

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>AFFINIA HEALTHCARE PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AFFINIA HEALTHCARE</u></p> <p><u>1717 BIDDLE STREET</u> <u>ST. LOUIS, MO 63106</u></p>	<p><b>1c</b> Effective date of plan <u>07/01/1987</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>43-0817642</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>314-898-1700</u></p> <p><b>2d</b> Business code (see instructions) <u>624100</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/15/2025	LESLIE OCONNOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/15/2025	LESLIE OCONNOR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	356
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	44
	<b>6a(2)</b>	44
	<b>6b</b>	158
	<b>6c</b>	144
	<b>6d</b>	346
	<b>6e</b>	10
	<b>6f</b>	356
	<b>6g(1)</b>	
	<b>6g(2)</b>	
<b>h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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   2
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>AFFINIA HEALTHCARE PENSION PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AFFINIA HEALTHCARE</b>		<b>D</b> Employer Identification Number (EIN) <b>43-0817642</b>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**PRINCIPAL LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>42-0127290</b>	<b>61271</b>	<b>635671</b>	<b>175</b>	<b>01/01/2024</b>	<b>06/30/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	0
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	10417539

**6** Contracts With Allocated Funds:

- a** State the basis of premium rates ▶
  
- b** Premiums paid to carrier ..... **6b**
- c** Premiums due but unpaid at the end of the year..... **6c**
- d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶
  
- e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶
  
- f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
(6) Total additions .....			<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....			<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....			<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>	
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>AFFINIA HEALTHCARE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AFFINIA HEALTHCARE</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0817642</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**MUTUAL OF AMERICA LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1614399</b>	<b>88668</b>	<b>434002-D</b>		<b>07/01/2023</b>	<b>06/30/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	6745
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	70144

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b** 73576

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	17602
	<b>7c(2)</b>	
	<b>7c(3)</b>	262
	<b>7c(4)</b>	719047
	<b>7c(5)</b>	0

(6) Total additions ..... **7c(6)** 736911

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 810487

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	765458
(2) Administration charge made by carrier .....	<b>7e(2)</b>	
(3) Transferred to separate account.....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	38284

▶ MISCELLANEOUS

(5) Total deductions ..... **7e(5)** 803742

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 6745

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)     
 **b**  Dental     
 **c**  Vision     
 **d**  Life insurance  
**e**  Temporary disability (accident and sickness)     
 **f**  Long-term disability     
 **g**  Supplemental unemployment     
 **h**  Prescription drug  
**i**  Stop loss (large deductible)     
 **j**  HMO contract     
 **k**  PPO contract     
 **l**  Indemnity contract  
**m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....			<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....		<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....			<b>9b(3)</b>
(4) Claims charged .....			<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges.....	<b>9c(1)(G)</b>		
(H) Total retention .....			<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....			<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....			<b>9d(1)</b>
(2) Claim reserves .....			<b>9d(2)</b>
(3) Other reserves.....			<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....			<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

<b>A</b> Name of plan <u>AFFINIA HEALTHCARE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AFFINIA HEALTHCARE</u>	<b>D</b> Employer Identification Number (EIN) <u>43-0817642</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>14742352</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>15642211</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>169</u>	<u>9017537</u>
	<b>b</b> For terminated vested participants .....	<u>141</u>	<u>4309618</u>
	<b>c</b> For active participants .....	<u>48</u>	<u>2136285</u>
	<b>d</b> Total .....	<u>358</u>	<u>15463440</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.20 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>22145</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>22145</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>03/12/2025</u>
	<u>CHEIN-HUNG BRINE LIN, FSA, CFA, EA</u>	Date
	Type or print name of actuary	<u>23-06666</u>
	<u>MUTUAL OF AMERICA</u>	Most recent enrollment number
	Firm name	<u>212-224-1241</u>
	<u>320 PARK AVENUE</u> <u>NEW YORK, NY 10022-6839</u>	Telephone number (including area code)
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	431572
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	431572
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.95</u> % .....	0	29994
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		631105
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> % .....		33890
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		664995
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	461566

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	98.11 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	101.10 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	97.22 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/17/2023	16000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	16000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 15761
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>c</b> 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
0	0	0
		(4) 4th
		0

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	22145	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	291226	26807	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	48952	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....		33300	33300
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	15652	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	15761	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	109	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	109	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>AFFINIA HEALTHCARE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AFFINIA HEALTHCARE</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0817642</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>FIDELITY MANAGEMENT &amp; RESEARCH COMP</b>	<b>82 DEVONSHIRE STREET BOSTON, MA 02109</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>THE VANGUARD GROUP</b>	<b>PO BOX 2600 VALLEY FORGE, PA 19482</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>JP MORGAN</b>	<b>270 PARK AVENUE NEW YORK, NY 10017</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>DIMENSIONAL FUND ADVISORS</b>	<b>6300 BEE CAVE ROAD BUILDING 1 AUSTIN, TX 78746</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

MFS INVESTMENT MANAGER

111 HUNTINGTON AVENUE  
BOSTON, MA 02199

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

AMERICAN FUNDS

333 S. HOPE ST DL55  
LOS ANGELES, CA 90071

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

T. ROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
12 13 15 50 64	NONE	46047	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MUTUAL OF AMERICA LIFE INSURANCE CO

320 PARK AVENUE  
NEW YORK, NY 10022

(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 12 15 50	NONE	24155	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WILLSHIRE ADVISORS LLC

95-2755361

(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 72	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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
WILLSHIRE ADVISORS LLC	27 72	0

(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.	
PRINCIPAL LIFE INSURANCE COMPANY  42-0127290	1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILLSHIRE 3(21) OR WILLSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE.	

(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.

