

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 11/30/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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**

<p><b>1a</b> Name of plan  <u>INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> 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)  <u>INTERNATIONAL BRAKE INDUSTRIES, INC.</u></p> <p><u>C/O FIRST BRANDS GROUP</u>  <u>127 PUBLIC SQUARE, SUITE 5110</u>  <u>CLEVELAND, OH 44114-1313</u></p>	<p><b>1c</b> Effective date of plan  <u>05/14/1999</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>38-3464466</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>888-292-1426</u></p> <p><b>2d</b> Business code (see instructions)  <u>336300</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/03/2024	KEVIN RUMINSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	101
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**1B**

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 11/30/2023

▶ **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.

<b>A</b> Name of plan <u>INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INTERNATIONAL BRAKE INDUSTRIES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>38-3464466</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2023</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>1198409</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>1198409</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>61</u>	<u>1193165</u>	<u>1193165</u>
<b>b</b> For terminated vested participants .....	<u>40</u>	<u>748053</u>	<u>748053</u>
<b>c</b> For active participants .....	<u>0</u>	<u>0</u>	<u>0</u>
<b>d</b> Total .....	<u>101</u>	<u>1941218</u>	<u>1941218</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.26 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>160417</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>160417</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/03/2024</u>
	<u>KATHLEEN E. MANNING, F.S.A.</u>	Date
	Type or print name of actuary	<u>23-03050</u>
	<u>MWM CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>312-987-9097</u>
	<u>55 E. JACKSON BLVD., SUITE 1000</u> <u>CHICAGO, IL 60604-4466</u>	Telephone number (including area code)
	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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	108192
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	101505
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	6687
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-15.83</u> % .....	0	-1059
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		2782
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.44</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		-440
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		2342
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	5628

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	61.44 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	61.44 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	81.77 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	61.73 %

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
04/05/2023	48000	0					
07/13/2023	48000	0					
01/05/2024	48000	0					
01/12/2024	48000	0					
08/09/2024	49000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	241000	<b>18(c)</b>	0

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

<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	229986

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 3
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 160417
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	748437		69260	
<b>b</b> Waiver amortization installment .....				
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 229677
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 229677
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 229986
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 309
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **11/30/2023**

<b>A</b> Name of plan <b>INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL BRAKE INDUSTRIES, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>38-3464466</b>	

**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

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

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

MWM CONSULTING GROUP

36-3870584

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	133474	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)

BOBER MARKEY FEDOROVICH

34-1523030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/A UDITOR	20000	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)

FIFTH THIRD BANK

31-0854433

(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	TRUSTEE	14631	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.

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>11/30/2023</u>	
<b>A</b> Name of plan <u>INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL BRAKE INDUSTRIES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>38-3464466</u>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	97835	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1102870	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	1200705	0
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	1200705	0

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	96000	
(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)		96000
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	2876	
(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)		2876
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		0
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		100988
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		199864

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	101071	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		101071
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	20000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	-15	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	14631	
(7) Actuarial fees .....	<b>2i(7)</b>	133474	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	74332	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		242422
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		343493

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-143629
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		1057076

**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: **BOBER MARKEY FEDOROVICH**

(2) EIN: **34-1523030**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

**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)
CARDONE INDUSTRIES INC. UNION EMPLOYEES' PENSION PLAN	23-3000982	002

**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 509900.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 11/30/2023

<b>A</b> Name of plan <u>INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL BRAKE INDUSTRIES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>38-3464466</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 31-1051736

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>0</u>
--	----------	----------

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

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

**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

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

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

**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:

<b>a</b> 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) .....	<b>14a</b>	
<b>b</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) .....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

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

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

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION  
EMPLOYEES' PENSION PLAN

(F/K/A) QUALITOR, INC. MASTER UNION EMPLOYEES'  
PENSION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

November 30, 2023 and December 31, 2022

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
ANNUAL REPORT INDEX

November 30, 2023 and December 31, 2022

The following financial statements of the International Brake Industries Master Union Employees' Pension Plan are included herewith:

- Statements of Net Assets Available for Benefits as of November 30, 2023 and December 31, 2022
- Statements of Changes in Net Assets Available for Benefits for the eleven month period ended November 30, 2023 and year ended December 31, 2022
- Statements of Accumulated Plan Benefits as of December 31, 2022 and 2021
- Statements of Changes in Accumulated Plan Benefits for the years ended December 31, 2022 and 2021
- Notes to Financial Statements

The following supplemental schedule of the International Brake Industries Master Union Employees' Pension Plan is included in the Annual Report of the Plan on Form 5500 filed with the Department of Labor for the eleven month period ended November 30, 2023:

- Schedule H, Line 4j – Schedule of Reportable Transactions

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable and, therefore, have been omitted.

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of  
International Brake Industries Master Union Employees' Pension Plan  
Cleveland, Ohio

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

We have performed an audit of the accompanying financial statements of International Brake Industries Master Union Employees' Pension Plan (f/k/a Qualitor, Inc. Master Union Employees' Pension Plan) (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of November 30, 2023 and December 31, 2022 and of accumulated plan benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the eleven month period ended November 30, 2023 and year ended December 31, 2022 and of changes in accumulated plan benefits for the years ended December 31, 2022 and 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 audit 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 November 30, 2023 and December 31, 2022, and for the eleven month period ended November 30, 2023 and year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the financial statements referred to above, 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).

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

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

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

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

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

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

Our audit 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.

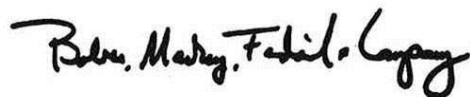
#### **Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule H, Line 4j – Schedule of Reportable Transactions for the eleven month period ended November 30, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



BOBER, MARKEY, FEDOROVICH & COMPANY  
Cleveland, Ohio

September 10, 2024

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
As of November 30, 2023 and December 31, 2022

ASSETS	<u>2023</u>	<u>2022</u>
Investments, at fair value	\$ -	\$ 1,102,870
Employer contribution receivable	<u>-</u>	<u>97,835</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 1,200,705</u>

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

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the Eleven Month Period Ended November 30, 2023 and Year Ended December 31, 2022

	2023	2022
ADDITIONS		
Employer contributions	\$ 96,000	\$ 97,835
TOTAL ADDITIONS	96,000	97,835
DEDUCTIONS		
Benefit paid directly to participants	101,071	108,108
Administrative expenses	242,422	221,222
TOTAL DEDUCTIONS	343,493	329,330
NET APPRECIATION (DEPRECIATION) IN THE FAIR VALUE OF INVESTMENTS	103,864	(247,411)
NET CHANGE PRIOR TO PLAN TRANSFERS	(143,629)	(478,906)
TRANSFERS OUT	(1,057,076)	-
NET CHANGE	(1,200,705)	(478,906)
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	1,200,705	1,679,611
END OF YEAR	\$ -	\$ 1,200,705

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

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
STATEMENTS OF ACCUMULATED PLAN BENEFITS  
As of December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Participants currently receiving payments	\$ 1,326,520	\$ 1,238,659
Other vested benefits	<u>967,688</u>	<u>1,099,971</u>
Total vested benefits	<u>2,294,208</u>	<u>2,338,630</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 2,294,208</u></u>	<u><u>\$ 2,338,630</u></u>

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

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
 STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS  
 For the Years Ended December 31, 2022 and 2021

	2022	2021
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	\$ 2,338,630	\$ 2,330,138
(Decrease) Increase during the year attributable to:		
Benefits accumulated and experience	(15,462)	24,953
Increase for interest	74,102	73,930
Benefits paid	(108,108)	(102,242)
Assumption changes	5,046	11,851
Net (decrease) increase	(44,422)	8,492
Actuarial Present Value of Accumulated Plan Benefits, End of Year	\$ 2,294,208	\$ 2,338,630

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

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2023 and December 31, 2022

NOTE 1 – PLAN DESCRIPTION

The following description of the International Brake Industries Master Union Employees' Pension Plan (f/k/a Qualitor, Inc. Master Union Employees' Pension Plan) (the "Plan") provides only general information. Participants should refer to the Plan document for complete information. The Plan Administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

General

The Plan was established by Qualitor, Inc. (the "Company") effective May 14, 1999. The Plan is a non-contributory defined benefit plan which is administered by the Company, with input from affected union employees as part of the collective bargaining process, and covers certain Qualitor, Inc. union employees at International Brake Industries, Inc. and McGuane Industries, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). On May 20, 2011, the International Brake operation in Ohio was permanently closed. All International Brake Industries, Inc. participants were fully vested at termination of employment on the date of closure. Hourly union employees of the International Brake Industries, Inc. represented by UAW Local 1975, became active participants in the Plan immediately after a probationary period set forth in the collective bargaining agreement. Union employees of McGuane Industries, Inc., represented by UAW Local 708, become active participants in the Plan on the first day of the month after a probationary period set forth in the collective bargaining agreement. An eligible employee is an employee represented by a collective bargaining unit. On February 15, 2016, the McGuane facility was shut down and at this time, the remaining active participants benefits in the Plan were fully frozen and fully vested.

