

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>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 12/31/2023

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>1a Name of plan <u>VITESCO TECHNOLOGIES USA, LLC PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>201</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VITESCO TECHNOLOGIES USA, LLC</u></p> <p><u>2400 EXECUTIVE HILLS BLVD</u> <u>AUBURN HILLS, MI 48326</u></p>	<p>1c Effective date of plan <u>01/01/2019</u></p> <p>2b Employer Identification Number (EIN) <u>83-1870421</u></p> <p>2c Plan Sponsor's telephone number <u>248-743-5003</u></p> <p>2d 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	CHERYL KELLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	CHERYL KELLEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	733
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	246
	6a(2)	127
	6b	307
	6c	226
	6d	660
	6e	48
	6f	708
	6g(1)	
	6g(2)	
h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 3H

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

9a Plan funding arrangement (check all that apply)	9b 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 _____
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

A Name of plan <u>VITESCO TECHNOLOGIES USA, LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>201</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>VITESCO TECHNOLOGIES USA, LLC</u>	D Employer Identification Number (EIN) <u>83-1870421</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>33731638</u>
	b Actuarial value	2b	<u>34295109</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>322</u>	<u>14107688</u>
	b For terminated vested participants	<u>169</u>	<u>5668663</u>
	c For active participants	<u>251</u>	<u>12661399</u>
	d Total	<u>742</u>	<u>32437750</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.18 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>395000</u>
	c Target normal cost	6c	<u>395000</u>

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

SIGN HERE		<u>09/23/2024</u>
	Signature of actuary	Date
	<u>ERIC KARPEWICZ</u>	<u>23-07545</u>
	Type or print name of actuary	Most recent enrollment number
	<u>MERCER</u>	<u>410-347-2889</u>
	Firm name	Telephone number (including area code)
	<u>1050 CONNECTICUT AVE. NW SUITE 700 WASHINGTON, DC 20036</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4084239
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	4084239
10	Interest on line 9 using prior year's actual return of <u>-20.35</u> %	0	-831143
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	3253096

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.37 %
15	Adjusted funding target attainment percentage	15	105.36 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	136.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	395000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1505900	137911	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	532911	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	532911	532911
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan VITESCO TECHNOLOGIES USA, LLC PENSION PLAN	B Three-digit plan number (PN) ▶	201
C Plan sponsor's name as shown on line 2a of Form 5500 VITESCO TECHNOLOGIES USA, LLC	D Employer Identification Number (EIN) 83-1870421	

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

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

MERCER

1050 CONNECTICUT AVE. NW
SUITE 700
WASHINGTON, DC 20036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17	NONE	156299	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)

STATE STREET BANK & TRUST COMPANY

04-1867445

(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?
25 28 62 99	NONE	65370	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CLEARVIEW GROUP

200 GLENRIDGE POINT PARKWAY
SUITE 400
ATLANTA, GA 30342

(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?
27	NONE	38192	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GREERWALKER LLP

227 WEST TRADE STREET
SUITE 1100
CHARLOTTE, NC 28202

(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	NONE	32307	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)

KEYBANK NATIONAL ASSOCIATION

34-1974252

(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?
13 59 62 99	NONE	5367	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	55	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>VITESCO TECHNOLOGIES USA, LLC PENSION PLAN</u>	B Three-digit plan number (PN)	<u>201</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VITESCO TECHNOLOGIES USA, LLC</u>	D Employer Identification Number (EIN) <u>83-1870421</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VITESCO TECHNOLOGIES USA, LLC PENSI</u>		
b Name of sponsor of entity listed in (a): <u>VITESCO TECHNOLOGIES USA, LLC</u>		
c EIN-PN <u>83-1870421-014</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32901963</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan VITESCO TECHNOLOGIES USA, LLC PENSION PLAN	B Three-digit plan number (PN) ▶ 201
C Plan sponsor's name as shown on line 2a of Form 5500 VITESCO TECHNOLOGIES USA, LLC	D Employer Identification Number (EIN) 83-1870421

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	127901	391757
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	33603784	32901963
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	33731685	33293720
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	182246	78721
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	182246	78721
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	33549439	33214999

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2932	
(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)		2932
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		2617549
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2620481

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2586273	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2586273
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	70737	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	32307	
(5) Investment advisory and investment management fees.....	2i(5)	38192	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	156299	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	71113	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		368648
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2954921

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-334440
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GREERWALKER, LLP**

(2) EIN: **56-1434747**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 529685.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>VITESCO TECHNOLOGIES USA, LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>201</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VITESCO TECHNOLOGIES USA, LLC</u>	D Employer Identification Number (EIN) <u>83-1870421</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): <u>36-3046063</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>19</u>

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

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

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

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



GreerWalker

INDEPENDENT AUDITORS' REPORT

To the Pension Committee and Participants of the Vitesco Technologies USA, LLC Pension Plan:

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

We have performed audits of the financial statements of the Vitesco Technologies USA, LLC 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) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2023 and 2022, and for the years then ended, 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 audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section:

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

Basis for Opinion

We conducted our audits in accordance with generally accepted auditing standards in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

GreerWalker LLP | GreerWalker Corporate Finance LLC | greerwalker.com

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

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

Responsibilities of Management for the Financial Statements

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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 GAAP.