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

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

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

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

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

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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
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<b>a</b> Name: GARY G. PALMER, EA	<b>b</b> EIN: 13-1614399
<b>c</b> Position: ENROLLED ACTUARY	
<b>d</b> Address: 320 PARK AVENUE NEW YORK, NY 10022-6839	<b>e</b> Telephone: 212-224-1480

Explanation: REASSIGNED TO ANOTHER PLAN

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>AFFINIA HEALTHCARE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AFFINIA HEALTHCARE</u>	<b>D</b> Employer Identification Number (EIN) <u>43-0817642</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BOND FUND</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>	<b>c</b> EIN-PN <u>13-1614399-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY VIP MID CAP FUND</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>	<b>c</b> EIN-PN <u>13-1614399-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DWS CAPITAL GROWTH VIP</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>	<b>c</b> EIN-PN <u>13-1614399-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID TERM BOND</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>	<b>c</b> EIN-PN <u>13-1614399-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INDEX FUND</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>	<b>c</b> EIN-PN <u>13-1614399-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP GROWTH FUND</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>	<b>c</b> EIN-PN <u>13-1614399-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID-CAP EQUITY INDEX FUND</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>	<b>c</b> EIN-PN <u>13-1614399-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VIF DIVERSIFIED VALUE PORT		
<b>b</b> Name of sponsor of entity listed in (a): MUTUAL OF AMERICA		
<b>c</b> EIN-PN 13-1614399-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VIF INTERNATIONAL PORTFOLI		
<b>b</b> Name of sponsor of entity listed in (a): MUTUAL OF AMERICA		
<b>c</b> EIN-PN 13-1614399-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND		
<b>b</b> Name of sponsor of entity listed in (a): MUTUAL OF AMERICA		
<b>c</b> EIN-PN 13-1614399-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VIF REAL ESTATE INDEX PORT		
<b>b</b> Name of sponsor of entity listed in (a): MUTUAL OF AMERICA		
<b>c</b> EIN-PN 13-1614399-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL FUND		
<b>b</b> Name of sponsor of entity listed in (a): MUTUAL OF AMERICA		
<b>c</b> EIN-PN 13-1614399-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO VIT REAL RETURN PORT		
<b>b</b> Name of sponsor of entity listed in (a): MUTUAL OF AMERICA		
<b>c</b> EIN-PN 13-1614399-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND		
<b>b</b> Name of sponsor of entity listed in (a): MUTUAL OF AMERICA		
<b>c</b> EIN-PN 13-1614399-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70144
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LDI LONG DURATION SA-Z		
<b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 42-0127290-104	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5233395
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LDI INTRM DUR SEP ACCT-Z		
<b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 42-0127290-128	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5184144
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>AFFINIA HEALTHCARE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AFFINIA HEALTHCARE</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0817642</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	14664103	10487683
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		4699776
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	73576	6745
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	14737679	15194204
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	14737679	15194204

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	16000	
(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)		16000
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	262	
(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)		262
(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)	8165	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		8165
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		1203232
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		280728
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1508387

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	981660	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		981660
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	70202	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		70202
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1051862

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		456525
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 570687.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>AFFINIA HEALTHCARE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AFFINIA HEALTHCARE</u>	<b>D</b> Employer Identification Number (EIN) <u>43-0817642</u>	

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

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

EIN(s): 13-1614399 42-0127290

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J301736A.




# **Affinia Healthcare Pension Plan**

**EIN 43-0817642 PN 001**

**Independent Auditor's Report, Financial Statements –  
Modified Cash Basis and Supplemental Schedules**

June 30, 2024 and 2023



**Affinia Healthcare Pension Plan**  
**Contents**  
**June 30, 2024 and 2023**

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## Independent Auditor's Report

Plan Administrator  
Affinia Healthcare Pension Plan  
St. Louis, Missouri

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

We have performed audits of the financial statements of Affinia Healthcare Pension Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of June 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### ***Opinion***

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

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

### ***Emphasis of Matter – Basis of Accounting***

We draw attention to Note 2 to the financial statements which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances.

Management is also responsible 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 within one year after the date that these financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 the modified basis of accounting described in Note 2.

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 the modified cash basis of accounting described in Note 2.

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

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Forvis Mazars, LLP**

**St. Louis, Missouri  
April 14, 2025**

Federal Employer Identification Number: 44-0160260

**Affinia Healthcare Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**(Modified Cash Basis)**  
**June 30, 2024 and 2023**

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	<u>2024</u>	<u>2023</u>
Investments, At Fair Value	\$ 15,194,204	\$ 14,737,679
Net Assets Available for Benefits	<u>\$ 15,194,204</u>	<u>\$ 14,737,679</u>

**Affinia Healthcare Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**(Modified Cash Basis)**  
**Years Ended June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Investment Income</b>		
Net appreciation in fair value of investments	\$ 1,483,960	\$ 969,198
Interest and dividends	<u>8,427</u>	<u>1,454</u>
<b>Net Investment Income</b>	1,492,387	970,652
<b>Employer Contributions</b>	<u>16,000</u>	<u>666,637</u>
<b>Total</b>	<u>1,508,387</u>	<u>1,637,289</u>
<b>Deductions</b>		
Benefits paid to participants	981,660	836,681
Administrative expenses	<u>70,202</u>	<u>5,048</u>
<b>Total</b>	<u>1,051,862</u>	<u>841,729</u>
<b>Net Increase</b>	456,525	795,560
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>14,737,679</u>	<u>13,942,119</u>
<b>Net Assets Available for Benefits, End of Year</b>	<u>\$ 15,194,204</u>	<u>\$ 14,737,679</u>

**Affinia Healthcare Pension Plan**  
**Notes to Financial Statements**  
**(Modified Cash Basis)**  
**June 30, 2024 and 2023**

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**Note 1. Description of the Plan**

The following description of the Affinia Healthcare Pension Plan (“Plan”) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation’s (“PBGC”) benefit guarantee is contained in the Plan Document and Summary Plan Description, which are available from the Plan Administrator.