Funding Policy

All contributions to the Plan are made by the Company. The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company's contributions for 2023 and 2022 exceeded the minimum funding requirements of ERISA. The Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. No participant contributions are permitted.

During 2023, the Company did not remit a planned contribution in the amount of \$47,334. As required, the Company notified the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) and funds were remitted during 2024.

Pension Benefits

Employees who reach the age of 65 will obtain non-forfeitable rights to a normal retirement benefit, provided the participant is employed by the Company until retirement. An employee with five or more years of service is entitled to early retirement benefits beginning at age 55, provided that the participant is employed by the Company at the time of early retirement. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. When an employee terminates employment for any reason, they may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement. The benefit level received is based upon years of credited service times a benefit multiplier as detailed in the plan document.

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2023 and December 31, 2022

Death and Disability Benefits

Employees who die after retirement shall have their annual pension benefits paid to their surviving spouse. For employees who are vested and die prior to receiving retirement benefits and are survived by a spouse to whom the participant had been married for at least one year prior to death, annual pension benefits are paid to the participant's spouse. Employees with 10 or more years of service and are determined by the Plan administrator to have become totally and permanently disabled during the course of employment are entitled to annual pension benefits.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and the changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable to employees based upon services rendered under the Plan's provisions. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on a formula which includes years of service as defined in the Plan document, and years of credited service. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from MWM Consulting Group. The latest actuarial valuation is dated January 1, 2023 and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment. The computations of the actuarial present value report of accumulated plan benefits were made as of January 1, 2023 and 2022. Had the valuations been performed as of December 31, there would be no material differences.

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2023 and December 31, 2022

Significant actuarial assumptions used in the valuations as of December 31, 2022 and 2021 are as follows:

Actuarial Present Value of Accumulated Plan Benefits

Long-term rate of return:	3.25% as of December 31, 2022 and December 31, 2021
Mortality:	For 2022 Pri-2012 projected to 2023 with scale MP-2021; For 2021 Pri-2012 projected to 2022 with scale MP-2021
Normal Retirement Age:	65 years of age for both periods

Payment of Benefits

Benefit payments are recorded upon distribution.

Administrative Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through September 10, 2024, the date these financial statements were issued.

NOTE 3 – INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fifth Third Bank (the "Trustee") certified that the following data included in the financial statements and supplemental schedule is complete and accurate:

- a) Investments, as shown in the statements of net assets available for benefits as of November 30, 2023 and December 31, 2022;
- b) Net investment income, as shown in the statements of changes in net assets available for benefits for the eleven month period ended November 30, 2023 and year ended December 31, 2022; and
- c) Schedule H, part IV, line 4j - schedule of reportable transactions for the eleven month period ended November 30, 2023.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2023 and December 31, 2022

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2023 and December 31, 2022.

*Mutual funds and money market fund:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

There were no assets in the fair value hierarchy at November 30, 2023. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 26,358	\$ -	\$ -	\$ 26,358
Mutual funds	1,076,512	-	-	1,076,512
Total investments at fair value	<u>\$ 1,102,870</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,102,870</u>

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2023 and December 31, 2022

NOTE 5 – TAX STATUS

The Plan obtained its latest determination letter as of September 24, 2012, in which the Internal Revenue Service (“IRS”) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Company’s management is not aware of any uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 – TERMINATION PRIORITIES

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants’ benefits. Whether a participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by, and the financial condition of, the Pension Benefit Guaranty Corporation (“PBGC”) at that time. Some benefits may be fully or partially provided for by the assets existing at that time and the PBGC guaranty, while other benefits may not be provided for at all. See Note 9.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. The Plan also held investment shares in a money market fund managed by the Trustee. These transactions are party-in-interest transactions under ERISA.

NOTE 8 – RISKS AND UNCERTAINTIES

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

The Plan’s 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2023 and December 31, 2022

NOTE 9 – PLAN MERGER

Effective November 30, 2023, the Plan merged all assets and benefit obligations into the Cardone Industries, Inc. Union Employees' Pension Plan, another qualified plan sponsored by the Company.

INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 EIN: 38-3464466  
 PLAN 002  
 For the Eleven Month Period Ended November 30, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease/Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)

See the attached reports for the Transactions in Excess of Five Percent of Plan Assets.

**SINGLE TRANSACTION EXCEEDS 5%**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION BROKER COMMISSION	1,102,946.20 THRESHOLD OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
ARTISAN HIGH INCOME FUND	SAL	11/24/23	8,070.088	70,451.87	.00	.00	75,271.09	-4,819.22
DODGE & COX INCOME FD	SAL	11/24/23	9,899.462	120,377.46	.00	.00	135,148.77	-14,771.31
DOUBLELINE TOTAL RETURN BOND I	SAL	11/24/23	14,113.620	120,106.91	.00	.00	143,030.10	-22,923.19
FIDELITY 500 INDEX FD INST PREMIUM	PUR	09/01/23	356.736	55,950.47	.00	.00	55,950.47	.00
FIDELITY 500 INDEX FD INST PREMIUM	SAL	11/24/23	2,189.036	346,984.10	.00	.00	307,136.23	39,847.87
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	SAL	11/27/23	1,548.000	158,395.08	61.92	1.27	159,087.96	-756.07
VANGUARD EXTENDED MARKET ETF	SAL	11/27/23	467.000	68,645.36	18.68	.55	80,231.43	-11,605.30
INVESCO S&P 500 GARP ETF	PUR	02/17/23	875.000	79,808.75	35.00	.00	79,843.75	.00
INVESCO S&P 500 GARP ETF	SAL	09/01/23	909.000	85,864.13	36.36	.72	82,761.97	3,065.08
ISHARES 1-3 YEAR TREASURY BOND FUND	SAL	02/16/23	835.000	67,718.50	33.40	1.55	68,860.52	-1,176.97
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	PUR	09/05/23	1,755.000	180,291.15	70.20	.00	180,361.35	.00
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	PUR	02/17/23	857.000	98,614.99	34.28	.00	98,649.27	.00
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	SAL	09/01/23	1,633.000	187,566.38	65.32	1.50	190,766.88	-3,267.32
4 PURCHASES FOR			414,665.36	9 SALES FOR	1,226,109.79			

**5% REPORT BY ASSET-AGGREGATE**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

				VALUATION	1,102,946.20	THRESHOLD	55,147.31	
ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
ARTISAN HIGH INCOME FUND	PUR	02/16/23	161.620	1,407.71	.00	.00	1,407.71	.00
	PUR	09/01/23	4,680.649	40,955.68	.00	.00	40,955.68	.00
	SAL	10/17/23	516.306	4,409.26	.00	.00	4,815.68	-406.42
	SAL	11/17/23	546.871	4,752.31	.00	.00	5,100.76	-348.45
	SAL	11/24/23	8,070.088	70,451.87	.00	.00	75,271.09	-4,819.22
2 PURCHASES FOR		42,363.39	3 SALES FOR	79,613.44	ISSUE	AGGREGATE TOTAL	121,976.83	
DODGE & COX INCOME FD	PUR	05/30/23	131.386	1,618.67	.00	.00	1,618.67	.00
	SAL	09/01/23	541.006	6,659.79	.00	.00	7,385.89	-726.10
	SAL	10/17/23	475.333	5,604.18	.00	.00	6,489.31	-885.13
	SAL	11/17/23	640.456	7,743.11	.00	.00	8,743.59	-1,000.48
	SAL	11/24/23	9,899.462	120,377.46	.00	.00	135,148.77	-14,771.31
1 PURCHASES FOR		1,618.67	4 SALES FOR	140,384.54	ISSUE	AGGREGATE TOTAL	142,003.21	
DOUBLELINE TOTAL RETURN BOND I	SAL	02/16/23	2,335.329	20,854.49	.00	.00	23,691.81	-2,837.32
	PUR	05/30/23	131.118	1,156.46	.00	.00	1,156.46	.00
	SAL	09/01/23	559.950	4,854.77	.00	.00	5,674.64	-819.87
	SAL	10/17/23	684.707	5,710.46	.00	.00	6,938.95	-1,228.49
	SAL	11/17/23	777.669	6,586.86	.00	.00	7,881.05	-1,294.19
	SAL	11/24/23	14,113.620	120,106.91	.00	.00	143,030.10	-22,923.19
1 PURCHASES FOR		1,156.46	5 SALES FOR	158,113.49	ISSUE	AGGREGATE TOTAL	159,269.95	
FIDELITY 500 INDEX FD INST PREMIUM	SAL	02/16/23	144.105	20,766.90	.00	.00	19,819.21	947.69
	SAL	05/30/23	78.552	11,489.00	.00	.00	10,803.50	685.50
	PUR	09/01/23	356.736	55,950.47	.00	.00	55,950.47	.00
	SAL	10/17/23	89.469	13,587.60	.00	.00	12,553.09	1,034.51
	SAL	11/17/23	204.798	32,110.32	.00	.00	28,734.52	3,375.80
	SAL	11/24/23	2,189.036	346,984.10	.00	.00	307,136.23	39,847.87
1 PURCHASES FOR		55,950.47	5 SALES FOR	424,937.92	ISSUE	AGGREGATE TOTAL	480,888.39	
FIFTH THIRD BANKSAFE TRUST	PUR	01/31/23	7,161.000	7,161.00	.00	.00	7,161.00	.00
	PUR	02/28/23	2,909.000	2,909.00	.00	.00	2,909.00	.00
	SAL	03/31/23	17,633.000	17,633.00	.00	.00	17,633.00	.00
	PUR	04/30/23	41,247.000	41,247.00	.00	.00	41,247.00	.00
	SAL	05/31/23	12,690.000	12,690.00	.00	.00	12,690.00	.00
	SAL	06/30/23	21,109.000	21,109.00	.00	.00	21,109.00	.00
	PUR	07/31/23	41,686.000	41,686.00	.00	.00	41,686.00	.00
	SAL	08/31/23	23,315.000	23,315.00	.00	.00	23,315.00	.00
	SAL	09/30/23	13,498.000	13,498.00	.00	.00	13,498.00	.00
	PUR	10/31/23	13,114.000	13,114.00	.00	.00	13,114.00	.00
	SAL	11/30/23	44,230.000	44,230.00	.00	.00	44,230.00	.00
5 PURCHASES FOR		106,117.00	6 SALES FOR	132,475.00	ISSUE	AGGREGATE TOTAL	238,592.00	