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

Other Matters - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023 (the "ERISA-required supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 ERISA-required supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the ERISA-required 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 ERISA-required supplemental schedule, we evaluated whether the ERISA-required supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

GreenWalker LLP

Certified Public Accountants
October 8, 2024
Charlotte, NC

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

A Name of plan VITESCO TECHNOLOGIES PENSION PLAN	B Three-digit plan number (PN) ▶	201
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VITESCO TECHNOLOGIES USA, LLC	D Employer Identification Number (EIN) 83-1870421	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2023</u>
2 Assets:			
a Market value.....	2a	33,731,638	
b Actuarial value.....	2b	34,295,109	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	322	14,107,688	14,107,688
b For terminated vested participants.....	169	5,668,663	5,668,663
c For active participants.....	251	12,661,399	12,771,562
d Total.....	742	32,437,750	32,547,913
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.18%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses.....	6b	395,000	
c Target normal cost.....	6c	395,000	

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

SIGN HERE		
	Signature of actuary	Date
ERIC KARPEWICZ		09/23/2024
	Type or print name of actuary	2307545
MERCER		Most recent enrollment number
	Firm name	410-347-2889
		Telephone number (including area code)
1050 CONNECTICUT AVE. NW		
SUITE 700		
WASHINGTON DC 20036		
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	4,084,239
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....		0
9	Amount remaining (line 7 minus line 8).....	0	4,084,239
10	Interest on line 9 using prior year's actual return of <u>-20.35%</u>	0	-831,143
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	3,253,096

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	95.37%
15	Adjusted funding target attainment percentage.....	15	105.36%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	136.53%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	395,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,505,900	137,911
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 532,911

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	532,911	532,911
36 Additional cash requirement (line 34 minus line 35)			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			0

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

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

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

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

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

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

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

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

(A) Retirement age	(B) Retirement percent				(C) Lx				(D) Number of employees expected to retire (B) x (C)				(E) (A) x (D)			
	1 ¹	2 ²	3 ³	4 ⁴	1	2	3	4	1	2	3	4	1	2	3	4
50	3.36%	2.50%	-	-	10,000	10,000	-	-	336	250	-	-	16,800	12,500	-	-
51	3.24%	2.50%	-	-	9,664	9,750	-	-	313	244	-	-	15,969	12,431	-	-
52	3.12%	2.50%	-	-	9,351	9,506	-	-	292	238	-	-	15,171	12,358	-	-
53	3.00%	2.50%	-	-	9,059	9,269	-	-	272	232	-	-	14,404	12,281	-	-
54	2.76%	2.50%	-	-	8,787	9,037	-	-	243	226	-	-	13,097	12,200	-	-
55	7.50%	7.50%	5.00%	-	8,545	8,811	10,000	-	641	661	500	-	35,247	36,345	27,500	-
56	7.50%	7.50%	5.00%	-	7,904	8,150	9,500	-	593	611	475	-	33,197	34,231	26,600	-
57	7.50%	7.50%	5.00%	-	7,311	7,539	9,025	-	548	565	451	-	31,255	32,229	25,721	-
58	7.50%	7.50%	5.00%	-	6,763	6,973	8,574	-	507	523	429	-	29,418	30,335	24,864	-
59	7.50%	7.50%	5.00%	-	6,256	6,450	8,145	-	469	484	407	-	27,681	28,543	24,028	-
60	10.00%	10.00%	15.00%	15.00%	5,786	5,967	7,738	10,000	579	597	1,161	1,500	34,719	35,800	69,640	90,000
61	10.00%	10.00%	15.00%	15.00%	5,208	5,370	6,577	8,500	521	537	987	1,275	31,768	32,757	60,181	77,775
62	15.00%	15.00%	15.00%	30.00%	4,687	4,833	5,591	7,225	703	725	839	2,168	43,589	44,947	51,992	134,385
63	10.00%	10.00%	15.00%	30.00%	3,984	4,108	4,752	5,058	398	411	713	1,517	25,099	25,881	44,906	95,587
64	10.00%	10.00%	15.00%	30.00%	3,586	3,697	4,039	3,540	359	370	606	1,062	22,948	23,662	38,776	67,973
65	30.00%	30.00%	25.00%	50.00%	3,227	3,328	3,433	2,478	968	998	858	1,239	62,927	64,887	55,791	80,541
66	30.00%	30.00%	25.00%	30.00%	2,259	2,329	2,575	1,239	678	699	644	372	44,726	46,119	42,487	24,534
67	30.00%	30.00%	25.00%	30.00%	1,581	1,630	1,931	867	474	489	483	260	31,783	32,773	32,348	17,434
68	30.00%	30.00%	25.00%	30.00%	1,107	1,141	1,448	607	332	342	362	182	22,580	23,283	24,623	12,386
69	30.00%	30.00%	25.00%	30.00%	775	799	1,086	425	232	240	272	128	16,038	16,538	18,739	8,798
70	100.0%	100.0%	100.0%	100.0%	542	559	815	298	542	559	815	298	37,966	39,148	57,032	20,825
Total									10,000	10,000	10,000	10,000	606,382	609,247	625,230	630,241
Average													61	61	63	63

Group	Count	Weighted Average Retirement Age
(1) Teves Salaried Non GF	15	61
(2) Teves Salaried GF	0	61
(3) CPP	165	63
(4) Former VHPP	71	63
Total	251	63

¹ Teves Salaried Non GF
² Teves Salaried GF
³ CPP
⁴ Former VHPP

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2023 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.75%	1.41%
• Next 15 years	5.00%	3.09%
• Over 20 years	5.74%	3.58%
Mortality sponsor elections		
• Healthy mortality	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2006 mortality tables with IRS developed adjustments and projected with mortality improvement scale MP-2021	
• Disabled participants or Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits.	
Cash balance plans		
• Cash balance interest credit	3.50%	
• Annuity conversion	2023 IRS applicable mortality table under Section 417(e) and funding valuation discount rate assumptions per regulations	
Other economic assumptions		
• Expected investment return	For calendar year 2021: VPP: 2.50%; VHPP: 3.25% For calendar year 2022: 2.50% For calendar year 2023: 4.25%	
• Expenses	\$395,000 added to current year normal cost	

Rationale for Economic Assumptions

- Cash balance interest accumulation rate – This assumption is based on a long-term view of 30-year Treasury yields.
- Expected investment return – The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix. The expected return on assets assumption is net of an adjustment of 12 bps for investment expenses assumed to be paid from plan assets.
- Expenses – Equal to prior year's actual administrative expense rounded to nearest \$1,000, adjusted for increase in anticipated PBGC premiums.