**General**

The Plan is a noncontributory defined benefit plan that covers substantially all employees of Affinia Healthcare (the “Employer”) and provides for retirement, death, and disability benefits. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (“ERISA”).

Effective January 1, 2008, the Employer elected to freeze the Plan. As a result, no additional employees will become eligible and no additional benefits will accrue under the Plan.

The Plan is administered by the Employer’s Finance Committee (Committee), which is a committee of the board of directors of the Employer. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to Plan Administration.

Effective April 15, 2024, the Plan’s custodian changed from Mutual of America Life Insurance Company (“MOA”) to Delaware Charter Trust Company d/b/a Principal Trust Company (“Principal”) and Principal Life Insurance Company (“Principal Life”). Principal and Principal Life serve as the primary custodians, while MOA still holds assets and serves as secondary custodian. Principal serves as the primary record keeper of the Plan. Plan assets transferred to Principal and Principal Life were transferred into funds comparable to those offered by MOA.

**Contributions**

The Employer has agreed to voluntarily contribute such amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. Contributions by employees are not permitted. The Employer’s present intention is to make contributions in 2025 in amounts sufficient to fund the Plan’s current service costs. In 2024 and 2023, the Plan has met the minimum funding requirements established by the federal government. Funding of \$83,333 was remitted in 2023, but applied to 2022.

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

**Pension Benefits**

Benefits under the Plan are based on employees’ five highest compensation years during their last 10 years of credited service. Normal retirement age for Plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 55, provided that they have at least 10 years of service with the Company. Accrued benefits are payable as an annuity over the participant’s lifetime or as a qualified joint and one half-survivor annuity.

Effective August 1, 2018, the Plan was amended to allow for the distribution of accrued benefits of employees terminated on or before the effective date when the present value of the vested accrued benefit is less than or equal to \$5,000.

**Affinia Healthcare Pension Plan**  
**Notes to Financial Statements**  
**(Modified Cash Basis)**  
**June 30, 2024 and 2023**

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***Death Benefits***

The spouse of a participant will receive between 50% and 100% survivor annuity, as defined in the Plan, upon the death of the participant. This benefit is immediately payable to the spouse if the participant was already receiving benefits. If the participant was not already receiving benefits, payments to the spouse may commence as of the earliest date the participant would have received benefits.

***Vesting***

Upon completion of three years of vesting service, but prior to becoming eligible for a normal retirement benefit, a participant is entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit. All eligible employees are now fully vested.

***Plan Termination***

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:

- a. 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 plan termination.
- b. Other vested benefits insured by the PBGC up to the applicable limitations discussed below.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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.

**Note 2. Summary of Significant Accounting Policies**

***Modified Cash Basis of Accounting***

The Plan's accounts are maintained on a modified cash basis and the statements of changes in net assets available for plan benefits reflect only cash received and disbursed and appreciation of investments. Therefore, receivables and payables and accrued income and expenses, which may be material, are not reflected in the accompanying financial statements. The statements are not intended to present the Plan's financial status or changes in financial status in conformity with accounting principles generally accepted in the United States of America.

**Affinia Healthcare Pension Plan  
Notes to Financial Statements  
(Modified Cash Basis)  
June 30, 2024 and 2023**

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***Use of Estimates***

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and 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. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

Quoted market prices are used to value investments. The interest accumulation fund is valued at the net asset value (NAV) of shares held by the Plan at year-end. The Plan also holds interests in investments in pooled separate accounts, which are valued at estimated fair value as determined by quoted market prices of the investments within each account, as provided by Principal Life Insurance Company and Mutual of America Life Insurance Company. Mutual funds are valued at NAV of shares held by the Plan at year-end.

Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the modified cash basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

***Administrative Expenses***

Administrative expenses may be paid by the Employer or the Plan, at the Employer's discretion.

***Accumulated Plan Benefits***

Accumulated plan benefits (see Note 4) are those estimated 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. Present employees or their beneficiaries.

Benefits under the Plan are based on employees' highest average compensation for five consecutive years within the last 10 years of credited service. The accumulated plan benefits for active employees are based on their highest average compensation for five consecutive years within the 10 years preceding the valuation 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.

***Plan Tax Status***

The Plan operates under a non-standardized adoption agreement in connection with a prototype pension plan and custodial document sponsored by Mutual of America Life Insurance Company. The Plan obtained its latest determination letter on July 10, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

**Affinia Healthcare Pension Plan**  
**Notes to Financial Statements**  
**(Modified Cash Basis)**  
**June 30, 2024 and 2023**

As described in Note 8, effective January 1, 2025, the plan operates under a non-standardized pre-approved defined benefit plan in connection with a prototype pension plan and custodial document sponsored by Principal Life Insurance Company. The prototype pension plan and custodial document obtained its latest determination letter on July 12, 2021, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

**Note 3. Disclosure About Fair Value of Plan Assets**

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

**Recurring Measurements**

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2024 and 2023:

	Fair Value	Fair Value Measurements Using		
		Quoted Market Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>June 30, 2024</b>				
Interest Accumulation Fund	\$ 6,745	\$ 6,745	\$ -	\$ -
Pooled Separate Accounts	10,487,683	-	10,487,683	-
Mutual Funds	4,699,776	4,699,776	-	-
	<u>\$ 15,194,204</u>	<u>\$ 4,706,521</u>	<u>\$ 10,487,683</u>	<u>\$ -</u>
<b>June 30, 2023</b>				
Interest Accumulation Fund	\$ 73,576	\$ 73,576	\$ -	\$ -
Pooled Separate Accounts	14,664,103	-	14,664,103	-
	<u>\$ 14,737,679</u>	<u>\$ 73,576</u>	<u>\$ 14,664,103</u>	<u>\$ -</u>

**Affinia Healthcare Pension Plan**  
**Notes to Financial Statements**  
**(Modified Cash Basis)**  
**June 30, 2024 and 2023**

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended June 30, 2024 and 2023. The plan had no assets measured at fair value on a nonrecurring basis.