5% REPORT BY ASSET-AGGREGATE

70-70-002-8205742

01/01/23 THROUGH 11/30/23

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	VALUATION	1,102,946.20 THRESHOLD	55,147.31	COST OF ASSET	NET GAIN/LOSS
INVESCO S&P 500 GARP ETF	PUR	02/17/23	875.000	79,808.75	35.00	.00				79,843.75	.00
	PUR	05/30/23	34.000	2,916.86	1.36	.00				2,918.22	.00
	SAL	09/01/23	909.000	85,864.13	36.36	.72				82,761.97	3,065.08
2 PURCHASES FOR		82,725.61	1 SALES FOR	85,864.13	ISSUE	AGGREGATE	TOTAL			168,589.74	
ISHARES 1-3 YEAR TREASURY BOND FUND	SAL	02/16/23	835.000	67,718.50	33.40	1.55				68,860.52	-1,176.97
0 PURCHASES FOR		.00	1 SALES FOR	67,718.50	ISSUE	AGGREGATE	TOTAL			67,718.50	
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	PUR	09/05/23	1,755.000	180,291.15	70.20	.00				180,361.35	.00
	SAL	10/18/23	109.000	10,990.54	4.36	.09				11,201.93	-215.84
	SAL	11/20/23	98.000	10,015.60	3.92	.09				10,071.46	-59.87
	SAL	11/27/23	1,548.000	158,395.08	61.92	1.27				159,087.96	-756.07
1 PURCHASES FOR		180,291.15	3 SALES FOR	179,401.22	ISSUE	AGGREGATE	TOTAL			359,692.37	
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	PUR	02/17/23	857.000	98,614.99	34.28	.00				98,649.27	.00
	SAL	05/30/23	24.000	2,783.28	.96	.02				2,803.68	-21.38
	SAL	09/01/23	1,633.000	187,566.38	65.32	1.50				190,766.88	-3,267.32
1 PURCHASES FOR		98,614.99	2 SALES FOR	190,349.66	ISSUE	AGGREGATE	TOTAL			288,964.65	
VANGUARD EXTENDED MARKET ETF	SAL	02/16/23	11.000	1,663.86	.44	.10				1,907.48	-244.16
	PUR	05/30/23	28.000	3,889.20	1.12	.00				3,890.32	.00
	SAL	09/01/23	91.000	13,751.92	3.64	.17				15,633.96	-1,885.85
	SAL	10/18/23	7.000	986.44	.28	.01				1,202.61	-216.46
	SAL	11/20/23	36.000	5,209.57	1.44	.05				6,184.86	-976.78
	SAL	11/27/23	467.000	68,645.36	18.68	.55				80,231.43	-11,605.30
1 PURCHASES FOR		3,889.20	5 SALES FOR	90,257.15	ISSUE	AGGREGATE	TOTAL			94,146.35	

**5% REPORT BY BROKER-SECURITIES**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION BROKER COMMISSION	1,102,946.20 THRESHOLD OTHER EXPENSE	COST OF ASSET	55,147.31 NET GAIN/LOSS
MUTUAL FUND TRADING BROKER								
ARTISAN HIGH INCOME FUND	PUR	02/16/23	161.620	1,407.71	.00	.00	1,407.71	.00
ARTISAN HIGH INCOME FUND	PUR	09/01/23	4,680.649	40,955.68	.00	.00	40,955.68	.00
ARTISAN HIGH INCOME FUND	SAL	10/17/23	516.306	4,409.26	.00	.00	4,815.68	-406.42
ARTISAN HIGH INCOME FUND	SAL	11/17/23	546.871	4,752.31	.00	.00	5,100.76	-348.45
ARTISAN HIGH INCOME FUND	SAL	11/24/23	8,070.088	70,451.87	.00	.00	75,271.09	-4,819.22
BAILLIE GIFFORD EMRG MKTS I	PUR	02/16/23	348.432	6,473.87	.00	.00	6,473.87	.00
BAILLIE GIFFORD EMRG MKTS K	PUR	09/01/23	487.866	9,181.63	.00	.00	9,181.63	.00
BAILLIE GIFFORD EMRG MKTS K	SAL	10/17/23	50.880	926.01	.00	.00	1,057.64	-131.63
BAILLIE GIFFORD EMRG MKTS K	SAL	11/17/23	101.880	1,887.83	.00	.00	2,117.77	-229.94
BAILLIE GIFFORD EMRG MKTS K	SAL	11/24/23	1,204.679	22,635.92	.00	.00	25,041.51	-2,405.59
CALVERT EMERGING MARKETS EQUITY R6	SAL	10/17/23	47.093	721.00	.00	.00	867.19	-146.19
CALVERT EMERGING MARKETS EQUITY R6	SAL	11/17/23	128.397	2,041.51	.00	.00	2,364.34	-322.83
CALVERT EMERGING MARKETS EQUITY R6	SAL	11/24/23	1,206.762	19,259.92	.00	.00	22,221.69	-2,961.77
CALVERT EMERGING MARKETS EQUITY FUND CLASS I	PUR	02/16/23	538.607	9,070.14	.00	.00	9,070.14	.00
CALVERT EMERGING MARKETS EQUITY FUND CLASS I	PUR	05/30/23	78.471	1,263.39	.00	.00	1,263.39	.00
DODGE & COX INCOME FD	PUR	05/30/23	131.386	1,618.67	.00	.00	1,618.67	.00
DODGE & COX INCOME FD	SAL	09/01/23	541.006	6,659.79	.00	.00	7,385.89	-726.10
DODGE & COX INCOME FD	SAL	10/17/23	475.333	5,604.18	.00	.00	6,489.31	-885.13
DODGE & COX INCOME FD	SAL	11/17/23	640.456	7,743.11	.00	.00	8,743.59	-1,000.48

**5% REPORT BY BROKER-SECURITIES**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION BROKER COMMISSION	1,102,946.20 THRESHOLD OTHER EXPENSE	COST OF ASSET	55,147.31 NET GAIN/LOSS
DODGE & COX INCOME FD	SAL	11/24/23	9,899.462	120,377.46	.00	.00	135,148.77	-14,771.31
DOUBLELINE TOTAL RETURN BOND I	SAL	02/16/23	2,335.329	20,854.49	.00	.00	23,691.81	-2,837.32
DOUBLELINE TOTAL RETURN BOND I	PUR	05/30/23	131.118	1,156.46	.00	.00	1,156.46	.00
DOUBLELINE TOTAL RETURN BOND I	SAL	09/01/23	559.950	4,854.77	.00	.00	5,674.64	-819.87
DOUBLELINE TOTAL RETURN BOND I	SAL	10/17/23	684.707	5,710.46	.00	.00	6,938.95	-1,228.49
DOUBLELINE TOTAL RETURN BOND I	SAL	11/17/23	777.669	6,586.86	.00	.00	7,881.05	-1,294.19
DOUBLELINE TOTAL RETURN BOND I	SAL	11/24/23	14,113.620	120,106.91	.00	.00	143,030.10	-22,923.19
FIDELITY INTERNATIONAL INDEX FUND	PUR	11/09/23	541.593	23,765.10	.00	.00	23,765.10	.00
FIDELITY INTERNATIONAL INDEX FUND	SAL	11/17/23	44.301	2,002.41	.00	.00	1,943.93	58.48
FIDELITY INTERNATIONAL INDEX FUND	SAL	11/24/23	497.292	22,840.62	.00	.00	21,821.17	1,019.45
FIDELITY 500 INDEX FD INST PREMIUM	SAL	02/16/23	144.105	20,766.90	.00	.00	19,819.21	947.69
FIDELITY 500 INDEX FD INST PREMIUM	SAL	05/30/23	78.552	11,489.00	.00	.00	10,803.50	685.50
FIDELITY 500 INDEX FD INST PREMIUM	PUR	09/01/23	356.736	55,950.47	.00	.00	55,950.47	.00
FIDELITY 500 INDEX FD INST PREMIUM	SAL	10/17/23	89.469	13,587.60	.00	.00	12,553.09	1,034.51
FIDELITY 500 INDEX FD INST PREMIUM	SAL	11/17/23	204.798	32,110.32	.00	.00	28,734.52	3,375.80
FIDELITY 500 INDEX FD INST PREMIUM	SAL	11/24/23	2,189.036	346,984.10	.00	.00	307,136.23	39,847.87
SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	PUR	02/16/23	585.298	6,982.61	.00	.00	6,982.61	.00

