

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 10/01/2022 and ending 09/30/2023

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan SCHAEFFLER GROUP USA INC. PENSION PLAN	1b Three-digit plan number (PN) ▶ <u>001</u>
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) SCHAEFFLER GROUP USA INC. 308 SPRINGHILL FARM ROAD FORT MILL, SC 29715-9784	1c Effective date of plan <u>07/01/1972</u> 2b Employer Identification Number (EIN) <u>57-0517596</u> 2c Plan Sponsor's telephone number <u>803-548-8500</u> 2d Business code (see instructions) <u>332900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2024	TIMOTHY U. ZYGMONT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>TIMOTHY U. ZYGMONT</p> <p>308 SPRINGHILL FARM ROAD FORT MILL, SC 29715-9784</p>	<p>3b Administrator's EIN 57-0517596</p> <p>3c Administrator's telephone number 803-548-8500</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 2977</p>
<p>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).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 690</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 629</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 1512</p>
<p>c Other retired or separated participants entitled to future benefits.....</p>	<p>6c 494</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 2635</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e 283</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 2918</p>
<p>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</p>	<p>6g</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6h 0</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>
<p>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</p> <p>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:</p>	
<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
<p>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>	
<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"/> 0 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>

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 10/01/2022 and ending 09/30/2023

▶ **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>SCHAEFFLER GROUP USA INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SCHAEFFLER GROUP USA INC.</u>		
D Employer Identification Number (EIN) <u>57-0517596</u>		

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>183119042</u>	
b Actuarial value.....	2b	<u>183119042</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>1732</u>	<u>120250448</u>	<u>120250448</u>
b For terminated vested participants.....	<u>555</u>	<u>21722715</u>	<u>21722715</u>
c For active participants.....	<u>690</u>	<u>35992877</u>	<u>35992877</u>
d Total	<u>2977</u>	<u>177966040</u>	<u>177966040</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>5.35 %</u>
6 Target normal cost			
a Present value of current plan year accruals.....			6a <u>0</u>
b Expected plan-related expenses			6b <u>850000</u>
c Total (line 6a + line 6b)			6c <u>850000</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>07/02/2024</u> Date
	<u>BENJAMIN R. BERGESON</u> Type or print name of actuary	<u>23-06849</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>704-343-8672</u> Telephone number (including area code)
	<u>MSC #17693, AON PO BOX 551343 ATLANTA, GA 30355</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	889836
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	889836
10	Interest on line 9 using prior year's actual return of <u>-21.07</u> %	0	-187488
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	702348

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.50 %
15	Adjusted funding target attainment percentage	15	102.89 %
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	137.75 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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** 64

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	850000
b Excess assets, if applicable, but not greater than line 31a	31b	850000

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

SCHEDULE C (Form 5500) <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 **10/01/2022** and ending **09/30/2023**

A Name of plan SCHAEFFLER GROUP USA INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHAEFFLER GROUP USA INC.	D Employer Identification Number (EIN) 57-0517596	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON CONSULTING INC.

22-2232264

(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?
16 50	NONE	555737	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)

MERCER INVESTMENT MANAGEMENT, INC.

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	481611	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

U.S BANK NATIONAL ASSOCIATION

800 NICOLLET MALL
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	59989	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"/>

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<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>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

<p>A Name of plan <u>SCHAEFFLER GROUP USA INC. PENSION PLAN</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>001</u></p>
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<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHAEFFLER GROUP USA INC.</u></p>	<p>D Employer Identification Number (EIN) <u>57-0517596</u></p>
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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)

a Name of MTIA, CCT, PSA, or 103-12 IE: MGI LONG DURATION PASSIVE FIXED INC

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN <u>51-0560117-010</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>9554020</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MGI ACTIVE LONG CORP INV PORTFOLIO

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN <u>45-6178743-004</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>57079560</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MGI US CORE PASSIVE FIXED INCOME

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN <u>03-0566612-007</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>43279164</u>
---------------------------------------	-------------------------------	---------------------------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: ULTRA LONG DURATION PORTFOLIO

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN <u>83-2461327-047</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>2334388</u>
---------------------------------------	-------------------------------	--------------------------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE INT CR FIXED INC

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN <u>85-2621954-048</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>57745319</u>
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 **10/01/2022** and ending **09/30/2023**

A Name of plan SCHAEFFLER GROUP USA INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHAEFFLER GROUP USA INC.	D Employer Identification Number (EIN) 57-0517596	

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	4383
		1473
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	169992451
(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)	1275406
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	
		0
		182066520

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	183118902	171272240
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	183118902	171272240

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		0
(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)	29958	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2623841
(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		53009
d Total income. Add all income amounts in column (b) and enter total	2d		2706808
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13192976	
(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)		13192976
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)	615727	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	481611	
(4) Other	2i(4)	263156	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1360494
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14553470
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-11846662
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BLACKA JESSUP & HENDERSON LLP**

(2) EIN: **30-0126694**

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		5000000
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 _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 500896.

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 10/01/2022 and ending 09/30/2023

A Name of plan <u>SCHAEFFLER GROUP USA INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHAEFFLER GROUP USA INC.</u>	D Employer Identification Number (EIN) <u>57-0517596</u>	

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

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

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

1	0
---	---

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

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	8
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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
-----------------	-------------------

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: _____% Investment-Grade Debt: 100.0% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

SCHAEFFLER GROUP USA INC. PENSION PLAN

Financial Statements

Years Ended September 30, 2023 and 2022

with

Independent Auditors' Report

SCHAEFFLER GROUP USA INC. PENSION PLAN

Financial Statements

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Note:

The financial statements and schedules listed above have been included as required by §103(c)(5) of the Employee Retirement Income Security Act of 1974. Certain other financial schedules have been omitted either because no events requiring such financial schedules to be included occurred during the year ended September 30, 2023 or because the required information is contained in the financial statements and notes thereto.



CERTIFIED PUBLIC ACCOUNTANTS

BLACKA JESSUP & HENDERSON LLP

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Schaeffler Group USA Inc. Pension Plan
Fort Mill, South Carolina

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

We have performed audits of the accompanying financial statements of **Schaeffler Group USA Inc. Pension Plan** (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of October 1, 2023 and 2022, and the statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 and for the years ended September 30, 2023 and 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(continued)

INDEPENDENT AUDITORS' REPORT (continued):

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Basis for Opinion

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

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 (GAAP), 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 after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

(continued)

INDEPENDENT AUDITORS' REPORT (continued):

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- 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.

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.

Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held as of September 30, 2023 and of Reportable Transactions for the Year Ended September 30, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

(continued)

INDEPENDENT AUDITORS' REPORT (continued):

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

In our opinion:

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

BLACK & JESSUP → HENDERSON LLP

Charlotte, North Carolina
July 15, 2024

SCHAEFFLER GROUP USA INC. PENSION PLAN

Statements of Net Assets Available for Benefits

September 30, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments at fair value	\$ 169,992,451	\$ 182,066,520
Cash and cash equivalents	1,275,406	1,050,909
Accrued interest receivable	<u>4,383</u>	<u>1,473</u>
Total assets	<u>171,272,240</u>	<u>183,118,902</u>
Net assets available for benefits	<u><u>\$ 171,272,240</u></u>	<u><u>\$ 183,118,902</u></u>

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

SCHAEFFLER GROUP USA INC. PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended September 30, 2023 and 2022

	2023	2022
Additions:		
Net appreciation (depreciation) of investments	\$ 2,623,841	\$ (50,022,865)
Dividends and interest	29,958	4,573
Total investment income (loss)	2,653,799	(50,018,292)
Other	53,009	57,178
Total additions (reductions)	2,706,808	(49,961,114)
Deductions:		
Benefit payments	13,192,976	12,830,529
Administrative expenses	1,360,494	1,374,919
Total deductions	14,553,470	14,205,448
Net decrease for the year	(11,846,662)	(64,166,562)
Net assets available for benefits:		
Beginning of year	183,118,902	247,285,464
End of year	\$ 171,272,240	\$ 183,118,902

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

SCHAEFFLER GROUP USA INC. PENSION PLAN

Statements of Accumulated Plan Benefits

October 1, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 129,677,307	\$ 126,928,144
Other participants	<u>61,662,403</u>	<u>66,896,876</u>
Total vested benefits	<u>191,339,710</u>	<u>193,825,020</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 191,339,710</u></u>	<u><u>\$ 193,825,020</u></u>

SCHAEFFLER GROUP USA INC. PENSION PLAN

Statements of Changes in Accumulated Plan Benefits

Years Ended October 1, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 193,825,020</u>	<u>\$ 235,515,879</u>
Increase (decrease) during the year attributable to:		
Interest accumulation	8,335,306	6,301,725
Assumption changes	2,771,250	(35,639,837)
Other changes	(418,963)	458,660
Benefits paid	<u>(13,172,903)</u>	<u>(12,811,407)</u>
Net increase (decrease) for the year	<u>(2,485,310)</u>	<u>(41,690,859)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 191,339,710</u></u>	<u><u>\$ 193,825,020</u></u>

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

SCHAEFFLER GROUP USA INC. PENSION PLAN

Notes to Financial Statements

September 30, 2023 and 2022

1. Description of Plan:

The following brief description of the **Schaeffler Group USA Inc. Pension Plan** (Plan) provides only general information. Participants should refer to the Plan document for more complete information.

General – The Plan was established in 1972 as a defined benefit pension plan to cover all eligible employees of INA USA Corporation, the corporate predecessor to Schaeffler Group USA Inc. (SGUI), the Plan's Sponsor and Administrator.

The Plan is managed by the Defined Benefit Pension & 401(k) Investment Committee, the fiduciary Committee for the Plan. The Committee is comprised of certain SGUI company officers and has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investments, monitors investment performance, and reports to the SGUI Board of Directors.

Frozen Plan, Vesting – The Plan was frozen effective December 31, 2006. Future benefit accruals under the Plan were frozen, and participants were no longer required nor permitted to contribute to the Plan. Participants remain 100% vested in their Employee Accumulation, as defined. The freeze did not affect benefits earned attributable to Sponsor contributions through December 31, 2006. Participants not fully vested in their accrued benefit as of that date continued to be credited with years of service until the earlier of their termination date or retirement date, in accordance with plan provisions. Participants are fully vested in their accrued Sponsor benefits. Freezing the Plan did not have any effect on the other benefits, rights and features of the Plan.

ERISA – The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Sponsor's Right to Terminate the Plan – Although no present plans exist to terminate the Plan, under the terms of the Plan the Sponsor has the right to terminate the Plan at any time, subject to the provisions of ERISA. If the Plan is not sufficiently funded at the time of its termination, then, under current law, each participant's accrued benefit will be guaranteed up to the statutory maximum then provided by the Pension Benefit Guaranty Corporation (PBGC), a federal corporation.

Plan Trustee, Asset Manager and Actuary – U.S. Bank National Association is the Plan's Trustee and asset manager, and distributes benefits at Aon's direction. Aon PLC provides actuarial services for the Plan and prepares the Form 5500.

Participants – Before the Plan was frozen, employees who reached the age of 21 were eligible to participate in the Plan after completion of one year of service.

SCHAEFFLER GROUP USA INC. PENSION PLAN

Notes to Financial Statements

September 30, 2023 and 2022

1. Description of Plan (continued):

Pension Benefits – The Plan provides pension benefits to vested participants upon termination of employment, retirement or death before retirement. Normal retirement is age 65. Benefits payable are determined based on a participant's contributions and benefit credits received, as defined, and years of service, as defined. Benefit payment options for participants or their named beneficiaries include a joint and 50% survivor annuity, a life annuity option, a Social Security adjustment option, a joint retirement benefit option and a rollover option.

Forfeitures – Non-vested amounts (forfeitures), if any, are used to reduce required Sponsor contributions, if any.

2. Summary of Significant Accounting Policies:

Basis of Accounting – The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investments – Investments are stated at fair value of each fund as determined by the Trustee based upon the market value of the underlying assets, primarily by using quoted market prices on national securities exchanges. In the event quoted market prices are not available, the Trustee would use values derived from proprietary models utilized by external appraisal services to determine the fair value of such assets.

Accumulated Plan Benefits – Accumulated plan benefits are those future benefit payments that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Benefits payable under all circumstances – retirement, death and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Actuarial Present Value of Accumulated Plan Benefits – The Actuary determines the actuarial present value of accumulated plan benefits. This amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal or retirement) between the valuation date and the expected dates of payment.

SCHAEFFLER GROUP USA INC. PENSION PLAN

Notes to Financial Statements

September 30, 2023 and 2022

2. Summary of Significant Accounting Policies (continued):

The actuarial valuation of accumulated plan benefits for the years ended September 30, 2023 and 2022 are presented in summary form as of October 1, 2023 and 2022. Significant actuarial assumptions used in determining accumulated plan benefits are as follows:

Actuarial cost method	Standard unit credit cost method
Mortality	2023 Mortality Tables for October 1, 2023 and 2022 Mortality Tables for October 1, 2022
Investment return	4.30% per annum for October 1, 2023 4.45% per annum for October 1, 2022
Salary increases	Not applicable
Normal retirement	Age 65 for both periods

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

Administrative Expenses – All actuarial, investment management, legal fees and audit fees are paid directly by either the Plan or the Sponsor.

Net Appreciation (Depreciation) of Investments – Net appreciation (depreciation) of investments includes both realized and unrealized gains and losses incurred in the various funds.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported changes in net assets available for benefits. Actual results could differ from those estimates, and the differences may be material.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Subsequent Events – Management reviews subsequent events for possible adjustment to or disclosure in the financial statements through the date the financial statements were available to be issued.

Reclassifications – For financial statement comparability, certain prior year amounts are reclassified, as appropriate, to conform to the presentation of current year amounts. There has been no change in accounting principles employed or significant restatements of amounts previously reported.