**Investments**

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows are classified as Level 2 investments. At June 30, 2024, the Plan's investments in the interest accumulation fund and mutual funds are classified as Level 1, while pooled separate accounts are classified as Level 2. At June 30, 2023, the Plan's investment in the interest accumulation fund are classified as Level 1, while the Plan's investments in pooled separate accounts are classified as Level 2.

**Note 4. Accumulated Plan Benefits**

An actuary from Mutual of America Life Insurance Company determines the actuarial present value of accumulated plan benefits, which is the 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 accumulated plan benefit information as of July 1, 2023, was as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 8,089,485
Other participants	5,592,942
	<u>13,682,427</u>
Nonvested benefits	7,055
	<u>13,689,482</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 13,689,482</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended July 1, 2023, were as follows:

Actuarial present value of accumulated plan benefits, July 1, 2023	<u>\$ 13,635,407</u>
Increase (decrease) during the year attributable to	
Changes in actuarial assumptions	(65,581)
Benefits accumulated	98,897
Increase for interest due to the decrease in the discount period	857,440
Benefits paid	<u>(836,681)</u>
Net decrease	<u>54,075</u>
Actuarial present value of accumulated plan benefits, June 30, 2024	<u>\$ 13,689,482</u>

**Affinia Healthcare Pension Plan  
Notes to Financial Statements  
(Modified Cash Basis)  
June 30, 2024 and 2023**

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Significant assumptions underlying the actuarial computations are:

<b>Mortality Basis:</b>	Adjusted RP-2014 Total Dataset Employee Table, separate for Males and Females, projected by Scale MP-2021
<b>Compensation Improvement:</b>	0%
<b>Retirement Age:</b>	Age 64 or immediate if beyond age 64
<b>Valuation Method:</b>	Project Unit Credit Method

The changes in actuarial assumptions are primarily due to updates to the mortality basis. 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 computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2023. Had the valuations been performed as of June 30, there would be no material differences.

#### **Note 5. Certification of Plan Custodians**

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal, Principal Life, and MOA, all qualified institutions, have certified the following information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the Statements of Net Assets Available Benefits (modified cash basis) as of June 30, 2024 and 2023
- Investment income as shown in the Statements of Changes in Net Assets Available for Benefits (modified cash basis) for the years ended June 30, 2024 and 2023
- Investment information included in the accompanying supplemental Schedule of Assets (Held at End of Year) (modified cash basis) as of June 30, 2024, and the accompanying Schedule of Reportable Transactions for the year ended June 30, 2024

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

**Affinia Healthcare Pension Plan**  
**Notes to Financial Statements**  
**(Modified Cash Basis)**  
**June 30, 2024 and 2023**

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**Note 6. Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

The Plan incurs expenses related to general administration and recordkeeping. The Employer pays certain of these expenses and accounting and auditing fees relating to the Plan and provides certain administrative services at no cost to the Plan.

Certain Plan investments are units of pooled separate accounts, which are managed by MOA and Principal Life. The Plan also invests in an interest accumulation fund with MOA.

**Note 7. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the 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 employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

**Note 8. Subsequent Events**

Subsequent events have been evaluated through April 14, 2025, which is the date the financial statements were available to be issued.

***Plan Amendment***

Effective January 1, 2025, the Plan was amended and restated to a non-standardized pre-approved defined benefit plan sponsored by Principal Life Insurance Company.



**Affinia Healthcare Pension Plan  
Actuarial Valuation as of  
July 1, 2023**

## Executive summary

	July 1, 2023	July 1, 2022
<b>Contribution range</b>		
Minimum required contribution	\$48,952	\$23,582
<b>Credit balances</b>		
Carryover balance	\$0	\$0
Prefunding balance	\$461,566	\$431,572
<b>Total</b>	\$461,566	\$431,572
<b>Assets and liabilities</b>		
Target normal cost	\$22,145	\$22,145
Funding target	\$15,471,871	\$15,161,687
Actuarial value of assets	\$15,642,211	\$15,172,275
Market value of assets	\$14,742,352	\$13,942,119
Estimated rate of return on market value of assets	6.95%	N1.030 -12.40%
<b>Census information</b>		
Active participants	48	46
Terminated vested participants	141	147
Retirees and beneficiaries	169	166
<b>Total</b>	358	359
<b>Assumptions</b>		
Interest discounting	March 2023 Segment Rates	March 2022 Segment Rates
Effective interest rate	5.20%	5.37%

## Executive summary

### Changes in plan provisions since prior valuation

There have been no changes in plan provisions since the prior valuation.

### Changes in actuarial assumptions and methods

No changes were made except those required to remain in compliance with IRS standards (specifically, the interest discounting rates and mortality table with static projections have been updated by one year).

### Summary of other significant changes

We are not aware of any other significant events that would materially affect this valuation.

### Quarterly contribution requirement and recommended contribution schedule for 2023

The plan is subject to the quarterly contribution requirement for the 2023 plan year. The following table provides the contribution schedule that meets the quarterly installment requirements, if applicable, as well as satisfied the Minimum Required Contribution Requirement when discounted back to July 1, 2023 at the 2023 Effective Interest Rate.