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

Demographic assumptions

- Withdrawal**

60% of the Mercer modified 2003 SOA Turnover Table for participants transferred from Legacy Salaried; and 75% of the Mercer modified 2003 SOA Turnover Table for participants transferred from CPP. See table of sample rates.
Former VHPP participants: 140% of the Mercer modified 2003 SOA Turnover table. See table of sample rates.

- Disability incidence**

82% of the 1985 Pension Disability Table – Class 1
Former VHPP participants: 82% of the 1985 Pension Disability Table Class – 2. See table of sample rates. 100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.

- Retirement age**

For Former Legacy Salaried Participants

<u>Attained age</u>	<u>Teves Non GF Active</u>	<u>Teves GF Active</u>
50	3.36%	2.50%
51	3.24%	2.50%
52	3.12%	2.50%
53	3.00%	2.50%
54	2.76%	2.50%
55	7.50%	7.50%
56	7.50%	7.50%
57	7.50%	7.50%
58	7.50%	7.50%
59	7.50%	7.50%
60	10.00%	10.00%
61	10.00%	10.00%
62	15.00%	15.00%
63	10.00%	10.00%
64	10.00%	10.00%
65	30.00%	30.00%
66	30.00%	30.00%
67	30.00%	30.00%
68	30.00%	30.00%
69	30.00%	30.00%
70+	100.00%	100.00%

For Former CPP Participants

<u>Attained age</u>	<u>Percentage</u>
55-59	5%
60-64	15%
65-69	25%
70	100%

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

For disabled participants, 100% rate at age 65 and later

For Former VHPP Participants

Attained age	Percentage
60-61	15%
62-64	30%
65	50%
66-69	30%
70 and above	100%

• Benefit commencement age - former CPP Cash Balance				
– Future vested deferred		Lump sum at age 55; Annuity at age 61		
– Current vested deferred		Lump sum at age 55; Annuity at age 61		
• Benefit commencement age - former CPP Final Average Earnings				
– Future vested deferred	64			
– Current vested deferred	62			
• Benefit commencement age - former Legacy Salaried				
– Future vested deferred	65			
– Current vested deferred	65			
• Benefit commencement age - former VHPP				
– Future vested deferred	65			
– Current vested deferred	65			
• Spouse assumptions				
		<u>Former Legacy Salaried</u>	<u>Former CPP and VHPP</u>	
		<u>Male Participants</u>	<u>Female Participants</u>	<u>Male Participants</u>
		<u>Female Participants</u>	<u>Male Participants</u>	<u>Female Participants</u>
– Percentage married	85%	85%	80%	80%
– Spouse age difference	3 years younger	3 years older	3 years younger	3 years older
Form of payment – Former CPP Cash Balance	<u>Lump sum</u>	<u>Single life</u>	<u>50% J&S</u>	<u>100% J&S</u>
• Active retirements	85%	7.5%	7.5%	0%
• Future vested deferred	85%	7.5%	7.5%	0%
• Future disabilities	100%	0%	0%	0%
• Future deaths	100%	0%	0%	0%
• Current vested deferred	70%	15%	15%	0%

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

Form of payment – Former CPP Final Average Earnings	<u>Lump sum</u>	<u>Single life</u>	<u>50% J&S</u>	<u>100% J&S</u>
• Active retirements	0%	50%	50%	0%
• Future vested deferred	0%	50%	50%	0%
• Future disabilities	0%	100%	0%	0%
• Future deaths	0%	0%	100%	0%
• Current vested deferred	0%	50%	50%	0%

Form of payment — Former Legacy Salaried	<u>Single life</u>	<u>75% J&S</u>	<u>50% J&S</u>
• Active retirements	35%	65%	0%
• Future vested deferred	35%	65%	0%
• Future disabilities	100%	0%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	35%	65%	0%

Form of payment — Former VHPP	<u>Single life</u>	<u>50% Joint & Survivor</u>	<u>75% Joint & Survivor</u>
• Active retirements	60%	30%	10%
• Future vested deferred	60%	30%	10%
• Future disabilities	100%	0%	0%
• Future deaths	0%	100%	0%
• Current vested deferred	60%	30%	10%

Unpredictable contingent event assumptions	Not applicable
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Table of sample rates

Attained age	Former Legacy Salaried		
	Withdrawal	Disability incidence	
		Male	Female
20	15.60%	0.02%	0.02%
25	10.80%	0.03%	0.04%
30	7.32%	0.04%	0.07%
35	5.22%	0.06%	0.11%
40	4.14%	0.10%	0.17%
45	3.66%	0.17%	0.26%
50	3.36%	0.29%	0.44%
55	0.00%	0.59%	0.78%
60	0.00%	1.03%	0.95%
65	0.00%	1.44%	1.11%

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

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

Attained age	Former VHPP		
	Withdrawal	Disability incidence	
		Male	Female
20	36.40%	0.06%	0.06%
25	25.20%	0.09%	0.10%
30	17.08%	0.13%	0.17%
35	12.18%	0.20%	0.25%
40	9.66%	0.31%	0.36%
45	8.54%	0.51%	0.52%
50	7.84%	0.83%	0.85%
55	6.16%	1.50%	1.49%
60	4.76%	2.27%	1.79%
65	0.00%	3.03%	2.10%

Rationale for Significant Demographic Assumptions

- Withdrawal rates, retirement rates and former Legacy Salaried form of payment assumptions and former VHPP form of payment assumptions are based on the experience study Continental Automotive, Inc. Pension Plans Actuarial Assumptions Review report dated December 21, 2015 using data from 2012 through 2014 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.
- The former Legacy Salaried and former VHPP benefit commencement age assumptions are based on the plan's lack of early retirement subsidy that suggests terminated participants will defer commencement until age 65.
- The former CPP form of payment and benefit commencement age assumptions are based on the experience study completed in November 2019 using data from 2014 through 2018.
- The disability decrement assumption is 82% of the 1985 Pension Disability Table - Class 1 and 82% of the 1985 Pension Disability Table – Class 2 for former VHPP. The plan's relatively small size would not support a credible decrement study therefore use of a standard table is appropriate.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial methods for funding****Asset methods**

The asset valuation method is an average of the adjusted market value for each month during the last 6 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

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

Participant methods

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

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

Minimum funding methods

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

A detailed description of the calculation follows:

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

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

The following assumption changes have occurred since the January 1, 2022 valuation.