SCHAEFFLER GROUP USA INC. PENSION PLAN

Notes to Financial Statements

September 30, 2023 and 2022

2. Summary of Significant Accounting Policies (continued):

Funding Policy – Contributions to provide benefits under the Plan are made solely by the Plan Sponsor. The Sponsor makes annual cash contributions in amounts determined by the Actuary that at least equal the minimum amount required by ERISA, and do not exceed the maximum deductible for income tax purposes. These contributions are designed to fund the Plan on a current basis and to fund the estimated accrued past service benefit cost from the date on which these obligations were assumed over a 30 year period.

3. Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the plan has the ability to access.

Level 2 – Inputs consist of quoted prices for similar assets in active markets; quoted prices for identical or similar assets in inactive markets; inputs other than quoted prices that are observable; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

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

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Fund – These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

SCHAEFFLER GROUP USA INC. PENSION PLAN

Notes to Financial Statements

September 30, 2023 and 2022

3. Fair Value Measurements (continued):

Common collective trusts (CCTs) – These investments are valued at the Net Asset Value (NAV) of units of the collective fund. The NAV is used as a practical expedient to estimate fair value.

The Plan's investments are reported at fair value as follows:

	Assets at Fair Value as of September 30, 2023			
	Level 1	Level 2	Level 3	Total
Mutual fund	\$ 1,275,406	\$ -	\$ -	\$ 1,275,406
Total assets in the fair value hierarchy	1,275,406	-	-	1,275,406
CCTs measured at NAV (a)	-	-	-	169,992,451
Investments at fair value	\$ 1,275,406	\$ -	\$ -	\$ 171,267,857

	Assets at Fair Value as of September 30, 2022			
	Level 1	Level 2	Level 3	Total
Mutual fund	\$ 1,050,909	\$ -	\$ -	\$ 1,050,909
Total assets in the fair value hierarchy	1,050,909	-	-	1,050,909
CCTs measured at NAV (a)	-	-	-	182,066,520
Investments at fair value	\$ 1,050,909	\$ -	\$ -	\$ 183,117,429

(a) In accordance with FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of September 30, 2023 and 2022.

SCHAEFFLER GROUP USA INC. PENSION PLAN

Notes to Financial Statements

September 30, 2023 and 2022

3. Fair Value Measurements (continued):

	<u>Fair Value at September 30, 2023</u>	<u>Fair Value at September 30, 2022</u>	<u>Unfunded Commit- ments</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
CCTs	\$169,992,451	\$182,066,520	None	Daily	None

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

4. Information Certified by the Trustee:

The information shown in the statements of net assets available for benefits and changes in net assets available for benefits, as well as the schedule of assets held for investment purposes (except for contributions receivable, if any) and schedule of reportable transactions (if any) was summarized from information supplied and certified by U.S. Bank National Association, the Trustee of the plan, as of and for the years ended September 30, 2023 and 2022. Such information obtained from the Trustee was not audited by independent public accountants, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

5. Income Tax Status:

As described in Note 9 - Subsequent Events, the Internal Revenue Service concluded its audit of years ended September 30, 2019, 2020 and 2021 and approved on April 24, 2024 a "Closing Agreement on Final Determination Covering Specific Matters" (CAP agreement), which is equivalent to a favorable determination letter. The Plan amended and restated the Plan document effective January 1, 2023. Therefore, the Plan administrator and management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in these financial statements.

GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits. Management believes it is not subject to audits for years prior to the year ended September 30, 2023.

SCHAEFFLER GROUP USA INC. PENSION PLAN

Notes to Financial Statements

September 30, 2023 and 2022

6. Related Parties and Party-in-Interest Transactions:

The Sponsor is affiliated with several other U.S. and foreign entities. During the periods ended September 30, 2023 and 2022, there were no transactions between the Plan and the plans of any of the affiliated entities.

The Plan invests in certain funds managed by the Trustee. Therefore, transactions related to those investments qualify as party-in-interest transactions.

Certain employees and officers of the Sponsor and affiliated entities, who may also be participants in the Plan, perform administrative services to the Plan at no additional cost to the Plan. These party-in-interest transactions are not deemed prohibited because they are covered by statutory and administrative exemptions from the IRC and the rules and prohibited transactions of ERISA.

7. Other Required Disclosures:

Form 5500 – The financial statements agree with Form 5500 Schedule H.

Administrative Expenses – The Plan paid expenses for investment management services, recordkeeping expenses, actuarial fees and legal fees totaling \$1,360,494 and \$1,374,919 for the years ended September 30, 2023 and 2022, respectively.

In addition, the Sponsor paid all other administrative, audit, and accounting expenses, which are not deducted from net assets available for Plan benefits.

Sponsor Contributions – The Sponsor made \$0 contributions for 2023 and 2022.

8. Concentrations, Risks and Uncertainties:

COVID-19 Considerations – The residual effects of COVID-19 may negatively affect significant estimates and exacerbate a vulnerability due to certain concentrations.

Collective Trust Funds Concentration – The Plan's assets are subject to concentration risk since they comprise investment securities including Mercer common collective trust funds as of September 30, 2023. These concentrations make the Plan vulnerable to the risk of a possible near-term severe negative impact.

Investment Risk – Investment securities, in general, including common collective trust funds, are exposed to various risks such as overall economic conditions and the volatility of the stock market, interest rates, and credit availability, as evidenced by the extreme volatility of market

SCHAEFFLER GROUP USA INC. PENSION PLAN

Notes to Financial Statements

September 30, 2023 and 2022

8. Concentrations, Risks and Uncertainties (continued):

values during recent years. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Determination of Fair Value – The fair value hierarchy/methodology utilized by the Plan may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

9. Subsequent Events:

Management has evaluated subsequent events through July 15, 2024, which is the date the financial statements were available to be issued for publishing. Management has determined that no significant condition arose that would cause an adjustment to the financial statements or require a footnote disclosure, except for the following:

Amendment and Restatement of Plan – On November 13, 2023, the Plan amended and restated the Plan document effective January 1, 2023.

Completion of IRS Audit – As discussed in Note 5 – Income Tax Status, the Plan and IRS executed a CAP agreement dated April 24, 2024, signifying completion of a multi-year audit of the Plan ending in 2021. IRS found the Plan failed to comply with legislative and regulatory requirements by not timely amending the plan with certain tax legislation and not timely making required minimum distributions to certain participants. Upon receipt of a sanction payment of \$360,000 from the Sponsor, the IRS agreed to treat the Plan as if it had complied with all relevant code sections for Plan years ending through September 30, 2023 (i.e., a favorable determination letter), and to waive any excise taxes that would otherwise have been levied on late payment of required minimum distributions.