Date	Contribution
10/15/2023	\$5,896
1/15/2024	\$5,896
4/15/2024	\$5,896
7/15/2024	\$5,896
3/15/2025	\$28,550
<b>Total</b>	<b>\$52,134</b>

### Estimated quarterly contribution requirement for 2024

The plan will be subject to the quarterly contribution requirement for the 2024 plan year. Based on the 2023 actuarial valuation results, the estimated quarterly contribution required for the 2024 plan year will be \$12,238. A contribution in this amount must be made on or before October 15, 2024, January 15, 2025, April 15, 2025 and July 15, 2025. Once the 2024 actuarial valuation is complete, we will communicate the contribution requirements for the 2024 plan year.

### Funding policy contribution

The plan sponsor's policy is to contribute the amount necessary to meet the minimum funding requirements of Internal Revenue Code (IRC) Sections 412 and 430. Occasionally, and with regard to their cash and tax position, the plan sponsor may contribute more than the minimum.

### At-risk status

The plan is not "at-risk" for the 2023 plan year, as detailed in line 4(a) of the funding target section of this report. The plan will not be "at-risk" for the 2024 plan year, as detailed in line 8(f) of the same section. Please refer to the funding target introduction for the implications of being at risk, if applicable.

### Top-Heavy Status

This plan is not top-heavy for the plan year ending 06/30/2024.

## Executive summary

### Assessment and disclosure of risk

Future pension obligations and actuarially determined contributions may differ significantly from current measurements provided in this report. Actuarial Standard of Practice (ASOP) No. 51 requires actuaries who are performing funding valuations to identify risks inherent in the measurements of pension obligations and actuarially determined contributions. We have identified the following risks that could significantly affect the future financial condition of the Affinia Healthcare Pension Plan.

- **Investment risk**—The potential that investment returns will be different than expected

Assets are invested in accordance with an investment policy to maintain or improve the plan's funded status, which is the net difference between the assets held in the plan and the plan's liability. Investment returns lower than expected could significantly reduce the funded status, increasing future contribution requirements. Generally, the more return sought under the plan's investment policy, the more risk that must be undertaken.

- **Asset/liability mismatch risk**—The potential that changes in asset values are not matched by changes in the value of liabilities

Volatility of a plan's funded status and contribution requirements depends on how the assets are matched against the plan's obligations and can be mitigated by certain strategies such as liability-driven investing (LDI). This way, the sensitivity of the market value of assets to interest-rate changes closely matches that of the liabilities. Assets and liabilities in this plan are not fully matched.

There is an additional mismatch due to the discount rates mandated by the IRS for minimum funding. Interest discounting for the funding target calculation is based on a two-year average of corporate bond yields, with additional adjustments for the stabilization provisions described in this report. However, the fixed-income portion of the plan's market value of assets is based on current bond yields without averaging.

- **Interest rate risk**—The potential that interest rates will be different than expected

The funding target liability used for minimum funding is determined using IRS-mandated interest rates. The interest rates are adjusted to fall within a stabilization corridor around a 25-year average of rates, as detailed in the funding target section of this report. These stabilized interest rates result in a lower funding target and minimum required contribution.

- **Longevity and other demographic risks**—The potential that mortality, salary increases and other demographic experience will be different than expected.

The significance and order of magnitude of these risks depend largely on the demographic assumptions of the plan, which are described in Sections A-5 and A-6 of the report. Generally, an experience analysis would indicate a pension plan's exposure to these risks by determining the gain or loss due to actual experience being better or worse than expected. Historically, experience analysis has not yielded material or consistent gains or losses in the plan.

## Executive summary

- **Contribution risk**—The potential that actual future contributions will deviate from the expected future contributions, such as actual contributions that are not made in accordance with the plan’s funding policy or accelerated in advance of legislative changes.

The plan sponsor currently contributes the amount necessary to meet the minimum funding requirements of IRC Sections 412 and 430. Payment of the minimum required contribution is required to avoid a penalty under IRC Sections 430(j)(3)(A) and 4971(a) but does not ensure the future financial security of the plan. The plan sponsor may occasionally contribute an amount above the required minimum contribution based on their cash and tax position at that time. If contributed, the additional amount could improve or maintain the plan’s funded position.

Our assessment of the risks identified above was made in accordance with the prescribed assumptions and methods as summarized in Sections A-5 and A-6 of this report. As such, future actuarial measurements may differ significantly from the current measurements due to changes in these risk factors. In our opinion, a more detailed assessment using scenario tests, sensitivity tests, and stochastic modeling would be beneficial to understanding the risks and may yield materially different results compared with current pension measurements.

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## Actuarial certification

This report presents the results of the actuarial valuation as of July 1, 2023 for the Affinia Healthcare Pension Plan. The purpose of this report is to review the plan's experience for the prior year and to provide the plan sponsor with an acceptable range of contributions for the plan year in accordance with the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code (IRC).

**This report is not an adjusted funding target attainment percentage certification**, nor should it be relied upon for any other purpose by any party other than the plan sponsor.

This valuation has been conducted in accordance with generally accepted actuarial principles and practices. In preparing the results presented in this report, we have relied upon information provided to us regarding plan provisions, plan participants and plan assets. We have reviewed this information for overall reasonableness, but we have not audited this information. The accuracy of the results presented in this report is dependent upon the accuracy and completeness of the underlying information.

The assumptions for interest and mortality for funding purposes are mandated by the IRS. All other assumptions have been selected by Mutual of America with concurrence of the plan sponsor, and are considered to be reasonable as described by the Actuarial Standards of Practice.

The information contained in this report was prepared for the internal use of Affinia Healthcare and its auditors in connection with our actuarial valuation of the Affinia Healthcare Pension Plan. It is neither intended nor necessarily suitable for other purposes.