**5% REPORT BY BROKER-SECURITIES**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION BROKER COMMISSION	OTHER EXPENSE	1,102,946.20 THRESHOLD COST OF ASSET	55,147.31 NET GAIN/LOSS
MUTUAL FUND TRADING BROKER SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	PUR	09/01/23	745.173	9,024.05	.00	.00	9,024.05	.00
SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	SAL	10/17/23	69.156	804.98	.00	.00	848.06	-43.08
SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	SAL	11/17/23	169.799	2,047.77	.00	.00	2,082.23	-34.46
SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	SAL	11/24/23	1,863.247	22,489.39	.00	.00	22,848.87	-359.48
GRANDEUR PEAK INTL STALWARTS INST	PUR	05/30/23	105.745	1,712.01	.00	.00	1,712.01	.00
GRANDEUR PEAK INTL STALWARTS	SAL	11/17/23	57.675	917.04	.00	.00	967.37	-50.33
GRANDEUR PEAK INTL STALWARTS	SAL	11/24/23	623.160	10,207.36	.00	.00	10,452.16	-244.80
13 PURCHASES FOR		168,561.79	30 SALES FOR	911,831.15	BROKER AGGREGATE TOTAL	1,080,392.94	-12,020.97	
COWEN & COMPANY ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	SAL	10/18/23	109.000	10,990.54	4.36	.09	11,201.93	-215.84
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	SAL	11/20/23	98.000	10,015.60	3.92	.09	10,071.46	-59.87
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	SAL	11/27/23	1,548.000	158,395.08	61.92	1.27	159,087.96	-756.07
ISHARES CORE MSCI EAFE	SAL	10/18/23	12.000	765.96	.48	.01	884.87	-119.40
ESG AWARE MSCI EAFE ETF	SAL	10/18/23	14.000	963.20	.56	.01	1,068.89	-106.26
ESG AWARE MSCI EAFE ETF	SAL	11/20/23	37.000	2,622.93	1.48	.03	2,824.93	-203.51
ESG AWARE MSCI EAFE ETF	SAL	11/27/23	458.000	32,916.64	18.32	.27	34,968.04	-2,069.99
VANGUARD EXTENDED MARKET ETF	SAL	10/18/23	7.000	986.44	.28	.01	1,202.61	-216.46
VANGUARD EXTENDED MARKET ETF	SAL	11/20/23	36.000	5,209.57	1.44	.05	6,184.86	-976.78

**5% REPORT BY BROKER-SECURITIES**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	VALUATION	OTHER EXPENSE	1,102,946.20 THRESHOLD	COST OF ASSET	NET GAIN/LOSS	55,147.31
VANGUARD EXTENDED MARKET ETF	SAL	11/27/23	467.000	68,645.36	18.68		.55		80,231.43	-11,605.30	
0 PURCHASES FOR	.00	10 SALES FOR	291,511.32	BROKER AGGREGATE TOTAL		291,511.32			-16,329.48		
MISCHLER FINANCIAL GRP, INC - INVESCO EXCHANGE-TRADED FD TR S&P 500 QUALITY ETF	SAL	02/16/23	1,085.000	50,908.20	43.40		1.17		54,812.91	-3,949.28	
INVESCO S&P 500 GARP ETF	PUR	02/17/23	875.000	79,808.75	35.00		.00		79,843.75	.00	
INVESCO S&P 500 GARP ETF	PUR	05/30/23	34.000	2,916.86	1.36		.00		2,918.22	.00	
INVESCO S&P 500 GARP ETF	SAL	09/01/23	909.000	85,864.13	36.36		.72		82,761.97	3,065.08	
ISHARES S&P 500 BARRA GROWTH INDEX FUND	SAL	02/16/23	538.000	34,040.39	21.52		.78		43,354.70	-9,336.61	
ISHARES 1-3 YEAR TREASURY BOND FUND	SAL	02/16/23	835.000	67,718.50	33.40		1.55		68,860.52	-1,176.97	
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	PUR	09/05/23	1,755.000	180,291.15	70.20		.00		180,361.35	.00	
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	PUR	02/17/23	857.000	98,614.99	34.28		.00		98,649.27	.00	
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	SAL	05/30/23	24.000	2,783.28	.96		.02		2,803.68	-21.38	
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	SAL	09/01/23	1,633.000	187,566.38	65.32		1.50		190,766.88	-3,267.32	
ISHARES CORE MSCI EAFE	SAL	02/16/23	113.000	7,533.71	4.52		.17		8,332.49	-803.47	
ESG AWARE MSCI EAFE ETF	PUR	02/17/23	179.000	12,789.55	7.16		.00		12,796.71	.00	
VANGUARD MID-CAP GROWTH INDE	SAL	02/16/23	112.000	22,728.16	4.48		.52		26,546.44	-3,823.28	
VANGUARD EXTENDED MARKET ETF	SAL	02/16/23	11.000	1,663.86	.44		.10		1,907.48	-244.16	
VANGUARD EXTENDED MARKET ETF	PUR	05/30/23	28.000	3,889.20	1.12		.00		3,890.32	.00	
VANGUARD EXTENDED MARKET ETF	SAL	09/01/23	91.000	13,751.92	3.64		.17		15,633.96	-1,885.85	

**Attachment to Schedule SB, Part V**  
**Statement of Actuarial Assumptions/Methods**  
**INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN**  
**EIN/PN: 38-3464466 / 002**  
**For the Plan Year Ending November 30, 2023**

Actuarial Assumption Item	Annual Actuarial Valuation	ASC 960 Calculations																		
<b>Interest</b>	<p>The interest rates used to determine the minimum contribution reflect the interest rate stabilization provisions of the American Rescue Plan Act of 2021.</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Maximum</u></th> <th style="text-align: center;"><u>Minimum</u></th> </tr> </thead> <tbody> <tr> <td>Effective rate:</td> <td style="text-align: center;">3.34%</td> <td style="text-align: center;">5.26%</td> </tr> <tr> <td>Segment rates:</td> <td></td> <td></td> </tr> <tr> <td>    Years under 5:</td> <td style="text-align: center;">1.57%</td> <td style="text-align: center;">4.75%</td> </tr> <tr> <td>    Years 5 through 20:</td> <td style="text-align: center;">3.21%</td> <td style="text-align: center;">5.00%</td> </tr> <tr> <td>    Years over 20:</td> <td style="text-align: center;">3.66%</td> <td style="text-align: center;">5.74%</td> </tr> </tbody> </table>		<u>Maximum</u>	<u>Minimum</u>	Effective rate:	3.34%	5.26%	Segment rates:			Years under 5:	1.57%	4.75%	Years 5 through 20:	3.21%	5.00%	Years over 20:	3.66%	5.74%	3.25% per annum
	<u>Maximum</u>	<u>Minimum</u>																		
Effective rate:	3.34%	5.26%																		
Segment rates:																				
Years under 5:	1.57%	4.75%																		
Years 5 through 20:	3.21%	5.00%																		
Years over 20:	3.66%	5.74%																		
<b>Mortality</b>	According to the IRS 2023 Optional Combined Table for Small Plans (Males/Females)	Pri-2012 Private Retirement Plans blue collar rates projected to 2023 with scale MP2021																		
<b>Retirement</b>	Deferred vested participants are assumed to commence benefit payments at age 65.	Same as Annual Valuation																		
<b>Withdrawal</b>	Not Applicable	Not Applicable																		
<b>Salary Increase</b>	Not Applicable	Not Applicable																		
<b>Asset Valuation Method</b>	Market Value	Same as Annual Valuation																		