SUPPLEMENTAL SCHEDULES

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of October 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			9	1						
40-44			21	9	1					
45-49		1	15	31	17	2				
50-54			20	38	45	28	1			
55-59		1	22	43	42	55	38			
60-64			21	33	37	45	30	21		
65-69		1	3	8	8	9	10	9	3	
70+			2	2	1	2	2	1		2

N-691

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

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 June 2022), 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 June 2022), without regard to interest rate stabilization
1st Segment Rate	1.02%
2nd Segment Rate	2.80%
3rd Segment Rate	3.38%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
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 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Optional Payment Form	Single Life Annuity – 50% 50% Joint and Survivor Annuity – 50%
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.
Valuation of Plan Assets	Fair market value

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Expected Return on Assets	
Plan Year 2020	2.75% limited to 5.94%, third segment rate
Plan Year 2022	2.75% limited to 5.47%, third segment rate
Plan Year 2022	4.89% limited to 5.92%, third segment rate
Trust Expenses Included in Target Normal Cost	Average of the last two years of actual administrative expenses less actual PBGC premiums paid plus expected October 1, 2022 PBGC premiums. As of October 1, 2022, the expense load was \$850,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	October 1, 2022

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65	30.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	5.00%	45	3.00%
16	5.00%	46	3.00%
17	5.00%	47	3.00%
18	5.00%	48	3.00%
19	5.00%	49	3.00%
20	5.00%	50	3.00%
21	5.00%	51	3.00%
22	5.00%	52	3.00%
23	5.00%	53	3.00%
24	5.00%	54	3.00%
25	5.00%	55+	0.00%
26	5.00%		
27	5.00%		
28	5.00%		
29	5.00%		
30	5.00%		
31	5.00%		
32	5.00%		
33	5.00%		
34	5.00%		
35	5.00%		
36	5.00%		
37	5.00%		
38	5.00%		
39	5.00%		
40	4.00%		
41	4.00%		
42	4.00%		
43	4.00%		
44	4.00%		

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 10/01/2022 and ending 09/30/2023

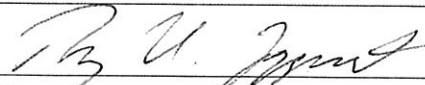
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan SCHAEFFLER GROUP USA INC. PENSION PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	07/01/1972
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) SCHAEFFLER GROUP USA INC. 308 SPRINGHILL FARM ROAD FORT MILL SC 29715-9784	2b Employer Identification Number (EIN)	57-0517596
	2c Plan Sponsor's telephone number	803-548-8500
	2d Business code (see instructions)	332900

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		7/15/2024	TIMOTHY U. ZYGMONT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TIMOTHY U. ZYGMONT 308 SPRINGHILL FARM ROAD FORT MILL SC 29715-9784	3b Administrator's EIN 57-0517596 3c Administrator's telephone number 803-548-8500
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

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
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5 Total number of participants at the beginning of the plan year	5	2,977
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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)	690
a(2) Total number of active participants at the end of the plan year	6a(2)	629
b Retired or separated participants receiving benefits	6b	1,512
c Other retired or separated participants entitled to future benefits	6c	494
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2,635
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	283
f Total. Add lines 6d and 6e	6f	2,918
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)

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"/> 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)
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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 _____

SCHAEFFLER GROUP USA INC. PENSION PLAN

**57-0517596
Plan Number 001**

Form 5500, Schedule H, Line 4j

Schedule of Reportable Transactions

Year Ended September 30, 2023

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Historical Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Historical Gain (Loss)
<u>Category iii) A series of transactions in excess of 5% of Plan assets:</u>						
U.S. Bank NA	First Am US Treas Money Market					
	Purchases 81	\$ 14,121,090	\$ -	\$ -	\$ 14,121,090	\$ -
	Sales 61	-	13,896,271	13,896,271	13,896,271	-

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 10/01/2022 and ending 09/30/2023

▶ **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 SCHAEFFLER GROUP USA INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Schaeffler Group Usa Inc.	D Employer Identification Number (EIN) 57-0517596	
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>10</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value	2a	183,119,042	
b Actuarial value	2b	183,119,042	
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.....	1,732	120,250,448	120,250,448
b For terminated vested participants.....	555	21,722,715	21,722,715
c For active participants	690	35,992,877	35,992,877
d Total.....	2,977	177,966,040	177,966,040
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	5.35%	
6 Target normal cost.....			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	850,000	
c Total (line 6a + line 6b)	6c	850,000	

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

SIGN HERE	BENJAMIN R. BERGESON <i>BRB</i> Signature of actuary	07/02/2024 Date
	BENJAMIN R. BERGESON Type or print name of actuary	2306849 Most recent enrollment number
	AON CONSULTING, INC. Firm name	704-343-8672 Telephone number (including area code)
	MSC #17693, Aon PO Box 551343 Atlanta GA 30355 Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2022 v. 220413**

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	889,836
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	889,836
10	Interest on line 9 using prior year's actual return of <u>-21.07%</u>	0	-187,488
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.51%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	702,348

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.50%
15	Adjusted funding target attainment percentage	15	102.89%
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	137.75%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls								
18 Contributions made to the plan for the plan year by employer(s) and employees:								
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees			
Totals ▶					18(b)	0	18(c)	0

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

20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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

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** 64

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	850,000
b Excess assets, if applicable, but not greater than line 31a	31b	850,000

32 Amortization installments:

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

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

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0

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

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	3.00%	0.9500	1.60
57	3.00%	0.9215	1.58
58	3.00%	0.8939	1.56
59	3.00%	0.8670	1.53
60	3.00%	0.8410	1.51
61	5.00%	0.8158	2.49
62	20.00%	0.7750	9.61
63	10.00%	0.6200	3.91
64	10.00%	0.5580	3.57
65	30.00%	0.5022	9.79
66	25.00%	0.3515	5.80
67	25.00%	0.2637	4.42
68	25.00%	0.1977	3.36
69	25.00%	0.1483	2.56
70	100.00%	0.1112	7.79
Weighted Average			63.83

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

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 June 2022), 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 June 2022), without regard to interest rate stabilization
1st Segment Rate	1.02%
2nd Segment Rate	2.80%
3rd Segment Rate	3.38%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
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 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Optional Payment Form	Single Life Annuity – 50% 50% Joint and Survivor Annuity – 50%
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000.
Valuation of Plan Assets	Fair market value

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Expected Return on Assets

Plan Year 2020	2.75% limited to 5.94%, third segment rate
Plan Year 2022	2.75% limited to 5.47%, third segment rate
Plan Year 2022	4.89% limited to 5.92%, third segment rate

Trust Expenses Included in Target Normal Cost	Average of the last two years of actual administrative expenses less actual PBGC premiums paid plus expected October 1, 2022 PBGC premiums. As of October 1, 2022, the expense load was \$850,000.
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Actuarial Method	Standard unit credit cost method
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Valuation Date	October 1, 2022
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Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65	30.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

Table 2
Withdrawal Rates

Age	Rate	Age	Rate
15	5.00%	45	3.00%
16	5.00%	46	3.00%
17	5.00%	47	3.00%
18	5.00%	48	3.00%
19	5.00%	49	3.00%
20	5.00%	50	3.00%
21	5.00%	51	3.00%
22	5.00%	52	3.00%
23	5.00%	53	3.00%
24	5.00%	54	3.00%
25	5.00%	55+	0.00%
26	5.00%		
27	5.00%		
28	5.00%		
29	5.00%		
30	5.00%		
31	5.00%		
32	5.00%		
33	5.00%		
34	5.00%		
35	5.00%		
36	5.00%		
37	5.00%		
38	5.00%		
39	5.00%		
40	4.00%		
41	4.00%		
42	4.00%		
43	4.00%		
44	4.00%		