The consulting actuary meets the standards in the *General Qualifications Standard for Prescribed Statements of Actuarial Opinion* of the American Academy of Actuaries relating to pension plans.



3/7/2024

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Chien-Hung Brine Lin, FSA, CFA, EA, MAAA, FCA  
VP & Actuary

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Date

## Plan assets

### Asset valuation method

IRC Section 430(g) states plan assets may be valued at either their fair market value or average asset value on the valuation date. Under the average value method, the value of plan assets equals the average of their fair market value on the valuation date and the adjusted fair market value (including expected earnings) determined for one or more earlier dates (up to a two-year limit). The resulting average must fall between 90% and 110% of the fair market value of plan assets on the valuation date.

Contributions for a prior plan year that are made after the beginning of this plan year must be adjusted for interest at the effective interest rate under IRC Section 430(h)(2).

For purposes of this actuarial valuation, plan assets are valued under the asset averaging method.

### Contributions for plan year beginning July 1, 2022

Date	Amount
Total:	\$ 666,664

## Plan assets

### Reconciliation of market value of assets

1 Market value of assets as of July 1, 2022	\$13,942,119
2 Contributions made during plan year	666,664
3 Transfer During Plan Year	0
4 Investment income	970,650
5 Benefit payments	(836,681)
6 Expenses	(400)
7 Market value of assets as of July 1, 2023 (1+2+3+4+5+6)	14,742,352
8 Discounted receivable contributions	0
9 Market value of assets as of July 1, 2023 (including discounted receivable contributions)	\$14,742,352

Estimated gross rate of return on assets: 6.95%

The estimated rate of return is based on the time weighting of contributions, benefit payments and expenses

### Plan Assets by Category

	June 30, 2023		June 30, 2022	
Equity	\$7,862,873.44	53.3%	\$6,846,523.34	49.1%
Fixed Income	6,801,734.09	46.1%	6,008,002.54	43.1%
General Account	77,744.19	0.6%	1,087,592.82	7.8%
Total	\$14,742,351.72	100.0%	\$13,942,118.70	100.0%

## Plan assets

### Development of asset gain (loss)\*

#### 1 Development of 2021 gain (loss)

(a)	Expected return on assets		6.11%
(b)	Market value at July 1, 2021		\$16,416,713
(c)	Benefit payments and expenses		(918,592)
(d)	Expected return at 6.11% interest		
	(i) Market value	1,003,061	
	(ii) Benefit payments and expenses	(27,647)	
	(iii) Contributions & Transfers	<u>7,161</u>	
	(iv) Total		982,575
(e)	Actual return on market value		(2,005,550)
(f)	Gain (loss): (e)-(d)(iv)		(\$2,988,125)

#### 2 Development of 2022 gain (loss)

(a)	Expected return on assets		5.92%
(b)	Market value at July 1, 2022		\$13,942,119
(c)	Benefit payments and expenses		(837,081)
(d)	Expected return at 5.92% interest		
	(i) Market value	825,373	
	(ii) Benefit payments and expenses	(24,421)	
	(iii) Contributions & Transfers	<u>25,424</u>	
	(iv) Total		826,376
(e)	Actual return on market value		970,650
(f)	Gain (loss): (e)-(d)(iv)		\$144,274

\* For purposes of determining asset gain (loss), discounted receivable contributions are included in the market value of assets.

## Plan assets

### Development of Actuarial Assets (Spread Gain Method)

1.	Market value of assets, July 1, 2023	\$14,742,352
2.	Prior year gains/(losses):	
	(a) Asset gain/(loss) for year-2	
	(i) Initial asset gain/(loss)	(2,988,125)
	(ii) Weight	0.3333
	(iii) Unrecognized amount: (i)x(ii)	(996,042)
	(b) Asset gain/(loss) for year-1	
	(i) Initial asset gain/(loss)	144,274
	(ii) Weight	0.6667
	(iii) Unrecognized amount: (i)x(ii)	96,183
3.	Total amount unrecognized: sum of (2)(iii)	(899,859)
4.	Preliminary actuarial value: (1)-(3)	15,642,211
5.	Market value corridor override	
	(a) Lower bound: 0.9 x(1)	13,268,117
	(b) Upper bound: 1.1 x(1)	16,216,587
	(c) Adjustment due to corridor	0
6.	Actuarial assets, July 1, 2023: (4)+(5)(c)	\$15,642,211

## Credit balances

The Pension Protection Act of 2006 (PPA) divided credit balances into the following components:

- **Funding standard carryover balance (FSCB)**—The credit balance, if any, as of the end of the 2007 plan year
- **Prefunding balance (PFB)**—Credit for contributions made on or after the 2008 plan year in excess of minimum funding requirements

Maintaining credit balances is elective. Plan sponsors can waive some or all of the carryover and prefunding balances to avoid asset reductions when determining:

- At-risk status
- The funding target attainment percentage
- The shortfall amortization base
- Benefit restrictions

If waived, the carryover balance must be waived **before** the prefunding balance.

After 2007, interest on the carryover and prefunding balances are credited at the rate determined on the actual return on the market value of plan assets.

Credit balances may be used toward the current year's minimum funding requirement only if, for the prior year, the actuarial value of assets less the prefunding balance is greater than 80% of the not-at-risk funding target. If the credit balances are used to offset the minimum funding requirement, the carryover balance must be used **before** the prefunding balance.