**Attachment to Schedule SB, Part V**  
**Statement of Actuarial Assumptions/Methods**

**INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN**

**EIN/PN: 38-3464466 / 002**

**For the Plan Year Ending November 30, 2023**

<b>Actuarial Assumption Item</b>	<b>Annual Actuarial Valuation</b>	<b>ASC 960 Calculations</b>
<b>Actuarial Cost Methods</b>	<p>Unit Credit Accrued Benefit Cost Method</p> <p>(For Determining the Minimum and Maximum Permissible Contributions)</p> <p>This is the mandated actuarial method to be used in determining contribution requirements and limits under the Pension Protection Act of 2006. This method determines the present value of benefits accrued to date under the provisions of the plan and ignores any further benefit accruals through salary and service increases.</p>	Same as Annual Valuation

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 11/30/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 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**

<b>1a</b> Name of plan INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">002</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan 05/14/1999</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	002	<b>1c</b> Effective date of plan 05/14/1999	
<b>1b</b> Three-digit plan number (PN) ▶	002				
<b>1c</b> Effective date of plan 05/14/1999					
<b>2a</b> 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)  INTERNATIONAL BRAKE INDUSTRIES, INC.  c/o FIRST BRANDS GROUP 127 PUBLIC SQUARE, SUITE 5110 CLEVELAND OH 44114-1313	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>2b</b> Employer Identification Number (EIN) 38-3464466</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number 888-292-1426</td> </tr> <tr> <td><b>2d</b> Business code (see instructions) 336300</td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) 38-3464466	<b>2c</b> Plan Sponsor's telephone number 888-292-1426	<b>2d</b> Business code (see instructions) 336300	
<b>2b</b> Employer Identification Number (EIN) 38-3464466					
<b>2c</b> Plan Sponsor's telephone number 888-292-1426					
<b>2d</b> Business code (see instructions) 336300					

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

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

<b>SIGN HERE</b>		<u>9/3/24</u>	KEVIN RUMINSKI
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>9/3/24</u>	KEVIN RUMINSKI
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	101
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>	0 0 0 0 0 0 0  0 0
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<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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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:  
1B

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

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

<p><b>a Pension Schedules</b></p> <p><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p><b>(4)</b> <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p><b>(5)</b> <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____</p> <p><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN  
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 EIN: 38-3464466  
 PLAN 002  
 For the Eleven Month Period Ended November 30, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease/Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)

See the attached reports for the Transactions in Excess of Five Percent of Plan Assets.

**SINGLE TRANSACTION EXCEEDS 5%**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION BROKER COMMISSION	1,102,946.20 THRESHOLD OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
ARTISAN HIGH INCOME FUND	SAL	11/24/23	8,070.088	70,451.87	.00	.00	75,271.09	-4,819.22
DODGE & COX INCOME FD	SAL	11/24/23	9,899.462	120,377.46	.00	.00	135,148.77	-14,771.31
DOUBLELINE TOTAL RETURN BOND I	SAL	11/24/23	14,113.620	120,106.91	.00	.00	143,030.10	-22,923.19
FIDELITY 500 INDEX FD INST PREMIUM	PUR	09/01/23	356.736	55,950.47	.00	.00	55,950.47	.00
FIDELITY 500 INDEX FD INST PREMIUM	SAL	11/24/23	2,189.036	346,984.10	.00	.00	307,136.23	39,847.87
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	SAL	11/27/23	1,548.000	158,395.08	61.92	1.27	159,087.96	-756.07
VANGUARD EXTENDED MARKET ETF	SAL	11/27/23	467.000	68,645.36	18.68	.55	80,231.43	-11,605.30
INVESCO S&P 500 GARP ETF	PUR	02/17/23	875.000	79,808.75	35.00	.00	79,843.75	.00
INVESCO S&P 500 GARP ETF	SAL	09/01/23	909.000	85,864.13	36.36	.72	82,761.97	3,065.08
ISHARES 1-3 YEAR TREASURY BOND FUND	SAL	02/16/23	835.000	67,718.50	33.40	1.55	68,860.52	-1,176.97
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	PUR	09/05/23	1,755.000	180,291.15	70.20	.00	180,361.35	.00
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	PUR	02/17/23	857.000	98,614.99	34.28	.00	98,649.27	.00
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	SAL	09/01/23	1,633.000	187,566.38	65.32	1.50	190,766.88	-3,267.32
4 PURCHASES FOR			414,665.36	9 SALES FOR	1,226,109.79			

**5% REPORT BY ASSET-AGGREGATE**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

				VALUATION	1,102,946.20	THRESHOLD	55,147.31	
ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
ARTISAN HIGH INCOME FUND	PUR	02/16/23	161.620	1,407.71	.00	.00	1,407.71	.00
	PUR	09/01/23	4,680.649	40,955.68	.00	.00	40,955.68	.00
	SAL	10/17/23	516.306	4,409.26	.00	.00	4,815.68	-406.42
	SAL	11/17/23	546.871	4,752.31	.00	.00	5,100.76	-348.45
	SAL	11/24/23	8,070.088	70,451.87	.00	.00	75,271.09	-4,819.22
2 PURCHASES FOR		42,363.39	3 SALES FOR	79,613.44	ISSUE	AGGREGATE TOTAL	121,976.83	
DODGE & COX INCOME FD	PUR	05/30/23	131.386	1,618.67	.00	.00	1,618.67	.00
	SAL	09/01/23	541.006	6,659.79	.00	.00	7,385.89	-726.10
	SAL	10/17/23	475.333	5,604.18	.00	.00	6,489.31	-885.13
	SAL	11/17/23	640.456	7,743.11	.00	.00	8,743.59	-1,000.48
	SAL	11/24/23	9,899.462	120,377.46	.00	.00	135,148.77	-14,771.31
1 PURCHASES FOR		1,618.67	4 SALES FOR	140,384.54	ISSUE	AGGREGATE TOTAL	142,003.21	
DOUBLELINE TOTAL RETURN BOND I	SAL	02/16/23	2,335.329	20,854.49	.00	.00	23,691.81	-2,837.32
	PUR	05/30/23	131.118	1,156.46	.00	.00	1,156.46	.00
	SAL	09/01/23	559.950	4,854.77	.00	.00	5,674.64	-819.87
	SAL	10/17/23	684.707	5,710.46	.00	.00	6,938.95	-1,228.49
	SAL	11/17/23	777.669	6,586.86	.00	.00	7,881.05	-1,294.19
	SAL	11/24/23	14,113.620	120,106.91	.00	.00	143,030.10	-22,923.19
1 PURCHASES FOR		1,156.46	5 SALES FOR	158,113.49	ISSUE	AGGREGATE TOTAL	159,269.95	
FIDELITY 500 INDEX FD INST PREMIUM	SAL	02/16/23	144.105	20,766.90	.00	.00	19,819.21	947.69
	SAL	05/30/23	78.552	11,489.00	.00	.00	10,803.50	685.50
	PUR	09/01/23	356.736	55,950.47	.00	.00	55,950.47	.00
	SAL	10/17/23	89.469	13,587.60	.00	.00	12,553.09	1,034.51
	SAL	11/17/23	204.798	32,110.32	.00	.00	28,734.52	3,375.80
	SAL	11/24/23	2,189.036	346,984.10	.00	.00	307,136.23	39,847.87
1 PURCHASES FOR		55,950.47	5 SALES FOR	424,937.92	ISSUE	AGGREGATE TOTAL	480,888.39	
FIFTH THIRD BANKSAFE TRUST	PUR	01/31/23	7,161.000	7,161.00	.00	.00	7,161.00	.00
	PUR	02/28/23	2,909.000	2,909.00	.00	.00	2,909.00	.00
	SAL	03/31/23	17,633.000	17,633.00	.00	.00	17,633.00	.00
	PUR	04/30/23	41,247.000	41,247.00	.00	.00	41,247.00	.00
	SAL	05/31/23	12,690.000	12,690.00	.00	.00	12,690.00	.00
	SAL	06/30/23	21,109.000	21,109.00	.00	.00	21,109.00	.00
	PUR	07/31/23	41,686.000	41,686.00	.00	.00	41,686.00	.00
	SAL	08/31/23	23,315.000	23,315.00	.00	.00	23,315.00	.00
	SAL	09/30/23	13,498.000	13,498.00	.00	.00	13,498.00	.00
	PUR	10/31/23	13,114.000	13,114.00	.00	.00	13,114.00	.00
	SAL	11/30/23	44,230.000	44,230.00	.00	.00	44,230.00	.00
5 PURCHASES FOR		106,117.00	6 SALES FOR	132,475.00	ISSUE	AGGREGATE TOTAL	238,592.00	

