%			
41	0.403%	0.366%			
42	0.435%	0.392%			
43	0.467%	0.419%			
44	0.499%	0.446%			

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Schedule SB, Part V—Summary of Plan Provisions

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Eligibility for Participation	<p>A covered employee shall become participants in this plan on April 1 or October 1 following attainment of age 21 and completion of one year of service.</p> <p>The plan is closed to new entrants effective March 31, 2003.</p>
Normal Retirement	
Eligibility	Age 65.
Benefit	<p>A monthly amount equal to the sum of (1) and (2):</p> <p>(1) 1.50% of Average Annual Earnings multiplied by years of Accrual Service earned after March 31, 1985.</p> <p>(2) Accrued benefit as of March 31, 1985.</p> <p>Benefit accruals were frozen effective May 1, 2003.</p> <p>Participants that were non-highly compensated and age 50 with 5 or more years of service on May 1, 2003 had their benefit accruals frozen effective May 1, 2009.</p>
Early Retirement	
Eligibility	Age 55 and seven years of vesting service.
Benefit	A monthly benefit equal to the normal retirement benefit actuarially reduced to reflect commencement prior to the normal retirement date.
Late Retirement	
Eligibility	Retirement after normal retirement age.
Benefit	The accrued benefit as of the normal retirement date actuarially increased to the late retirement date.

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

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Surviving Spouse Eligibility	Married and eligible for a vested accrued benefit
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
Normal Form of Annuity Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional Forms of Annuity	Single life annuity Ten year certain and life annuity 100% joint and survivor annuity 75% joint and survivor annuity 66 2/3% joint and survivor annuity 50% joint and survivor annuity Lump sum if under \$10,000
Actuarial Equivalence	UP-1984 Unisex mortality table and 8% interest rate.

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
EIN: 62-1151687 PN: 334

Definitions

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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As a result of a change in the firms providing actuarial services, the enrolled actuary has changed from Aaron Seiler to Angela J. Reely effective December 21, 2022. The funding valuation and financial accounting valuation reflect the plan merger dated December 31, 2022. The Marelli North America, Inc. Defined Benefit Plan was merged into the Employees' Retirement Plan of Marelli North Carolina USA LLC effective December 31, 2022.

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2022

Date	Amount	Days to Discount to 4/1/2022 at 5.42%	Days to Discount to 7/15/2023 at 10.42%	Interest Adjusted Contribution
July 18, 2022	\$ 254,200	105	3	\$ 250,166
October 12, 2022	253,882	194	0	246,859
January 13, 2023	253,882	287	0	243,561
September 13, 2023	<u>465,000</u>	530	0	<u>430,693</u>
Total Contribution	\$ 1,226,964			\$ 1,171,278

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500)—April 1, 2022 Plan Year
Marelli North America, Inc. Defined Benefit Plan
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Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	\$33,182	\$334,203	\$3,319,402	\$3,686,787
2023	71,803	540,913	3,250,497	3,863,213
2024	87,135	747,138	3,180,229	4,014,502
2025	153,961	936,125	3,107,337	4,197,423
2026	223,806	1,168,067	3,030,845	4,422,718
2027	293,844	1,373,486	2,949,205	4,616,535
2028	348,590	1,636,769	2,863,854	4,849,213
2029	416,560	1,881,275	2,773,739	5,071,574
2030	518,862	2,100,202	2,679,147	5,298,211
2031	569,799	2,255,466	2,579,327	5,404,592
2032	599,318	2,367,042	2,474,471	5,440,831
2033	626,991	2,479,997	2,364,213	5,471,201
2034	638,672	2,579,466	2,248,532	5,466,670
2035	662,901	2,661,177	2,127,659	5,451,737
2036	675,388	2,721,105	2,002,039	5,398,532
2037	703,159	2,732,381	1,872,339	5,307,879
2038	706,473	2,729,541	1,739,462	5,175,476
2039	702,245	2,710,559	1,604,552	5,017,356
2040	692,503	2,663,166	1,468,918	4,824,587
2041	678,023	2,600,143	1,333,980	4,612,146
2042	667,280	2,525,295	1,201,214	4,393,789
2043	652,849	2,442,034	1,072,088	4,166,971
2044	634,866	2,349,623	948,004	3,932,493
2045	610,985	2,251,432	830,265	3,692,682
2046	584,226	2,139,857	720,013	3,444,096
2047	555,797	2,021,877	618,167	3,195,841
2048	525,789	1,899,054	525,373	2,950,216
2049	494,344	1,772,245	442,010	2,708,599
2050	461,668	1,642,535	368,167	2,472,370
2051	428,028	1,511,193	303,665	2,242,886
2052	393,758	1,379,618	248,093	2,021,469
2053	359,247	1,249,283	200,860	1,809,390
2054	324,921	1,121,663	161,250	1,607,834
2055	291,220	998,188	128,475	1,417,883
2056	258,583	880,192	101,705	1,240,480
2057	227,416	768,846	80,114	1,076,376
2058	198,073	665,101	62,906	926,080
2059	170,836	569,661	49,337	789,834
2060	145,899	482,965	38,747	667,611
2061	123,365	405,205	30,554	559,124
2062	103,259	336,348	24,266	463,873
2063	85,543	276,163	19,475	381,181
2064	70,132	224,243	15,844	310,219
2065	56,893	180,042	13,100	250,035
2066	45,660	142,905	11,033	199,598
2067	36,244	112,111	9,471	157,826
2068	28,441	86,912	8,283	123,636
2069	22,049	66,560	7,369	95,978
2070	16,875	50,338	6,653	73,866
2071	12,741	37,581	6,073	56,395

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