- The expense component of normal cost for the merged plan decreased from \$628,000 to \$395,000 to reflect our expectations for the current plan year.
- The expected investment return rate increased from 2.50% for 2022 to 4.25% for 2023.
- The cash balance interest credit rate increased from 3.00% to 3.50%.

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

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25											
25-29											
30-34											
35-39											
40-44					8	3					11
45-49					11	12	5				28
50-54				1	16	23	12	3			55
55-59				1	10	27	15	8	2		63
60-64				2	6	22	14	11	9	5	69
65-69					3	4	5	2	1	7	22
70 & up						1		1		1	3
Total				4	54	92	51	25	12	13	251

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

Schedule SB, line 32 — Schedule of Amortization Bases**Shortfall amortization charge**

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established	Outstanding balance	Years remaining	2023 installment	
2023	\$ 1,505,900	15	\$ 137,911	
Total	\$ 1,505,900		\$ 137,911	

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

Effective date and plan year	Effective date: January 1, 2019 Plan year: Calendar Year
Status of the plan	Effective January 1, 2019, this is a new pension plan, comprised of 211 participants that transferred from the Continental Pension Plan (“CPP”) and 17 Teves participants transferred from the Pension Plan for Salaried Employees of Continental Automotive, Inc. and Certain Affiliated Companies (“Legacy Salaried”) on January 1, 2019. Effective December 31, 2022, the Vitesco Technologies Hourly Pension Plan merged into the Vitesco Technologies Pension Plan. All benefits are frozen.
Significant events that occurred during the year	The Vitesco Technologies Hourly Pension Plan merged into the Vitesco Technologies Pension Plan effective December 31, 2022.

Former Continental Teves Employees – Legacy Salaried

Effective date and plan year	Effective date: January 1, 1965 Plan year: Calendar Year
Status of the plan	Effective June 30, 2005, employees whose age plus service as of that date was less than 60 accrue no further benefits. Effective December 31, 2010, benefit accruals under the plan were frozen for grandfathered group.
Significant events that occurred during the year	None

Definitions

- Participation: All Continental Teves salaried employees who were members of the plan on April 30, 2005. No new entrants are allowed.

Normal retirement

- Eligibility: Age 65
- Benefit: 2% of final average salary during the 5 consecutive years of service in last 10 years giving the highest average, multiplied by service up to 25 years, plus 1.5% of such final average salary multiplied by service between 25 and 40 years, reduced by 1.25% of the Social Security benefit multiplied by service up to 40 years.

Special Early retirement

- Eligibility: Age 55 and 15 years of service, or age 50 with age and service totaling 80 or more years
- Benefit: Accrued pension can commence as early as age 50 and is reduced 5/12 of 1% for each month that payments commence prior to age 60, but not less than 75% of the unreduced benefit that would have been payable at age 60. Social Security reduction is not applied before age 62.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
• Eligibility	Age 55 and 10 years of service
• Benefit	Accrued pension deferred to age 65 or an immediate benefit reduced 1/4 of 1% for each month that payments commence prior to age 65. Social Security reduction is not applied before age 62
Deferred vested	
• Eligibility	5 years of service
• Benefit	A monthly amount equal to the normal retirement benefit accrued at termination payable at normal retirement or a reduced benefit payable after age 55 with 10 years of service. Benefit is reduced by 1/360 for each month up to age 60, and 1/180 for each month from age 60 to normal retirement date
Pre-retirement death	
• Eligibility	Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date which could have been elected by deceased participant
• Benefit	Accrued pension at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died. For a terminated vested participant there is a charge for each year coverage is in effect after termination date. Coverage for which a charge is made may be waived with consent of the spouse
Supplemental Death	
• Eligibility	Election available upon the earlier of age 65 or age 55 with 10 years of service. Charge for coverage is 1/2 of 1% for each year in effect
• Benefit	25% of accrued pension, adjusted if beneficiary is more than 5 years younger
Unpredictable contingent event benefits	N/A
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	50% Joint and Survivor annuity
• Spouse’s Contingent Optional forms	<ul style="list-style-type: none"> • 90% (adjusted for difference in ages of more than 5 years) of benefit with 50% of the unreduced benefit payable to spouse after retired member’s death • 80% (adjusted for difference in ages of more than 5 years) of benefit with the reduced benefit payable to spouse after retired member’s death • Spouse’s contingent annuity options are not available for vested benefits
• Standard Optional forms	<ul style="list-style-type: none"> • Joint and survivor annuity (100%, 75% 50%) • Standard contingent annuity options not available for vested benefits
• Optional form conversion factors	8.5% interest and GA 83 male and female mortality table

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. When plan benefits were frozen effective December 31, 2010, this limit was \$195,000 and when plan benefits were frozen effective June 30, 2005, this limit was \$170,000.