5% REPORT BY ASSET-AGGREGATE

70-70-002-8205742

01/01/23 THROUGH 11/30/23

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	VALUATION	1,102,946.20 THRESHOLD	55,147.31	COST OF ASSET	NET GAIN/LOSS
INVESCO S&P 500 GARP ETF	PUR	02/17/23	875.000	79,808.75	35.00	.00				79,843.75	.00
	PUR	05/30/23	34.000	2,916.86	1.36	.00				2,918.22	.00
	SAL	09/01/23	909.000	85,864.13	36.36	.72				82,761.97	3,065.08
2 PURCHASES FOR		82,725.61	1 SALES FOR	85,864.13	ISSUE	AGGREGATE	TOTAL			168,589.74	
ISHARES 1-3 YEAR TREASURY BOND FUND	SAL	02/16/23	835.000	67,718.50	33.40	1.55				68,860.52	-1,176.97
0 PURCHASES FOR		.00	1 SALES FOR	67,718.50	ISSUE	AGGREGATE	TOTAL			67,718.50	
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	PUR	09/05/23	1,755.000	180,291.15	70.20	.00				180,361.35	.00
	SAL	10/18/23	109.000	10,990.54	4.36	.09				11,201.93	-215.84
	SAL	11/20/23	98.000	10,015.60	3.92	.09				10,071.46	-59.87
	SAL	11/27/23	1,548.000	158,395.08	61.92	1.27				159,087.96	-756.07
1 PURCHASES FOR		180,291.15	3 SALES FOR	179,401.22	ISSUE	AGGREGATE	TOTAL			359,692.37	
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	PUR	02/17/23	857.000	98,614.99	34.28	.00				98,649.27	.00
	SAL	05/30/23	24.000	2,783.28	.96	.02				2,803.68	-21.38
	SAL	09/01/23	1,633.000	187,566.38	65.32	1.50				190,766.88	-3,267.32
1 PURCHASES FOR		98,614.99	2 SALES FOR	190,349.66	ISSUE	AGGREGATE	TOTAL			288,964.65	
VANGUARD EXTENDED MARKET ETF	SAL	02/16/23	11.000	1,663.86	.44	.10				1,907.48	-244.16
	PUR	05/30/23	28.000	3,889.20	1.12	.00				3,890.32	.00
	SAL	09/01/23	91.000	13,751.92	3.64	.17				15,633.96	-1,885.85
	SAL	10/18/23	7.000	986.44	.28	.01				1,202.61	-216.46
	SAL	11/20/23	36.000	5,209.57	1.44	.05				6,184.86	-976.78
	SAL	11/27/23	467.000	68,645.36	18.68	.55				80,231.43	-11,605.30
1 PURCHASES FOR		3,889.20	5 SALES FOR	90,257.15	ISSUE	AGGREGATE	TOTAL			94,146.35	

**5% REPORT BY BROKER-SECURITIES**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION BROKER COMMISSION	1,102,946.20 THRESHOLD OTHER EXPENSE	COST OF ASSET	55,147.31 NET GAIN/LOSS
MUTUAL FUND TRADING BROKER								
ARTISAN HIGH INCOME FUND	PUR	02/16/23	161.620	1,407.71	.00	.00	1,407.71	.00
ARTISAN HIGH INCOME FUND	PUR	09/01/23	4,680.649	40,955.68	.00	.00	40,955.68	.00
ARTISAN HIGH INCOME FUND	SAL	10/17/23	516.306	4,409.26	.00	.00	4,815.68	-406.42
ARTISAN HIGH INCOME FUND	SAL	11/17/23	546.871	4,752.31	.00	.00	5,100.76	-348.45
ARTISAN HIGH INCOME FUND	SAL	11/24/23	8,070.088	70,451.87	.00	.00	75,271.09	-4,819.22
BAILLIE GIFFORD EMRG MKTS I	PUR	02/16/23	348.432	6,473.87	.00	.00	6,473.87	.00
BAILLIE GIFFORD EMRG MKTS K	PUR	09/01/23	487.866	9,181.63	.00	.00	9,181.63	.00
BAILLIE GIFFORD EMRG MKTS K	SAL	10/17/23	50.880	926.01	.00	.00	1,057.64	-131.63
BAILLIE GIFFORD EMRG MKTS K	SAL	11/17/23	101.880	1,887.83	.00	.00	2,117.77	-229.94
BAILLIE GIFFORD EMRG MKTS K	SAL	11/24/23	1,204.679	22,635.92	.00	.00	25,041.51	-2,405.59
CALVERT EMERGING MARKETS EQUITY R6	SAL	10/17/23	47.093	721.00	.00	.00	867.19	-146.19
CALVERT EMERGING MARKETS EQUITY R6	SAL	11/17/23	128.397	2,041.51	.00	.00	2,364.34	-322.83
CALVERT EMERGING MARKETS EQUITY R6	SAL	11/24/23	1,206.762	19,259.92	.00	.00	22,221.69	-2,961.77
CALVERT EMERGING MARKETS EQUITY FUND CLASS I	PUR	02/16/23	538.607	9,070.14	.00	.00	9,070.14	.00
CALVERT EMERGING MARKETS EQUITY FUND CLASS I	PUR	05/30/23	78.471	1,263.39	.00	.00	1,263.39	.00
DODGE & COX INCOME FD	PUR	05/30/23	131.386	1,618.67	.00	.00	1,618.67	.00
DODGE & COX INCOME FD	SAL	09/01/23	541.006	6,659.79	.00	.00	7,385.89	-726.10
DODGE & COX INCOME FD	SAL	10/17/23	475.333	5,604.18	.00	.00	6,489.31	-885.13
DODGE & COX INCOME FD	SAL	11/17/23	640.456	7,743.11	.00	.00	8,743.59	-1,000.48

**5% REPORT BY BROKER-SECURITIES**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION BROKER COMMISSION	1,102,946.20 THRESHOLD OTHER EXPENSE	COST OF ASSET	55,147.31 NET GAIN/LOSS
DODGE & COX INCOME FD	SAL	11/24/23	9,899.462	120,377.46	.00	.00	135,148.77	-14,771.31
DOUBLELINE TOTAL RETURN BOND I	SAL	02/16/23	2,335.329	20,854.49	.00	.00	23,691.81	-2,837.32
DOUBLELINE TOTAL RETURN BOND I	PUR	05/30/23	131.118	1,156.46	.00	.00	1,156.46	.00
DOUBLELINE TOTAL RETURN BOND I	SAL	09/01/23	559.950	4,854.77	.00	.00	5,674.64	-819.87
DOUBLELINE TOTAL RETURN BOND I	SAL	10/17/23	684.707	5,710.46	.00	.00	6,938.95	-1,228.49
DOUBLELINE TOTAL RETURN BOND I	SAL	11/17/23	777.669	6,586.86	.00	.00	7,881.05	-1,294.19
DOUBLELINE TOTAL RETURN BOND I	SAL	11/24/23	14,113.620	120,106.91	.00	.00	143,030.10	-22,923.19
FIDELITY INTERNATIONAL INDEX FUND	PUR	11/09/23	541.593	23,765.10	.00	.00	23,765.10	.00
FIDELITY INTERNATIONAL INDEX FUND	SAL	11/17/23	44.301	2,002.41	.00	.00	1,943.93	58.48
FIDELITY INTERNATIONAL INDEX FUND	SAL	11/24/23	497.292	22,840.62	.00	.00	21,821.17	1,019.45
FIDELITY 500 INDEX FD INST PREMIUM	SAL	02/16/23	144.105	20,766.90	.00	.00	19,819.21	947.69
FIDELITY 500 INDEX FD INST PREMIUM	SAL	05/30/23	78.552	11,489.00	.00	.00	10,803.50	685.50
FIDELITY 500 INDEX FD INST PREMIUM	PUR	09/01/23	356.736	55,950.47	.00	.00	55,950.47	.00
FIDELITY 500 INDEX FD INST PREMIUM	SAL	10/17/23	89.469	13,587.60	.00	.00	12,553.09	1,034.51
FIDELITY 500 INDEX FD INST PREMIUM	SAL	11/17/23	204.798	32,110.32	.00	.00	28,734.52	3,375.80
FIDELITY 500 INDEX FD INST PREMIUM	SAL	11/24/23	2,189.036	346,984.10	.00	.00	307,136.23	39,847.87
SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	PUR	02/16/23	585.298	6,982.61	.00	.00	6,982.61	.00