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Legacy INA Plan	
Plan Sponsor	Schaeffler Group USA Inc.
Plan	Retirement Plan for Employees of Schaeffler Group USA Inc.
Effective Date	The plan was effective July 1, 1972.
Eligibility Requirements	The plan was closed to new entrants as of December 31, 2006.
Employee Contributions	No longer required as the plan has been frozen since December 31, 2006. Prior to the plan freeze, employee contributions of 1.5% of pay were required.
Normal Retirement Date	First day of the month coinciding with or following attainment of age 65.
Normal Retirement Benefit Benefit Formula	83 $\frac{1}{3}$ % of contributions made during each plan year were accrued as an annuity payable at the normal retirement date. Benefit accruals were frozen as of December 31, 2006.
Normal Form of Benefit	Life annuity.
Accrued Benefits	Frozen normal retirement benefit as of December 31, 2006.
Early Retirement Benefit Eligibility	Attainment of age 55.
Benefit Amount	Accrued benefit reduced actuarially.
Preretirement Death Benefit Eligibility	Death after meeting the vesting requirements of the plan, but prior to the commencement of retirement benefits, with a surviving spouse.
Benefit	50% of the participant's frozen benefit, reduced for early retirement and joint and survivor coverage.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Vested Termination Benefits
Vesting

Upon termination of employment after three years of service, a percentage, from the table below, of the accrued benefit, deferred to normal retirement date:

Years of Service	Percentage
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7+	100%

Termination Benefit

Frozen pension benefit. A participant may begin receiving payments at age 55 with an actuarial reduction for commencement before age 65.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Legacy FAG Plan

Plan Sponsor

FAG Holding LLC

Plan

Employees' Retirement Plan of FAG Holding Corporation

Effective Date

The plan was effective January 1, 1976.

Legacy FAG Plan—FAG and Salaried Barden, Lacey and Winsted Employees

Eligibility Requirements

The plan was closed to new entrants as of December 31, 2006.

Normal Retirement Date

First day of the month coinciding with or following attainment of age 65.

Normal Retirement Benefit
Benefit Formula

FAG participants and salaried Barden, Lacey, and Winsted participants hired after January 1, 1991:

Sum of (1), (2), and (3):

- 1) 1.00% of average final compensation not in excess of the Social Security compensation level multiplied by years of credited service (only including the first 30 years);
- 2) 1.50% of average final compensation in excess of the Social Security compensation level multiplied by years of credited service (only including the first 30 years);
- 3) 0.25% of average final compensation multiplied by years of credited service in excess of 30 years (up to a maximum of five years).

Salaried Barden, Lacey, and Winsted participants hired before January 1, 1991:

Sum of (1) and (2), but no less than (3):

- 1) The FAG formula described above taking into account only credited service after December 31, 1990;
- 2) The applicable Barden, Lacey, or Winsted formula taking into account only credited service before January 1, 1991;
- 3) The benefit that such member would be entitled to receive if the applicable Barden, Lacey, or Winsted plan had remained in effect through December 31, 2001.

No member or person shall accrue any additional accrued benefit after December 31, 2006.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Average Final Compensation	Average annual compensation during the high consecutive 60 months out of the last 120 months of credited service or during all years of credited service if less than 60 months.
Social Security Compensation Level	The average of the taxable wage bases in effect for each calendar year during the 35-year period ending in the year in which termination or retirement occurs.
Normal Form of Benefit	Life annuity.
Early Retirement Benefit Eligibility	Attainment of age 55 with five years of continuous service.
Benefit Amount	Actuarially reduced accrued benefit.
Late Retirement Benefit	As of the member's actual late retirement date, the benefit shall be actuarially increased to reflect delayed commencement.
Preretirement Death Benefit	50% of the vested member's accrued benefit at death, reduced for early retirement and joint and survivor coverage.
Vested Termination Benefit Vesting	Upon completion of five years of continuous service after age 18.
Termination Benefit	Frozen pension benefit. A participant may begin receiving payments at age 55 with an actuarial reduction for commencement before age 65.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Legacy FAG Plan—Hourly Barden and Lacey Employees

Eligibility Requirements

The plan was closed to new entrants as of December 31, 2006.

Normal Retirement Date

First day of the month coinciding with or following attainment of age 65.

Normal Retirement Benefit

Benefit Formula

1% of average final compensation multiplied by years of credited service.

Average Final Compensation

Average annual compensation during the high consecutive 60 months out of the last 120 months of credited service or during all years of credited service if less than 60 months.

Credited Service

Years of service, from the date the employee becomes an active member (up to a maximum of 38 years). For Members prior to January 1, 1976, all service prior to age 27 is excluded.

Normal Form of Benefit

Life annuity.

No member or person shall accrue any additional accrued benefit after December 31, 2006.

Early Retirement Benefit

Eligibility

Attainment of age 55 with five years of continuous service.

Benefit Amount

Actuarially reduced accrued benefit.

Preretirement Death Benefit

Minimum participant age: 50.

Participants must be married for at least one year. 50% of the accrued benefit based on service and salary accrued up to the member's date of death, reduced 0.5% for each year the spouse is more than five years younger than the member but not less than 40%. Minimum monthly benefit: \$10.00.

For vested active participants not yet age 50 but married at least one year: 50% of the joint annuity early retirement benefit at date of death.

Benefit is deferred to what would have been the participant's earliest age at which he could have retired.

Late Retirement Benefit

As of the member's actual late retirement date, the benefit shall be actuarially increased to reflect delayed commencement.

Vested Termination Benefit

Vesting

Upon completion of five years of continuous service after age 18.

Schedule SB Attachment (Form 5500)—2022 Plan Year
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Termination Benefit

Frozen pension benefit. A participant may begin receiving payments at age 55 with an actuarial reduction for commencement before age 65.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Legacy FAG Plan—Hourly Winsted Employees

Eligibility Requirements	The plan was closed to new entrants as of December 31, 2006.
Normal Retirement Date	First day of the month coinciding with or following attainment of age 65.
Normal Retirement Benefit Benefit Formula	The greater of (1) or (2): 1) 1.00% of average final compensation plus 0.45% of average final compensation in excess of \$12,000 multiplied by years of credited service, but no more than \$15,000 per year; 2) 1.00% of average final compensation multiplied by years of credited service.
Average Final Compensation	Average annual compensation during the high consecutive 60 months out of the last 120 months of credited service or during all years of credited service if less than 60 months.
Credited Service	Years of service, from the date the employee becomes an active member (up to a maximum of 38 years).
Normal Form of Benefit	Life annuity. No member or person shall accrue any additional accrued benefit after December 31, 2006.
Early Retirement Benefit Eligibility	Attainment of age 55 with five years of continuous service.
Benefit Amount	Actuarially reduced accrued benefit.
Preretirement Death Benefit	Minimum participant age: 50. Participants must be married for at least one year. 50% of the accrued benefit based on service and salary accrued up to the member's date of death, reduced 0.5% for each year the spouse is more than five years younger than the member but not less than 40%. Minimum monthly benefit: \$10.00. For vested active participants not yet age 50 but married at least one year: 50% of the joint annuity early retirement benefit at date of death. Benefit is deferred to what would have been the participant's earliest age at which he could have retired.