Former Continental NA Pension Plan Employees

Effective date and plan year	Original plan: January 1, 2008 Restated plan: January 1, 2015 Plan year: January 1
Status of the plan	Effective January 1, 2011, all benefits accrued under the plan were frozen
Significant events that occurred during the year	None

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

Normal retirement	
• Eligibility	Later of age 65 or completion of three years of Vesting Service
• Benefit	A life annuity starting at normal retirement equal to the Accrued Benefit
Early retirement	
• Eligibility	Age 55 with 10 years of Vesting Service

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The annual pension is the accrued benefit deferred to age 65 or if payments commence before age 65, such accrued benefit is reduced by 5/12ths for each of the first 24 months by which the starting date precedes age 62 and by 1/2% for each additional month in excess of 24 months. There is no reduction if the starting date is between ages 62 and 65	
Deferred vested		
• Eligibility	100% vested with three years of Vesting Service	
• Benefit	The annual pension is determined as in Normal Retirement (a) above, but reduced actuarially, using 7.00% interest and the UP 1984 mortality table, if payments begin after age 55 but before age 65	
Disability		
• Eligibility	Ten years of Vesting Service or qualifies for Workmen’s Compensation in connection with disability	
• Benefit	The annual pension is the accrued benefit based on Normal Retirement (a) above. The participant shall be credited with Vesting and Benefit Service during the period of disability prior to the earliest commencement of retirement benefits, the participant’s death, or the participant’s recovery from disability. Benefit Service is not imputed after January 1, 2011. Participants may elect to commence a reduced benefit as early as age 55 reduced in accordance with the Early Retirement provisions	
Pre-retirement death		
• Eligibility	Eligibility occurs on death after three years of vesting service	
• Final Average Pay Participants	50% of the pension the participant would have received under the 50% Joint & Survivor option	
Other Benefits		
• Benefit	Certain operating companies receive special minimum benefits based on the terms of agreement when they entered the Siemens Pension Plan. In addition, certain benefit provisions from prior plans that were subsequently merged into the Plan continue	
Cash Balance Formula		
• Account Balance	The Cash Balance formula applies to all participants except for those who chose to remain under the Final Average Pay formula. The cash balance account is increased monthly with Pay and Interest Credits (no additional pay credits accrued after plan freeze)	
• Interest Credits	Based on the 30 year Treasury rate for the August immediately preceding the Plan Year	
• Pay Credits	Based on Vesting Service:	
	Service	Pay Credit
	<5	3.00%
	5 – 9	3.75%
	10 – 14	4.50%
	15 – 19	6.00%
	20 – 24	7.50%
	25 – 29	9.00%
	30 +	11.25%

Schedule SB, Part V — Summary of Plan Provisions

Pre-Retirement Death	Account balance payable to beneficiary determined as of beneficiary commencement date (as early as participant's date of death but no later than participant's age 65)
Unpredictable contingent event benefits	
• Event	N/A
• Eligibility	N/A
• Benefit	N/A
Form of Benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% joint and survivor annuity
• Optional forms	Joint and survivor annuity (100%, 75%, 66 2/3%, 50%) 120 months certain and life
• Lump sum cash-out	Lump Sum (for Cash Balance participants only) Benefit paid immediately to participant as a lump sum if the Actuarial Equivalent of the age-65 monthly retirement benefit payable as a Life Annuity is less than \$5,000
• Optional form conversion factors (excluding lump sum payments)	7.00% interest and UP 1984 mortality table
• Optional form conversion factors (lump sum payments)	IRC Section 417(e) mortality table for the applicable year and interest based on 3-segment yield curve with 4 month look-back (with comparison to 5 month look-back for 2015 only)
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. When plan benefits were frozen, the limit was \$195,000.

Schedule SB, Part V — Summary of Plan Provisions

Former Vitesco Technologies Hourly Pension Plan

Effective date and plan year	Original plan: October 1, 1988 Restated plan: January 1, 2015 Plan year: January 1
Status of the plan	Effective December 31, 2004, all benefits accrued under the plan were frozen
Significant events that occurred during the year	The Vitesco Technologies Hourly Pension Plan merged into the Vitesco Technologies Pension Plan effective December 31, 2022.

DEFINITIONS

- Participation Date of employment. Participation in the plan is closed.
- Employer Contributions None
- Vesting Service From date of hire. One year of Eligibility Service is credited for each Plan Year in which 1,000 hours of service are worked.
- Credited Service Years worked after employee becomes a participant. A twelfth of a year shall be credited if the hours worked are between 70.83 and 212.50. An additional twelfth is credited for each 141.67 hours in excess of 212.50 such that a full year is credited if there are 1,700 or more hours of service in a plan year. Credited Service is frozen effective December 31, 2004.

NORMAL RETIREMENT

- Eligibility Age 65 with five years of Eligibility Service
- Benefit Years of Credited Service times:

YEARS	MULTIPLIER
Prior to January 1, 1997	\$192
January 1 to December 31, 1997	\$216
January 1 to December 31, 1998	\$228
January 1 to December 31, 1999	\$240
January 1 to December 31, 2000	\$288
January 1 to December 31, 2001	\$288
January 1 to December 31, 2002	\$336
January 1 to December 31, 2003	\$348
January 1 to December 31, 2004	\$360

EARLY RETIREMENT

- Eligibility Age 60 with 10 years of Eligibility Service
- Benefit The annual pension is the benefit accrued to Early Retirement date reduced by a certain percentage to reflect early commencement. This percentage is 5/9 of the 1% for each month prior to Normal Retirement date.

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

- Eligibility Age 60 with 10 years of Eligibility Service
- Benefit The annual pension is the accrued benefit deferred to age 65 or, if the participant elects, a reduced pension to begin any time between age 60 and 65. The reduction for early commencement is described in the Early Retirement section above.

DISABILITY

- Eligibility Ten years of Eligibility Service and eligible for Social Security disability benefits.
- Benefit The annual pension payable immediately is computed as under Normal Retirement. A temporary benefit is also payable until age 65 and is computed under Normal Retirement, not to exceed \$212.50.

PRE-RETIREMENT DEATH

- Benefit prior to early retirement 50% Joint & Survivor benefit payable to beneficiary at later of date of participant's death or participant's attainment of age 60, unless pre-retirement death benefit coverage waived by employee.