**5% REPORT BY BROKER-SECURITIES**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	VALUATION BROKER COMMISSION	OTHER EXPENSE	1,102,946.20 THRESHOLD COST OF ASSET	55,147.31 NET GAIN/LOSS
MUTUAL FUND TRADING BROKER SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	PUR	09/01/23	745.173	9,024.05	.00	.00	9,024.05	.00
SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	SAL	10/17/23	69.156	804.98	.00	.00	848.06	-43.08
SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	SAL	11/17/23	169.799	2,047.77	.00	.00	2,082.23	-34.46
SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	SAL	11/24/23	1,863.247	22,489.39	.00	.00	22,848.87	-359.48
GRANDEUR PEAK INTL STALWARTS INST	PUR	05/30/23	105.745	1,712.01	.00	.00	1,712.01	.00
GRANDEUR PEAK INTL STALWARTS	SAL	11/17/23	57.675	917.04	.00	.00	967.37	-50.33
GRANDEUR PEAK INTL STALWARTS	SAL	11/24/23	623.160	10,207.36	.00	.00	10,452.16	-244.80
13 PURCHASES FOR		168,561.79	30 SALES FOR	911,831.15	BROKER AGGREGATE TOTAL	1,080,392.94	-12,020.97	
COWEN & COMPANY ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	SAL	10/18/23	109.000	10,990.54	4.36	.09	11,201.93	-215.84
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	SAL	11/20/23	98.000	10,015.60	3.92	.09	10,071.46	-59.87
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	SAL	11/27/23	1,548.000	158,395.08	61.92	1.27	159,087.96	-756.07
ISHARES CORE MSCI EAFE	SAL	10/18/23	12.000	765.96	.48	.01	884.87	-119.40
ESG AWARE MSCI EAFE ETF	SAL	10/18/23	14.000	963.20	.56	.01	1,068.89	-106.26
ESG AWARE MSCI EAFE ETF	SAL	11/20/23	37.000	2,622.93	1.48	.03	2,824.93	-203.51
ESG AWARE MSCI EAFE ETF	SAL	11/27/23	458.000	32,916.64	18.32	.27	34,968.04	-2,069.99
VANGUARD EXTENDED MARKET ETF	SAL	10/18/23	7.000	986.44	.28	.01	1,202.61	-216.46
VANGUARD EXTENDED MARKET ETF	SAL	11/20/23	36.000	5,209.57	1.44	.05	6,184.86	-976.78

**5% REPORT BY BROKER-SECURITIES**

**70-70-002-8205742**

**01/01/23 THROUGH 11/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	VALUATION	OTHER EXPENSE	1,102,946.20 THRESHOLD	COST OF ASSET	NET GAIN/LOSS	55,147.31
VANGUARD EXTENDED MARKET ETF	SAL	11/27/23	467.000	68,645.36	18.68		.55		80,231.43	-11,605.30	
0 PURCHASES FOR	.00	10 SALES FOR	291,511.32	BROKER AGGREGATE TOTAL		291,511.32		-16,329.48			
MISCHLER FINANCIAL GRP, INC - INVESCO EXCHANGE-TRADED FD TR S&P 500 QUALITY ETF	SAL	02/16/23	1,085.000	50,908.20	43.40		1.17		54,812.91	-3,949.28	
INVESCO S&P 500 GARP ETF	PUR	02/17/23	875.000	79,808.75	35.00		.00		79,843.75	.00	
INVESCO S&P 500 GARP ETF	PUR	05/30/23	34.000	2,916.86	1.36		.00		2,918.22	.00	
INVESCO S&P 500 GARP ETF	SAL	09/01/23	909.000	85,864.13	36.36		.72		82,761.97	3,065.08	
ISHARES S&P 500 BARRA GROWTH INDEX FUND	SAL	02/16/23	538.000	34,040.39	21.52		.78		43,354.70	-9,336.61	
ISHARES 1-3 YEAR TREASURY BOND FUND	SAL	02/16/23	835.000	67,718.50	33.40		1.55		68,860.52	-1,176.97	
ISHARES BARCLAYS INTERMEDIATE GOVERNMENT/CREDIT BD FD	PUR	09/05/23	1,755.000	180,291.15	70.20		.00		180,361.35	.00	
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	PUR	02/17/23	857.000	98,614.99	34.28		.00		98,649.27	.00	
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	SAL	05/30/23	24.000	2,783.28	.96		.02		2,803.68	-21.38	
ISHARES BARCLAYS 3-7 YEAR TREASURY BD FD	SAL	09/01/23	1,633.000	187,566.38	65.32		1.50		190,766.88	-3,267.32	
ISHARES CORE MSCI EAFE	SAL	02/16/23	113.000	7,533.71	4.52		.17		8,332.49	-803.47	
ESG AWARE MSCI EAFE ETF	PUR	02/17/23	179.000	12,789.55	7.16		.00		12,796.71	.00	
VANGUARD MID-CAP GROWTH INDE	SAL	02/16/23	112.000	22,728.16	4.48		.52		26,546.44	-3,823.28	
VANGUARD EXTENDED MARKET ETF	SAL	02/16/23	11.000	1,663.86	.44		.10		1,907.48	-244.16	
VANGUARD EXTENDED MARKET ETF	PUR	05/30/23	28.000	3,889.20	1.12		.00		3,890.32	.00	
VANGUARD EXTENDED MARKET ETF	SAL	09/01/23	91.000	13,751.92	3.64		.17		15,633.96	-1,885.85	

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 11/30/2023

▶ **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.

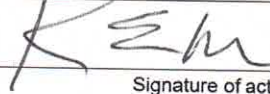
<b>A</b> Name of plan INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN		<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTERNATIONAL BRAKE INDUSTRIES, INC.		<b>D</b> Employer Identification Number (EIN) 38-3464466	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2023</u>
<b>2</b> Assets:	
<b>a</b> Market value.....	<b>2a</b> 1,198,409
<b>b</b> Actuarial value.....	<b>2b</b> 1,198,409
<b>3</b> Funding target/participant count breakdown	
<b>a</b> For retired participants and beneficiaries receiving payment.....	(1) Number of participants: 61 (2) Vested Funding Target: 1,193,165 (3) Total Funding Target: 1,193,165
<b>b</b> For terminated vested participants.....	40 748,053 748,053
<b>c</b> For active participants.....	0 0 0
<b>d</b> Total.....	101 1,941,218 1,941,218
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>
<b>5</b> Effective interest rate.....	<b>5</b> 5.26%
<b>6</b> Target normal cost	
<b>a</b> Present value of current plan year accruals.....	<b>6a</b> 0
<b>b</b> Expected plan-related expenses.....	<b>6b</b> 160,417
<b>c</b> Target normal cost.....	<b>6c</b> 160,417

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		<u>9/3/2024</u>
	Signature of actuary	Date
	KATHLEEN E. MANNING, F.S.A.	2303050
	Type or print name of actuary	Most recent enrollment number
	MWM CONSULTING GROUP	312-987-9097
	Firm name	Telephone number (including area code)
	55 E. JACKSON BLVD., SUITE 1000	
	CHICAGO IL 60604-4466	
	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.**



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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 3
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	160,417	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	748,437	69,260	
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	229,677	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	229,677	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	229,986	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	309	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
---

**Attachment to Schedule SB, Line 22**  
**Description of Weighted Average**  
**Retirement Age**

**INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION  
PLAN**

**EIN/PN: 38-3464466 / 002**

**For the Plan Year Ending November 30, 2023**

The retirement age shown is based on an employee who fulfilled the minimum requirement for early eligibility and is calculated in accordance with the following formula which generally assumes employees terminate at the middle of the year.

$$\sum_{t=0}^{\text{FRA-ERA}} ({}_t p_{\text{ERA}}) * (q_r \text{ERA} + t) * (\text{ERA} + t + \frac{1}{2})$$

Note (1)

---

$$\sum_{t=0}^{\text{FRA-ERA}} ({}_t p_{\text{ERA}}) * (q_r \text{ERA} + t)$$

Note (1) the  $\frac{1}{2}$  in the formula shown above is not used for  $t = \text{FRA-ERA}$ .  
In the formula shown above  ${}_t p_{\text{ERA}}$  is calculated using all of the decrements, and the  $q_r \text{ERA} + t$  represents the sum of the applicable retirement decrements.

Also, ERA represents the earliest retirement age and FRA represents the age at which everyone is assumed to retire.