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Schaeffler Group USA Inc. Pension Plan
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Late Retirement Benefit

As of the member's actual late retirement date, the benefit shall be actuarially increased to reflect delayed commencement.

Vested Termination Benefit
Vesting

Upon completion of five years of continuous service after age 18.

Termination Benefit

Frozen pension benefit. A participant may begin receiving payments at age 55 with an actuarial reduction for commencement before age 65.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Legacy FAG Plan—Hourly Winsted Employees

Eligibility Requirements	The plan was closed to new entrants as of December 31, 2006.
Normal Retirement Date	First day of the month coinciding with or following attainment of age 65.
Normal Retirement Benefit Benefit Formula	The greater of (1) or (2): 1) 1.00% of average final compensation plus 0.45% of average final compensation in excess of \$12,000 multiplied by years of credited service, but no more than \$15,000 per year; 2) 1.00% of average final compensation multiplied by years of credited service.
Average Final Compensation	Average annual compensation during the high consecutive 60 months out of the last 120 months of credited service or during all years of credited service if less than 60 months.
Credited Service	Years of service, from the date the employee becomes an active member (up to a maximum of 38 years).
Normal Form of Benefit	Life annuity. No member or person shall accrue any additional accrued benefit after December 31, 2006.
Early Retirement Benefit Eligibility	Attainment of age 55 with five years of continuous service.
Benefit Amount	Actuarially reduced accrued benefit.
Preretirement Death Benefit	Minimum participant age: 50. Participants must be married for at least one year. 50% of the accrued benefit based on service and salary accrued up to the member's date of death, reduced 0.5% for each year the spouse is more than five years younger than the member but not less than 40%. Minimum monthly benefit: \$10.00. For vested active participants not yet age 50 but married at least one year: 50% of the joint annuity early retirement benefit at date of death.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Benefit is deferred to what would have been the participant's earliest age at which he could have retired.

Late Retirement Benefit

As of the member's actual late retirement date, the benefit shall be actuarially increased to reflect delayed commencement.

Vested Termination Benefit
Vesting

Upon completion of five years of continuous service after age 18.

Termination Benefit

Frozen pension benefit. A participant may begin receiving payments at age 55 with an actuarial reduction for commencement before age 65.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Schedule SB line 24-Change in Actuarial Assumptions

- A change in the withdrawal rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the retirement rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the assumed spousal age difference from males being 3 years older to males being 2 years older than their spouses to better reflect anticipated future experience as the result of an assumption study.
- A change in the optional payment form election at retirement from 100% elect a single life annuity to 50% elect a single life annuity and 50% elect a 50% joint and survivor annuity, to better reflect anticipated future experience as the result of an assumption study.
- A change in trust expenses from \$750,000 to \$850,000

The non-prescribed assumption changes were made in order to better reflect the anticipated plan experience. The assumption changes did not reduce the funding shortfall by more than the thresholds stated in Internal Revenue Service Section 430(h)(5). Consequently, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of October 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		9	1							
40-44		21	9	1						
45-49	1	15	31	17	2					
50-54		20	38	45	28	1				
55-59	1	22	43	42	55	38				
60-64		21	33	37	45	30	21			
65-69	1	3	8	8	9	10	9	3		
70+		2	2	1	2	2	1		2	

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Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	464,006	691,539	12,225,836	13,381,381
2023	819,111	815,392	11,846,257	13,480,759
2024	1,137,147	977,863	11,490,417	13,605,427
2025	1,429,454	1,134,120	11,144,694	13,708,269
2026	1,730,324	1,292,532	10,758,791	13,781,647
2027	2,022,047	1,412,079	10,376,370	13,810,496
2028	2,266,213	1,493,898	9,946,327	13,706,439
2029	2,477,761	1,579,870	9,540,153	13,597,785
2030	2,674,239	1,603,875	9,111,600	13,389,713
2031	2,859,741	1,629,890	8,676,164	13,165,794
2032	2,977,757	1,659,640	8,227,286	12,864,684
2033	3,094,203	1,722,646	7,768,810	12,585,659
2034	3,174,069	1,741,621	7,301,614	12,217,305
2035	3,247,133	1,759,096	6,827,956	11,834,185
2036	3,275,570	1,754,433	6,350,397	11,380,400
2037	3,273,201	1,745,058	5,871,795	10,890,054
2038	3,259,831	1,721,627	5,395,283	10,376,741
2039	3,230,729	1,699,240	4,924,232	9,854,201
2040	3,175,995	1,657,962	4,462,177	9,296,134
2041	3,102,884	1,614,671	4,012,734	8,730,289
2042	3,015,743	1,564,431	3,579,485	8,159,659
2043	2,914,593	1,507,710	3,165,801	7,588,104
2044	2,802,438	1,446,457	2,774,774	7,023,670
2045	2,676,671	1,381,118	2,409,152	6,466,942
2046	2,544,303	1,311,931	2,071,196	5,927,431
2047	2,401,606	1,237,952	1,762,621	5,402,179
2048	2,250,890	1,161,201	1,484,541	4,896,632
2049	2,095,562	1,082,300	1,237,350	4,415,211
2050	1,937,025	1,002,000	1,020,695	3,959,720
2051	1,777,270	921,137	833,513	3,531,921
2052	1,617,962	840,603	674,109	3,132,674
2053	1,461,486	761,303	540,302	2,763,090
2054	1,309,249	684,120	429,581	2,422,950
2055	1,162,997	609,892	339,243	2,112,132
2056	1,024,335	539,371	266,527	1,830,232
2057	894,454	473,171	208,734	1,576,359
2058	774,267	411,753	163,331	1,349,351
2059	664,382	355,410	128,020	1,147,812
2060	565,103	304,271	100,782	970,155
2061	476,447	258,335	79,890	814,672
2062	398,174	217,491	63,912	679,577
2063	329,846	181,534	51,686	563,066
2064	270,854	150,197	42,291	463,342
2065	220,464	123,156	35,014	378,635

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2066	177,871	100,049	29,310	307,231
2067	142,234	80,497	24,771	247,502
2068	112,718	64,118	21,096	197,931
2069	88,515	50,536	18,066	157,117
2070	68,866	39,395	15,524	123,784
2071	53,072	30,358	13,358	96,788

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	3.00%	0.9500	1.60
57	3.00%	0.9215	1.58
58	3.00%	0.8939	1.56
59	3.00%	0.8670	1.53
60	3.00%	0.8410	1.51
61	5.00%	0.8158	2.49
62	20.00%	0.7750	9.61
63	10.00%	0.6200	3.91
64	10.00%	0.5580	3.57
65	30.00%	0.5022	9.79
66	25.00%	0.3515	5.80
67	25.00%	0.2637	4.42
68	25.00%	0.1977	3.36
69	25.00%	0.1483	2.56
70	100.00%	0.1112	7.79
	Weighted Average		63.83