FORM OF PAYMENT

- Automatic form for unmarried participant Life Annuity
- Late retirement factor UP 1984 Mortality Table and 7% Interest Rate
- Automatic form for married participants 50% Joint and Survivor
- Optional forms 75% Joint and Survivor
- Lump sum cash-outs Benefit paid immediately to participant as a lump sum if the Actuarial Equivalent of the age-65 monthly retirement benefit payable as a Life Annuity is less than \$5,000.
- Optional form conversion factors IRC Section 417(e) mortality table for the applicable year and interest based on 3-segment yield curve with 4 month look-back, but not less than IRC Section 417(e) mortality table and 7% interest rate or UP 1984 mortality table and 7% interest rate.

MISCELLANEOUS

- Maximum benefits Annual benefits may not exceed the limits in IRC Section 415. When the plan benefits were frozen, the limit was \$165,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as created on January 1, 2019 and last amended on December 31, 2022, are included in this valuation:

- **Most recent plan amendments included:** December 31, 2022 amendment to merge the Vitesco Technologies Hourly Pension Plan into the Vitesco Technologies Pension Plan.
- **Plan amendments excluded:** None

Schedule SB, Part V — Summary of Plan Provisions**• Late retirement increases:**

- *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
- *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding**Additional benefits included or excluded****• IRC Section 436 benefit restrictions:**

- *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
- *Plan amendments:* See above.
- *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Effective December 31, 2022, the Vitesco Technologies Hourly Pension Plan merged into the Vitesco Technologies Pension Plan.

Schedule SB, line 13 — Explanation of Credit Balance Discrepancy

Vitesco Technologies Hourly Pension Plan merged into Vitesco Technologies Pension Plan effective December 31, 2022. The table below shows the prefunding balance for lines 7 – 13 for each plan separately, as well as the total amounts for the plan after the merge. Note that the total 'actual return' percentage is displayed to two decimal places in the Schedule SB.

2023 Schedule SB Line	Vitesco Technologies Hourly Pension Plan (83-1870421/011)	Vitesco Technologies Pension Plan (83-1870421/201)	Merged Plan Total
7	\$4,084,239	0	0
8	0	0	0
9	\$4,084,239	0	0
(actual return)	(20.35%)	(18.58%)	(18.58%)
10	(\$831,143)	0	0
11	0	0	0
12	0	0	0
13	\$3,253,096*	0	\$3,253,096

*Year end balance transferred from Vitesco Technologies Hourly Pension Plan to the Vitesco Technologies Pension Plan.

VITESCO TECHNOLOGIES USA, LLC PENSION PLAN

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

AS OF DECEMBER 31, 2023

EIN: 83-1870421 - PN: 201

<u>(a)</u> <u>Party in interest</u>	<u>(b)</u> <u>Identity of issuer, borrower, lessor or similar party</u>	<u>(c)</u> <u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>(d)</u> <u>Cost</u>	<u>(e)</u> <u>Current value</u>
	Federated Government Obligations Institutional Shares	Interest-bearing cash	\$ 391,757	\$ 391,757

See independent auditors' report.

VITESCO TECHNOLOGIES USA, LLC
PENSION PLAN

Financial Statements and Supplemental Schedule
for the Years Ended December 31, 2023 and 2022
and Independent Auditors' Report



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INDEPENDENT AUDITORS' REPORT

To the Pension Committee and Participants of the Vitesco Technologies USA, LLC Pension Plan:

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

We have performed audits of the financial statements of the Vitesco Technologies USA, LLC 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) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2023 and 2022, and for the years then ended, 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 audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section:

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

Basis for Opinion

We conducted our audits in accordance with generally accepted auditing standards in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

GreerWalker LLP | GreerWalker Corporate Finance LLC | greerwalker.com

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

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

Responsibilities of Management for the Financial Statements

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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 GAAP.

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

Other Matters - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023 (the "ERISA-required supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 ERISA-required supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the ERISA-required 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 ERISA-required supplemental schedule, we evaluated whether the ERISA-required supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

GreenWalker LLP

Certified Public Accountants
October 8, 2024
Charlotte, NC

VITESCO TECHNOLOGIES USA, LLC PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS:		
Investments:		
Interest-bearing cash	\$ 391,757	\$ 127,901
Plan interest in the Vitesco Technoloiges USA, LLC Master Trust (Note 5)	<u>32,901,963</u>	<u>33,603,784</u>
Total investments	<u>33,293,720</u>	<u>33,731,685</u>
 Total assets	 33,293,720	 33,731,685
 LIABILITIES:		
Accrued administrative expense	<u>78,721</u>	<u>182,246</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 33,214,999</u>	 <u>\$ 33,549,439</u>

See notes to financial statements.

VITESCO TECHNOLOGIES USA, LLC PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Plan interest in the Vitesco Technologies USA, LLC		
Master Trust's income (loss) (Note 5)	\$ 2,617,549	\$ (3,855,764)
Interest income	2,932	114
Total investment income (loss), net	<u>2,620,481</u>	<u>(3,855,650)</u>
Total additions, net	<u>2,620,481</u>	<u>(3,855,650)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	2,586,273	582,717
Administrative expenses	368,648	333,807
Total deductions	<u>2,954,921</u>	<u>916,524</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(334,440)	(4,772,174)
TRANSFERS OF ASSETS, NET	-	17,724,604
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>33,549,439</u>	<u>20,597,009</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 33,214,999</u>	<u>\$ 33,549,439</u>

See notes to financial statements.