## Credit balances

Below are the credit balances as of the beginning of the 2023 plan year:

<b>1</b>	Funding standard carryover balance (FSCB)	
(a)	FSCB as of July 1, 2022 after waivers	\$0
(b)	FSCB applied to minimum required contribution	0
(c)	Remaining FSCB as of July 1, 2022: (a)–(b)	0
(d)	Rate of return on plan assets during plan year 2022	6.95%
(e)	Interest on (c) : (c)x(d)	\$0
(f)	FSCB as of July 1, 2023: (c)+(e)	0
(g)	Waived FSCB	0
(h)	FSCB as of July 1, 2023 after waivers: (f)-(g)	\$0
<b>2</b>	Prefunding balance (PFB)	
(a)	PFB as of July 1, 2022 after waivers	\$431,572
(b)	PFB applied to minimum required contributions	0
(c)	Remaining PFB as of July 1, 2022: (a)–(b)	431,572
(d)	Rate of return on plan assets during plan year 2022	6.95%
(e)	Interest on (c) : (c)x(d)	29,994
(f)	Excess contributions	
(i)	Employer contributions discounted to beginning of year	\$654,687
(ii)	Preliminary minimum required contribution (MRC)	23,582
(iii)	Credit balances applied to MRC	\$0
(iv)	Excess: (i)-(ii)+(iii), minimum zero	631,105
(v)	Excess above MRC: (i)-(ii), minimum zero	631,105
(vi)	Excess due to use of credit balances: (iv)-(v)	\$0
(vii)	Effective rate	5.37%
(viii)	Interest on excess contributions: (v)x(vii)+(vi)x(d)	33,890
(ix)	Total available to add to PFB: (iv)+(viii)	664,995
(x)	Portion of (ix) added to PFB	0
(g)	PFB as of July 1, 2023: (c)+(e)+(f)(x)	461,566
(h)	Waived PFB	\$0
(i)	PFB as of July 1, 2023 after waivers: (g)-(h)	\$461,566

N1.021

## Funding target

In accordance with IRC Section 430(d), the funding target is the present value of all benefits accrued or earned under the plan as of the beginning of the plan year.

### Not-at-risk plans

The funding target for not-at-risk plans is determined based on:

- **Interest discounting**—Plan sponsors can use a segmented yield curve based on high-quality (AAA, AA, A-rated) corporate bonds. The three segments include benefits expected to be paid over the next 5 years, between years 5 and 20, and after year 20. The segmented yield curve is based on a 24-month unweighted average. There is also an optional lookback period up to 4 months prior to the beginning of the plan year. Further, effective for plan years beginning on or after January 1, 2012, segment rates are adjusted such that each segment rate is no less than the applicable minimum percentage\* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage\*\* of that 25-year average segment rate. Under the American Rescue Plan Act of 2022 (ARP), the 25-year average cannot be less than 5.0% prior to application of the corridor. Alternatively, plan sponsors may elect to use the full yield curve, which represents the rates for 1 month as opposed to the 24-month average.
- **IRS-mandated mortality assumption**—This assumption is based on the “RP-2014 Mortality Tables Report,” with separate tables for annuitant and non-annuitant mortality. Sponsors of small plans (500 or fewer participants) are permitted to use combined tables that apply the same mortality rates to both annuitants and non-annuitants. The mortality tables have a base year of 2006. Mortality improvement is applied to the base tables to develop mortality rates for future years in either of two ways: (1) generational tables that project mortality rates to all future years, or (2) static tables that approximate the present value that would be determined using the generational tables, in accordance with IRC Section 1.430(h)(3)-1. The static mortality tables and mortality improvement rates are updated annually based on reports by the Retirement Plans Experience Committee of the Society of Actuaries.
- Assumed use of lump sums, if applicable, is reflected.
- All other assumptions that are individually reasonable and, in combination, offer the enrolled actuary’s best estimate of anticipated experience

A plan is at risk for the current plan year if it meets all the following requirements:

- The funding target attainment percentage for the prior plan year is less than 80%
- As of the prior plan year, the actuarial value of assets less any credit balances is less than 70% of the at-risk funding target\*\*\*
- Total participants in all defined benefit plans sponsored by the employer (or any member of the employer’s controlled group) is greater than 500

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\* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

\*\* Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

\*\*\* Determined without regard to the loading factor

## Funding target

### **At-risk plans**

The funding target for a plan that is at risk is determined using the following additional mandated assumptions:

- Participants who are eligible to elect benefits in the next 10 years are assumed to do so at their earliest eligibility date.
- Participants are assumed to elect the most valuable form of benefit.
- If a plan has been at risk for at least two of the four preceding plan years, a loading factor of \$700 per participant plus 4% of the not-at-risk funding target is added.
- In no event will the at-risk funding target be less than the not-at-risk funding target.

If a plan is deemed at risk, the funding target for determining the contribution requirement is based on a five-year phase in of the at-risk funding target.

## Funding target

Development of funding target

### Funding Target

1.	More than 500 participants in controlled group in prior year?	No	
2.	Prior year funding target attainment percentage		R
	(a) Not-at-risk	97.22%	
	(b) At-risk	N/A	
3.	Funding target benchmark percentage	80%	
4.	At-risk status		
	(a) Current year: If (1) and (2)(a)<(3) and (2)(b)<70%	No	
	(b) Year-1	No	
	(c) Year-2	No	
	(d) Year-3	No	
	(e) Year-4	No	
	(f) At-risk current year and 2 of preceding 4 years? (If yes, loads apply)	No	
5.	Number of plan participants		
	(a) Retirees and benef. receiving payments	169	
	(b) Terminated vested participants	141	
	(c) Active participants	48	
	(d) Total participant count: (a)+(b)+(c)	358	
6.	Funding not-at-risk liability		
	(a) Total not-at-risk liability		
	(i) Retirees and benef. receiving payments	9,017,537	
	(ii) Terminated vested participants	4,309,618	
	(iii) Active participants	2,144,716	
	(iv) Total liability: (i)+(ii)+(iii)	15,471,871	
	(b) Vested not-at-risk liability		
	(i) Retirees and benef. receiving payments	9,017,537	
	(ii) Terminated vested participants	4,309,618	
	(iii) Active participants	2,136,285	
	(iv) Total vested liability: (i)+(ii)+(iii)	15,463,440	
	(c) Normal cost before adjustments	0	
	(d) Expenses included in normal cost	22,145	
	(e) Normal cost: (c)+(d)	22,145	
7.	Funding at-risk liability		
	(a) Per-participant load, if applicable		
	(i) Retirees and benef. receiving payments: 700 x (5)(a)	N/A	
	(ii) Terminated vested participants: 700 x (5)(b)	N/A	
	(iii) Active participants: 700 x (5)(c)	N/A	
	(iv) Total per-participant load: (i)+(ii)+(iii)	N/A	
	(b) Total at-risk liability		
	(i) Retirees and benef. receiving payments	N/A	
	(ii) Terminated vested participants	N/A	
	(iii) Active participants	N/A	
	(iv) Total liability: (i)+(ii)+(iii)	N/A	