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	464,006	691,539	12,225,836	13,381,381
2023	819,111	815,392	11,846,257	13,480,759
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2029	2,477,761	1,579,870	9,540,153	13,597,785
2030	2,674,239	1,603,875	9,111,600	13,389,713
2031	2,859,741	1,629,890	8,676,164	13,165,794
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2033	3,094,203	1,722,646	7,768,810	12,585,659
2034	3,174,069	1,741,621	7,301,614	12,217,305
2035	3,247,133	1,759,096	6,827,956	11,834,185
2036	3,275,570	1,754,433	6,350,397	11,380,400
2037	3,273,201	1,745,058	5,871,795	10,890,054
2038	3,259,831	1,721,627	5,395,283	10,376,741
2039	3,230,729	1,699,240	4,924,232	9,854,201
2040	3,175,995	1,657,962	4,462,177	9,296,134
2041	3,102,884	1,614,671	4,012,734	8,730,289
2042	3,015,743	1,564,431	3,579,485	8,159,659
2043	2,914,593	1,507,710	3,165,801	7,588,104
2044	2,802,438	1,446,457	2,774,774	7,023,670
2045	2,676,671	1,381,118	2,409,152	6,466,942
2046	2,544,303	1,311,931	2,071,196	5,927,431
2047	2,401,606	1,237,952	1,762,621	5,402,179
2048	2,250,890	1,161,201	1,484,541	4,896,632
2049	2,095,562	1,082,300	1,237,350	4,415,211
2050	1,937,025	1,002,000	1,020,695	3,959,720
2051	1,777,270	921,137	833,513	3,531,921
2052	1,617,962	840,603	674,109	3,132,674
2053	1,461,486	761,303	540,302	2,763,090
2054	1,309,249	684,120	429,581	2,422,950
2055	1,162,997	609,892	339,243	2,112,132
2056	1,024,335	539,371	266,527	1,830,232
2057	894,454	473,171	208,734	1,576,359
2058	774,267	411,753	163,331	1,349,351
2059	664,382	355,410	128,020	1,147,812
2060	565,103	304,271	100,782	970,155
2061	476,447	258,335	79,890	814,672
2062	398,174	217,491	63,912	679,577
2063	329,846	181,534	51,686	563,066
2064	270,854	150,197	42,291	463,342

Schedule SB Attachment (Form 5500)—2022 Plan Year
 Schaeffler Group USA Inc. Pension Plan
 EIN: 57-0517596 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2065	220,464	123,156	35,014	378,635
2066	177,871	100,049	29,310	307,231
2067	142,234	80,497	24,771	247,502
2068	112,718	64,118	21,096	197,931
2069	88,515	50,536	18,066	157,117
2070	68,866	39,395	15,524	123,784
2071	53,072	30,358	13,358	96,788

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
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Schedule SB, Part V—Summary of Plan Provisions

Legacy INA Plan

Plan Sponsor	Schaeffler Group USA Inc.
Plan	Retirement Plan for Employees of Schaeffler Group USA Inc.
Effective Date	The plan was effective July 1, 1972.
Eligibility Requirements	The plan was closed to new entrants as of December 31, 2006.
Employee Contributions	No longer required as the plan has been frozen since December 31, 2006. Prior to the plan freeze, employee contributions of 1.5% of pay were required.
Normal Retirement Date	First day of the month coinciding with or following attainment of age 65.
Normal Retirement Benefit Benefit Formula	83 $\frac{1}{3}$ % of contributions made during each plan year were accrued as an annuity payable at the normal retirement date. Benefit accruals were frozen as of December 31, 2006.
Normal Form of Benefit	Life annuity.
Accrued Benefits	Frozen normal retirement benefit as of December 31, 2006.
Early Retirement Benefit Eligibility	Attainment of age 55.
Benefit Amount	Accrued benefit reduced actuarially.
Preretirement Death Benefit Eligibility	Death after meeting the vesting requirements of the plan, but prior to the commencement of retirement benefits, with a surviving spouse.
Benefit	50% of the participant's frozen benefit, reduced for early retirement and joint and survivor coverage.

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Schaeffler Group USA Inc. Pension Plan
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Vested Termination Benefits
Vesting

Upon termination of employment after three years of service, a percentage, from the table below, of the accrued benefit, deferred to normal retirement date:

Years of Service	Percentage
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7+	100%

Termination Benefit

Frozen pension benefit. A participant may begin receiving payments at age 55 with an actuarial reduction for commencement before age 65.

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Schaeffler Group USA Inc. Pension Plan
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Legacy FAG Plan

Plan Sponsor FAG Holding LLC

Plan Employees' Retirement Plan of FAG Holding Corporation

Effective Date The plan was effective January 1, 1976.

Legacy FAG Plan—FAG and Salaried Barden, Lacey and Winsted Employees

Eligibility Requirements The plan was closed to new entrants as of December 31, 2006.

Normal Retirement Date First day of the month coinciding with or following attainment of age 65.

Normal Retirement Benefit
Benefit Formula

FAG participants and salaried Barden, Lacey, and Winsted participants hired after January 1, 1991:

Sum of (1), (2), and (3):

- 1) 1.00% of average final compensation not in excess of the Social Security compensation level multiplied by years of credited service (only including the first 30 years);
- 2) 1.50% of average final compensation in excess of the Social Security compensation level multiplied by years of credited service (only including the first 30 years);
- 3) 0.25% of average final compensation multiplied by years of credited service in excess of 30 years (up to a maximum of five years).

Salaried Barden, Lacey, and Winsted participants hired before January 1, 1991:

Sum of (1) and (2), but no less than (3):

- 1) The FAG formula described above taking into account only credited service after December 31, 1990;
- 2) The applicable Barden, Lacey, or Winsted formula taking into account only credited service before January 1, 1991;
- 3) The benefit that such member would be entitled to receive if the applicable Barden, Lacey, or Winsted plan had remained in effect through December 31, 2001.

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No member or person shall accrue any additional accrued benefit after December 31, 2006.