VITESCO TECHNOLOGIES USA, LLC PENSION PLAN

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

1. DESCRIPTION OF PLAN

The following description of the Vitesco Technologies USA, LLC Pension Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General - The Plan is a noncontributory defined benefit plan which was established by Vitesco Technologies USA, LLC (the “Employer”), effective January 1, 2019. Effective January 1, 2019, a covered employee is defined by the plan document to be any employee who has an accrued benefit in either the Continental NA Pension Plan (“CPP Plan”) or the Pension Plan for Salaried Employees of Continental Automotive, Inc. and Certain Affiliated Companies (“Legacy Salaried Plan”), is an active employee as of that date, and had their accrued benefit transferred to the Plan as a result of the transaction by Continental AG to carve-out and establish a powertrain business. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective December 31, 2022, the Vitesco Technologies Hourly Pension Plan (the “VTHP Plan”) was merged into the Plan. The net assets of the VTHP Plan were transferred to the Plan on December 31, 2022. Accordingly, all benefits earned under the VTHP Plan and contributions due, if any, to the VTHP Plan, will be payable or receivable in accordance with the VTHP Plan out of or into the Plan. Management of the Employer believes that the merger was a tax-exempt transaction under the applicable provisions of the Internal Revenue Code (“IRC”) and, therefore, is not subject to federal income taxes.

Master Trust - The assets of the Plan were maintained, for investment purposes only, on a commingled basis with the assets of the Vitesco Technologies Hourly Pension Plan in the Vitesco Technologies USA, LLC Master Trust (the “Vitesco Master Trust”). These plans owned specific assets of the Vitesco Master Trust. Investment earnings for each plan was allocated based on the ownership interest of the specific assets of each plan in the Vitesco Master Trust.

Funding Policy - The Plan’s funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. For the years ended December 31, 2023 and 2022, no contributions were necessary to meet the minimum funding requirements of ERISA.

Pension Benefits - The pension benefits are determined on a date determined in accordance with the benefit formulas set forth in the plan documents of the CPP Plan, the Legacy Salaried Plan, and the VTHP Plan. Below is general information for pension benefit accruals for participants transferred from the CPP Plan, the Legacy Salaried Plan, and the VTHP Plan.

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

Union participants accrue benefits based on a cash balance formula. Under the cash balance formula, eligible participants earn interest credits based on their account balance and pay credits based on their years of vesting service. Participants may elect to receive benefits under one of several actuarial equivalent forms of payment. Participants are 100% vested in the Plan.

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

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

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

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

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

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

Pension Benefits under the Legacy Salaried Plan - Under the terms of the plan document, participants with five or more years of service are entitled to monthly pension benefits beginning at the normal retirement age of 65. The amount of benefits is based upon a formula that takes into account the years of service, age and the amount of participant contributions that were allowed prior to December 1, 1979. The Plan permits early retirement at age 55 with a minimum of 10 years of service or at any age with 30 or more years of service. Participants may qualify for supplemental benefits, payable to age 62, with minimum age and service requirements of 55 and 30 years, respectively. Participants may elect to receive benefits under one of several actuarially equivalent forms of payment. Participants are not vested until they complete their fifth year of continuous service. Upon completion of their fifth year of service, participants are fully vested in the plan benefits.

Death and Disability Benefits under the Legacy Salaried Plan - If a participant with five or more years of service dies at age 55 or older, an immediate benefit is payable to the participant's surviving spouse in the form of a 50% joint and survivor annuity. If the participant's death occurs prior to age 55, spousal benefits commence on the first day of the month following the 55th anniversary of the participant's birth date unless the lump-sum present value of such benefits is less than \$5,000, in which case the spouse is entitled to an immediate lump sum payment in lieu of future monthly payments.

If an active participant with 10 or more years of service becomes permanently and totally disabled, at any age, unreduced retirement benefits are payable for life or until permanent and total disability ceases. Disability recipients may elect to receive benefits under one of several actuarially equivalent forms of payment.

Pension Benefits under the VTHP Plan - Participants with at least five years of eligible service, as defined in the plan document, who retire after January 1, 1997 at normal retirement age 65, are entitled to monthly pension benefits for life equal to a specified dollar amount ranging from \$16 to \$30 for each year of credited service. If the present value of vested benefit is less than \$1,000, then the Plan provides for lump sum payments of accumulated pension benefits to participants.

The Plan permits early retirement provided the participant has reached age 60 and has completed at least ten years of eligible service. Eligible participants may elect to receive monthly early retirement benefits which are payable after age 60 but prior to age 65, in the amount of \$300 per month. Eligible participants who are age 63 and seven months or older on the date employment is terminated may elect to receive a lump sum payment of \$5,000 in lieu of the \$300 monthly amount.

Death and Disability Benefits under the VTHP Plan - Unless a participant elects otherwise, in the event of a participant's death, the Plan also provides for a life annuity to a participant's surviving spouse equal to 50% of the reduced monthly benefit amount to which the participant was entitled under the Plan at the time of the participant's death. Benefits commence on the first day that the participant would have been eligible for early retirement.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Concentration of Credit Risk - As of December 31, 2023 and 2022, the Vitesco Master Trust and the Plan place their temporary cash and cash equivalents with high credit quality financial institutions. At times, such cash may be in excess of the Federal Depository Insurance Corporation insurance limit. Management believes these financial institutions have strong credit ratings and that credit risk related to these deposits is minimal.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See Note 4 for disclosure of fair value measurements.

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

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

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - The Plan's expenses are paid either by the Plan or by the Employer, as provided in the plan document. Expenses that are paid directly by the Employer are excluded from the accompanying financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Investment related expenses are included in the Plan's interest in the Vitesco Master Trust's income (loss) in the accompanying statements of changes in net assets available for benefits.

Subsequent Events - Management has evaluated subsequent events through October 8, 2024, which is the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY TRUSTEES

The following is a summary of the Plan's asset information as of December 31, 2023 and 2022, and for the years then ended, included in the financial statements and the ERISA-required supplemental schedule, that was prepared by, or derived from, information prepared by State Street Bank & Trust Company ("State Street") and KeyBank National Association ("KeyBank"), the Trustees of the Plan, and furnished to the management. The management has obtained certifications from the Trustees that such information is complete and accurate as of and for the years ended December 31, 2023 and 2022.