**Attachment to Schedule SB, Line 19 - Discounted Employer Contributions**

**INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN**

**EIN/PN: 38-3464466 / 002**

LY Valuation Date	1/1/2023	Quarterly Due Dates
Val Date	1/1/2024	04/15/2023
Prior Year Effective Rate	5.26%	07/15/2023
MRC w/out regard to CB	229,677	10/15/2023
Quarterly	43,389	01/15/2024
Apply Credit Balances to Residual	No	09/15/2024

Contributions Made			Quarterly Applied to					Discounted					Totals			
Cash / Credit Balance	Date Made	Amount	1	2	3	4	Residual	1	2	3	4	Residual	Total	Cash	Carryover	Prefunding
Cash	04/05/2023	48,000	43,389	4,611	-	-	-	42,820	4,551	-	-	-	47,371	47,371	-	-
Cash	07/13/2023	48,000	-	38,778	9,222	-	-	-	37,741	8,975	-	-	46,716	46,716	-	-
Cash	01/05/2024	48,000	-	-	34,167	13,833	-	-	-	32,105	13,134	-	45,239	45,239	-	-
Cash	01/12/2024	48,000	-	-	-	29,556	18,444	-	-	-	28,036	17,495	45,531	45,531	-	-
Cash	08/09/2024	49,000	-	-	-	-	49,000	-	-	-	-	45,129	45,129	45,129	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Totals</b>		<b>241,000</b>											<b>229,986</b>	<b>229,986</b>	<b>-</b>	<b>-</b>

**Attachment to Schedule SB, Part V**  
**Summary of Plan Provisions**

**INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN**  
**EIN/PN: 38-3464466 / 002**  
**For the Plan Year Ending November 30, 2023**

Item	Provision																				
<b>Effective Date</b>	May 14, 1999.																				
<b>Eligibility for Participation</b>	Hourly union employees of International Brake Industries, Inc. represented by UAW Local 975.																				
<b>Vesting Service</b>	An employee shall be credited with service for vesting purposes in accordance with the applicable Masco Tech plan for service prior to May 14, 1999. Thereafter, 1000 hours in a plan year equal one year of vesting service.																				
<b>Credited Service</b>	An employee receives a full year of credited service for each plan year in which he is credited with 1,800 or more hours of service. Partial credit is given for less than 1,800 hours of service. Service credit is given prior to May 14, 1999 for service with Masco Tech. The facility was closed on May 20, 2011. No further service will be earned after that date.																				
<b>Normal Retirement Pension</b>	<p>Eligibility                      Age 65.</p> <p>Monthly Benefit              The monthly amount payable at normal retirement for each year of credited service is as follows:</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th colspan="2" style="background-color: #D9E1F2;">For Retirement</th> <th rowspan="2" style="background-color: #D9E1F2;">Monthly Amount</th> </tr> <tr> <th style="background-color: #D9E1F2;">On or After</th> <th style="background-color: #D9E1F2;">On or Before</th> </tr> </thead> <tbody> <tr> <td>05/14/1999</td> <td>01/08/2002</td> <td>\$11.00</td> </tr> <tr> <td>01/09/2002</td> <td>01/08/2004</td> <td>\$12.00</td> </tr> <tr> <td>01/09/2004</td> <td>01/31/2006</td> <td>\$13.00</td> </tr> <tr> <td>02/01/2006</td> <td>01/08/2008</td> <td>\$14.00</td> </tr> <tr> <td>01/09/2008</td> <td>-----</td> <td>\$15.00</td> </tr> </tbody> </table> <p>Plus \$1/month for each year of service after 1/8/2011  Less offset for benefit accrued under the Masco Tech plan.</p>	For Retirement		Monthly Amount	On or After	On or Before	05/14/1999	01/08/2002	\$11.00	01/09/2002	01/08/2004	\$12.00	01/09/2004	01/31/2006	\$13.00	02/01/2006	01/08/2008	\$14.00	01/09/2008	-----	\$15.00
For Retirement		Monthly Amount																			
On or After	On or Before																				
05/14/1999	01/08/2002	\$11.00																			
01/09/2002	01/08/2004	\$12.00																			
01/09/2004	01/31/2006	\$13.00																			
02/01/2006	01/08/2008	\$14.00																			
01/09/2008	-----	\$15.00																			

**Attachment to Schedule SB, Part V**  
**Summary of Plan Provisions**

**INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN**

**EIN/PN: 38-3464466 / 002**

**For the Plan Year Ending November 30, 2023**

Item	Provision	
<b>Early Retirement Pension</b>	Eligibility	Age 55 and 5 years of service.
	Benefit	Accrued pension deferred to age 65, or immediate pension equal to accrued pension reduced 5/9ths of 1% for each of the first 60 months and by 5/18ths of 1% for each of the next 60 months by which the employee's actual retirement date precedes his normal retirement date.
<b>Disability Retirement Pension</b>	Eligibility	Total and permanent disability after 10 years of service.
	Benefit	Accrued pension payable immediately with no reduction for early commencement.
<b>Deferred Vested Pension</b>	Eligibility	5 years of vesting service.
	Benefit	Accrued pension deferred to age 65, or reduced pension at age 55. Reduction is the same as for early retirement.
<b>Spouse's Benefit</b>	Eligibility	Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date which could have been elected by the participant.
	Benefit	50% of the benefit which would have been payable to the employee had he retired with a 50% joint and survivor benefit on the later of the date of death or the date the employee would have first been eligible to receive his benefit.
<b>Normal Form of Benefit</b>	Single	Life annuity.
	Married	50% joint and survivor annuity.
<b>Optional Form of Benefits</b>	(1) Life annuity. (2) 50% joint and survivor annuity (3) 75% joint and survivor annuity (4) 100% joint and survivor annuity (5) 10 year certain and life annuity	
<b>Contributions</b>	Noncontributory	

**Attachment to Schedule SB, Part V**  
**Summary of Plan Provisions**

**INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN**  
**EIN/PN: 38-3464466 / 002**  
**For the Plan Year Ending November 30, 2023**

Item	Provision			
<b>Effective Date</b>	May 14, 1999.			
<b>Eligibility for Participation</b>	Union employees of McGuane, Industries, Inc. represented by UAW Local 708.			
<b>Vesting Service</b>	An employee shall be credited with service for vesting purposes in accordance with the applicable Masco Tech plan for service prior to May 14, 1999. Thereafter, 1000 hours in a plan year equal one year of vesting service.			
<b>Credited Service</b>	An employee receives a full year of credited service for each plan year in which he is credited with 1,800 or more hours of service. Partial credit is given for less than 1,800 hours of service. Service credit is given prior to May 14, 1999 with Masco Tech. The McGuane Plant was closed in July, 2016. No further service will be earned after that date.			
<b>Normal Retirement Pension</b>	Eligibility	Age 65.		
	Monthly Benefit	The monthly amount payable at normal retirement for each year of credited service is as follows:		
		<b>For Retirement</b>		<b>Monthly Amount</b>
		<b>On or After</b>	<b>On or Before</b>	
		05/14/1999	12/31/2000	\$17.00
		01/01/2001	12/31/2001	\$18.00
		01/01/2002	12/31/2005	\$19.00
		01/01/2006	12/31/2007	\$20.00
		01/01/2008	12/31/2011	\$21.00
		01/01/2012	12/31/2013	\$22.00
	01/01/2014	-----	\$23.00	
	Less offset for benefit accrued under the Masco Tech plan.			

**Attachment to Schedule SB, Part V**  
**Summary of Plan Provisions**

**INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION PLAN**  
**EIN/PN: 38-3464466 / 002**  
**For the Plan Year Ending November 30, 2023**

Item	Provision	
<b>Early Retirement Pension</b>	Eligibility	Age 60 and 5 years of service.
	Benefit	Accrued pension deferred to age 65, or immediate pension equal to accrued pension reduced 6/10ths of 1% for each month by which the employee's actual retirement date precedes his normal retirement date.
<b>Disability Retirement Pension</b>	Eligibility	Total and permanent disability after 10 years of service.
	Benefit	Accrued pension payable immediately with no reduction for early commencement.
<b>Deferred Vested Pension</b>	Eligibility	5 years of vesting service.
	Benefit	Accrued pension deferred to age 65, or reduced pension at age 60. Reduction is the same as for early retirement.
<b>Spouse's Benefit</b>	Eligibility	Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date which could have been elected by the participant.
	Benefit	50% of the benefit which would have been payable to the employee had he retired with a 50% joint and survivor benefit on the later of the date of death or the date the employee would have first been eligible to receive his benefit.
<b>Normal Form of Benefit</b>	Single	Life annuity.
	Married	50% joint and survivor annuity.
<b>Optional Form of Benefits</b>	(1) Life annuity. (2) 50% joint and survivor annuity (3) 100% joint and survivor annuity (4) 10 year certain and life annuity	
<b>Contributions</b>	Noncontributory	

**Attachment to Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**INTERNATIONAL BRAKE INDUSTRIES MASTER UNION EMPLOYEES' PENSION**  
**PLAN**  
**EIN/PN: 38-3464466 / 002**  
**For the Plan Year Ending November 30, 2023**

Item	Unfunded Accrued Liability		Amortization Payment				Outstanding Balance on 1/1/2023
	Amount	Established	Remaining Payments	Short Plan Year 1/1/2023 Payment	Full Year Payment	Final Year Payment	
Funding Target Shortfall	\$ 510,149	1/1/19	12	\$ 43,236	\$ 47,167	\$ 3,931	\$ 412,354
Funding Target Shortfall	\$ (182,668)	1/1/20	13	\$ (15,721)	\$ (17,150)	\$ (1,429)	\$ (159,960)
Funding Target Shortfall	\$ (50,156)	1/1/21	14	\$ (4,287)	\$ (4,677)	\$ (390)	\$ (46,227)
Funding Target Shortfall	\$ 129,782	1/1/22	15	\$ 10,994	\$ 11,993	\$ 999	\$ 124,898
Funding Target Shortfall	\$ 417,372	1/1/23	16	\$ 35,038	\$ 38,223	\$ 3,185	\$ 417,372
<b>Total</b>				\$ 69,260	\$ 75,556	\$ 6,296	\$ 748,437