Average Final Compensation	Average annual compensation during the high consecutive 60 months out of the last 120 months of credited service or during all years of credited service if less than 60 months.
Social Security Compensation Level	The average of the taxable wage bases in effect for each calendar year during the 35-year period ending in the year in which termination or retirement occurs.
Normal Form of Benefit	Life annuity.
Early Retirement Benefit Eligibility	Attainment of age 55 with five years of continuous service.
Benefit Amount	Actuarially reduced accrued benefit.
Late Retirement Benefit	As of the member's actual late retirement date, the benefit shall be actuarially increased to reflect delayed commencement.
Preretirement Death Benefit	50% of the vested member's accrued benefit at death, reduced for early retirement and joint and survivor coverage.
Vested Termination Benefit Vesting	Upon completion of five years of continuous service after age 18.
Termination Benefit	Frozen pension benefit. A participant may begin receiving payments at age 55 with an actuarial reduction for commencement before age 65.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
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Legacy FAG Plan—Hourly Barden and Lacey Employees

Eligibility Requirements	The plan was closed to new entrants as of December 31, 2006.
Normal Retirement Date	First day of the month coinciding with or following attainment of age 65.
Normal Retirement Benefit Benefit Formula	1% of average final compensation multiplied by years of credited service.
Average Final Compensation	Average annual compensation during the high consecutive 60 months out of the last 120 months of credited service or during all years of credited service if less than 60 months.
Credited Service	Years of service, from the date the employee becomes an active member (up to a maximum of 38 years). For Members prior to January 1, 1976, all service prior to age 27 is excluded.
Normal Form of Benefit	Life annuity. No member or person shall accrue any additional accrued benefit after December 31, 2006.
Early Retirement Benefit Eligibility	Attainment of age 55 with five years of continuous service.
Benefit Amount	Actuarially reduced accrued benefit.
Preretirement Death Benefit	Minimum participant age: 50. Participants must be married for at least one year. 50% of the accrued benefit based on service and salary accrued up to the member's date of death, reduced 0.5% for each year the spouse is more than five years younger than the member but not less than 40%. Minimum monthly benefit: \$10.00. For vested active participants not yet age 50 but married at least one year: 50% of the joint annuity early retirement benefit at date of death. Benefit is deferred to what would have been the participant's earliest age at which he could have retired.
Late Retirement Benefit	As of the member's actual late retirement date, the benefit shall be actuarially increased to reflect delayed commencement.
Vested Termination Benefit Vesting	Upon completion of five years of continuous service after age 18.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
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Termination Benefit

Frozen pension benefit. A participant may begin receiving payments at age 55 with an actuarial reduction for commencement before age 65.

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Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Legacy FAG Plan—Hourly Winsted Employees

Eligibility Requirements	The plan was closed to new entrants as of December 31, 2006.
Normal Retirement Date	First day of the month coinciding with or following attainment of age 65.
Normal Retirement Benefit Benefit Formula	The greater of (1) or (2): 1) 1.00% of average final compensation plus 0.45% of average final compensation in excess of \$12,000 multiplied by years of credited service, but no more than \$15,000 per year; 2) 1.00% of average final compensation multiplied by years of credited service.
Average Final Compensation	Average annual compensation during the high consecutive 60 months out of the last 120 months of credited service or during all years of credited service if less than 60 months.
Credited Service	Years of service, from the date the employee becomes an active member (up to a maximum of 38 years).
Normal Form of Benefit	Life annuity. No member or person shall accrue any additional accrued benefit after December 31, 2006.
Early Retirement Benefit Eligibility	Attainment of age 55 with five years of continuous service.
Benefit Amount	Actuarially reduced accrued benefit.
Preretirement Death Benefit	Minimum participant age: 50. Participants must be married for at least one year. 50% of the accrued benefit based on service and salary accrued up to the member's date of death, reduced 0.5% for each year the spouse is more than five years younger than the member but not less than 40%. Minimum monthly benefit: \$10.00. For vested active participants not yet age 50 but married at least one year: 50% of the joint annuity early retirement benefit at date of death.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

	Benefit is deferred to what would have been the participant's earliest age at which he could have retired.
Late Retirement Benefit	As of the member's actual late retirement date, the benefit shall be actuarially increased to reflect delayed commencement.
Vested Termination Benefit Vesting	Upon completion of five years of continuous service after age 18.
Termination Benefit	Frozen pension benefit. A participant may begin receiving payments at age 55 with an actuarial reduction for commencement before age 65.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Legacy FAG Plan—Hourly Winsted Employees

Eligibility Requirements	The plan was closed to new entrants as of December 31, 2006.
Normal Retirement Date	First day of the month coinciding with or following attainment of age 65.
Normal Retirement Benefit Benefit Formula	The greater of (1) or (2): 1) 1.00% of average final compensation plus 0.45% of average final compensation in excess of \$12,000 multiplied by years of credited service, but no more than \$15,000 per year; 2) 1.00% of average final compensation multiplied by years of credited service.
Average Final Compensation	Average annual compensation during the high consecutive 60 months out of the last 120 months of credited service or during all years of credited service if less than 60 months.
Credited Service	Years of service, from the date the employee becomes an active member (up to a maximum of 38 years).
Normal Form of Benefit	Life annuity. No member or person shall accrue any additional accrued benefit after December 31, 2006.
Early Retirement Benefit Eligibility	Attainment of age 55 with five years of continuous service.
Benefit Amount	Actuarially reduced accrued benefit.
Preretirement Death Benefit	Minimum participant age: 50. Participants must be married for at least one year. 50% of the accrued benefit based on service and salary accrued up to the member's date of death, reduced 0.5% for each year the spouse is more than five years younger than the member but not less than 40%. Minimum monthly benefit: \$10.00. For vested active participants not yet age 50 but married at least one year: 50% of the joint annuity early retirement benefit at date of death.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Benefit is deferred to what would have been the participant's earliest age at which he could have retired.

Late Retirement Benefit

As of the member's actual late retirement date, the benefit shall be actuarially increased to reflect delayed commencement.

Vested Termination Benefit
Vesting

Upon completion of five years of continuous service after age 18.

Termination Benefit

Frozen pension benefit. A participant may begin receiving payments at age 55 with an actuarial reduction for commencement before age 65.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

SCHAEFFLER GROUP USA INC. PENSION PLAN

57-0517596
Plan Number 001

Form 5500, Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

September 30, 2023

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Total Cost	(e) Current Value
	Common Collective Trusts:			
*	Mercer	Active Int Credit Fixed Income Portfolio	\$ 59,659,174	\$ 57,745,319
*	Mercer	Active Long Corp Inv Portfolio	60,089,421	57,079,560
*	Mercer	Core Passive Fixed Income Portfolio	46,906,281	43,279,164
*	Mercer	Passive Long Gov Fixed Inc Portfolio	10,779,278	9,554,020
*	Mercer	Ultra Long Duration Portfolio	<u>5,901,375</u>	<u>2,334,388</u>
	Total Common Collective Trusts		183,335,529	169,992,451
*	First Am Funds	U.S. Treasury Money Market Fund	<u>1,275,406</u>	<u>1,275,406</u>
	Total assets		<u>\$ 184,610,935</u>	<u>\$ 171,267,857</u>

* Represents party-in-interest to the plan.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Schaeffler Group USA Inc. Pension Plan
EIN: 57-0517596 PN: 001

Schedule SB line 24-Change in Actuarial Assumptions

- A change in the withdrawal rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the retirement rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the assumed spousal age difference from males being 3 years older to males being 2 years older than their spouses to better reflect anticipated future experience as the result of an assumption study.
- A change in the optional payment form election at retirement from 100% elect a single life annuity to 50% elect a single life annuity and 50% elect a 50% joint and survivor annuity, to better reflect anticipated future experience as the result of an assumption study.
- A change in trust expenses from \$750,000 to \$850,000

The non-prescribed assumption changes were made in order to better reflect the anticipated plan experience. The assumption changes did not reduce the funding shortfall by more than the thresholds stated in Internal Revenue Service Section 430(h)(5). Consequently, approval of the Commissioner is not required.