	<u>2023</u>	<u>2022</u>
Assets:		
Plan interest in the Vitesco Master Trust	\$ 32,901,963	\$ 33,603,784
Interest-bearing cash	\$ 391,757	\$ 127,901
Income (loss):		
Plan interest in the Vitesco Master Trust's income (loss)	\$ 2,617,549	\$ (3,855,764)
Interest income	\$ 2,932	\$ 114

4. FAIR VALUE MEASUREMENTS

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Vitesco Master Trust, and the Plan have 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.

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used as of December 31, 2023 and 2022.

Collective trust funds: Valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by State Street, the Trustee of the Vitesco Master Trust, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023. The following table does not include the Plan's interest in the Vitesco Master Trust because that information is presented in a separate table (Note 5).

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ <u>391,757</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>391,757</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022. The following table does not include the Plan's interest in the Vitesco Master Trust because that information is presented in a separate table (Note 5).

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ <u>127,901</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>127,901</u>

5. INTEREST IN MASTER TRUST

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

The following is a summary of the net assets of the Vitesco Master Trust as of and for the years ended December 31, 2023 and 2022, that was prepared by, or derived from, information prepared by State Street and furnished to management.

	<u>2023</u>	<u>2022</u>
Assets:		
Investments:		
Collective trust funds	\$ 32,865,371	\$ 33,582,379
Cash equivalents	<u>36,907</u>	<u>21,405</u>
Total investments	32,902,278	33,603,784
Receivables for securities sold	<u>490,912</u>	<u>119,079</u>
Total assets	33,393,190	33,722,863
Liabilities:		
Payables for securities purchased	<u>491,227</u>	<u>119,079</u>
Total net assets	<u>\$ 32,901,963</u>	<u>\$ 33,603,784</u>
Plan interest in the Vitesco Master Trust	<u>\$ 32,901,963</u>	<u>\$ 33,603,784</u>

The following are the changes in net assets for the Vitesco Master Trust for the years ended December 31, 2023 and 2022.

	<u>2023</u>	<u>2022</u>
Net appreciation (depreciation) in fair value of investments	\$ 2,617,549	\$ (8,422,370)
Net transfers	<u>(3,319,370)</u>	<u>(2,238,897)</u>
Change in net assets	<u>\$ (701,821)</u>	<u>\$ (10,661,267)</u>

Net assets:			
Beginning of period		\$ 33,603,784	\$ 44,265,051
End of period		\$ 32,901,963	\$ 33,603,784

See Note 4 for disclosure of the valuation methodologies used for investments of the Vitesco Master Trust.

The following table sets forth by level, within the fair value hierarchy, the Vitesco Master Trust's investments at fair value as of December 31, 2023.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 36,907	\$ -	\$ -	\$ 36,907
Total investments in the fair value hierarchy	\$ 36,907	\$ -	\$ -	36,907
Investments measured at NAV, as a practical expedient				32,865,371
Investments, at fair value				\$ 32,902,278

The following table sets forth by level, within the fair value hierarchy, the Vitesco Master Trust's investments at fair value as of December 31, 2022.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 21,405	\$ -	\$ -	\$ 21,405
Total investments in the fair value hierarchy	\$ 21,405	\$ -	\$ -	21,405
Investments measured at NAV, as a practical expedient				33,582,379
Investments, at fair value				\$ 33,603,784

Fair Value of Investments in Entities that Use NAV as a Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as a practical expedient as of December 31, 2023 and 2022:

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust fund - Fixed income	\$32,865,371	None	Daily	90 days

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust fund - Fixed income	\$33,582,379	None	Daily	90 days

6. RISKS AND UNCERTAINTIES

The Vitesco Master Trust and the Plan's investments include funds which invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying statements of net assets available for benefits.

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

7. TAX STATUS

The Internal Revenue Service has determined and informed the Employer by a letter dated January 13, 2021, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, management and the Plan's tax counsel, believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of any tax period in progress.

8. PLAN TERMINATION

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

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

9. RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

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

10. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023. Had the valuation been performed as of December 31, 2022, there would be no material differences.

The significant actuarial assumptions used in the valuations as of December 31, 2022 were:

Discount rate	5.40%
Mortality basis after normal retirement age	Pri-2012 sex distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and no collar adjustments applied with future improvement using the MP-2021 projection scale
Expected long-term return on assets	5.40%, net of expenses in the amount of \$322,000

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

The total actuarial present value of accumulated plan benefits as of December 31, 2022, was as follows:

Vested benefits:	
Active participants	\$ 12,432,217
Inactive participants with deferred benefits	5,588,248
Inactive participants receiving benefits	<u>13,675,018</u>
Total vested benefits	31,695,483
Nonvested benefits	<u>99,852</u>
Actuarial present value of accumulated plan benefits as of end of year	<u>\$ 31,795,335</u>

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2022, was as follows:

Actuarial present value of accumulated plan benefits as of beginning of year:	<u>\$ 18,499,211</u>
Increase during the year attributable to:	
Increase for interest due to decrease in discount period	509,307
Change in actuarial assumptions	(8,230,922)
Benefits paid	(571,740)
Benefits accumulated and losses	(393,962)
Other changes (merger of the Vitesco Technologies Hourly Pension Plan)	<u>21,983,441</u>
Net change	<u>13,296,124</u>
Actuarial present value of accumulated plan benefits as of end of year	<u>\$ 31,795,335</u>

VITESCO TECHNOLOGIES USA, LLC PENSION PLAN

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

AS OF DECEMBER 31, 2023

EIN: 83-1870421 - PN: 201

<u>(a)</u> <u>Party in interest</u>	<u>(b)</u> <u>Identity of issuer, borrower, lessor or similar party</u>	<u>(c)</u> <u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>(d)</u> <u>Cost</u>	<u>(e)</u> <u>Current value</u>
	Federated Government Obligations Institutional Shares	Interest-bearing cash	\$ 391,757	\$ 391,757

See independent auditors' report.