(c)	Funding loaded at-risk liability: (a)+(b)+[4%x(6)(a), if applicable] or (6)(a) if (6)(a)(iv)>(b)(iv)	
(i)	Retirees and benef. receiving payments	N/A
(ii)	Terminated vested participants	N/A
(iii)	Active participants	N/A
(v)	Total funding loaded at-risk liability: (i)+(ii)+(iii)	N/A
(d)	Vested at-risk liability	
(i)	Retirees and benef. receiving payments	N/A
(ii)	Terminated vested participants	N/A
(iii)	Active participants	N/A
(iv)	Total vested liability: (i)+(ii)+(iii)	N/A
(e)	Vested loaded at-risk liability: (a)+(d)+[4%x(6)(b), if applicable] or (6)(b) if (6)(b)(iv)>(d)(iv)	
(i)	Retirees and benef. receiving payments	N/A
(ii)	Terminated vested participants	N/A
(iii)	Active participants	N/A
(v)	Total funding loaded vested at-risk liability: (i)+(ii)+(iii)	N/A
(f)	Preliminary at-risk normal cost (adj. for expenses)	N/A
(g)	Normal cost load: 4% of (6)(c)	N/A
(h)	Loaded at-risk normal cost: (f)+(g), not less than (6)(e)	N/A
8.	Funding target	
(a)	Number of consecutive years at-risk (max 5)	0
(b)	Transition percentage: 20% of (a)	0%
(c)	Funding target	
(i)	Retirees and benef. receiving payments	9,017,537
(ii)	Terminated vested participants	4,309,618
(iii)	Active participants	2,144,716
(iv)	Total funding target: (6)(a)(iv)+[(b)x((7)(c)(v)-(6)(a)(iv))]	15,471,871
(d)	Vested funding target	
(i)	Retirees and benef. receiving payments	9,017,537
(ii)	Terminated vested participants	4,309,618
(iii)	Active participants	2,136,285
(iv)	Total vested funding target: (6)(b)(iv)+[(b)x((7)(e)(v)-(6)(b)(iv))]	15,463,440
(e)	Target normal cost: (6)(e)+[(b)x((7)(h)-(6)(e))], not less than zero	\$22,145
9.	Funding target attainment percentages	
(a)	Actuarial assets	15,642,211
(b)	Funding Standard Carryover Balance	0
(c)	Prefunding Balance	461,566
(d)	Funding not-at-risk: ((a)-(b)-(c))/(6)(a)(iv)	98.11%
(e)	Funding at-risk: ((a)-(b)-(c))/(7)(b)(iv), min (d)	N/A
(f)	Non-HCE annuity purchases in last 2 years	0
(g)	Not-at-risk funded ratio: (a)/(6)(a)(iv)	101.10%
(h)	AFTAP: ((a)+(f)-((b)+(c) if (g)<100%))/((6)(a)(iv)+(f))	101.10%

## Development of shortfall amortization charge

In accordance with IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to the shortfall amortization bases for the current plan year and the remaining installments for all preceding plan years. A shortfall amortization base equals that year's funding shortfall less the present value of the remaining shortfall amortization installments.

If the actuarial value of assets reduced by the prefunding balance (if any amount is used to satisfy all or a portion of the minimum required contribution) is greater than or equal to the funding target for a plan year, the plan is exempt from establishing a shortfall amortization base.

In any year in which the funding shortfall is zero, all shortfall amortization bases are considered fully amortized.

Prior to the enactment of the ARP, a plan's shortfall amortization installments were calculated to amortize each shortfall amortization base over 7 plan years. Under ARP, with respect to plan years beginning after December 31, 2022 (or, at the election of the plan sponsor, plan years beginning after December 31, 2018, December 31, 2019, or December 31, 2020), shortfall amortization bases for all plan years preceding the first plan year to which this provision applies (and all shortfall amortization installments determined with respect to those bases) are reduced to zero, and shortfall amortization installments for all new shortfall amortization bases are calculated to amortize each shortfall amortization base over 15 plan years.

## Development of Shortfall Amortization Charge

### Shortfall Amortization Charge

1.	1st segment rate	4.75%
	2nd segment rate	5.00%
2.	Funding target	\$15,471,871
3.	Adjusted plan assets	
	(a) Actuarial assets	15,642,211
	(b) Funding Standard Carryover Balance	0
	(c) Prefunding Balance (PFB)	461,566
	(d) Adjusted assets: (a)-(b)-(c), min 0	15,180,645
4.	Funding shortfall: (2)-(3)(d), min 0	291,226
5.	Current shortfall amortization installments	
	(a) Annual installments	
	(i) 14 years remaining	0
	(ii) 13 years remaining	1,437
	(iii) 12 years remaining	0
	(iv) 11 years remaining	0
	(v) 10 years remaining	0
	(vi) 9 years remaining	0
	(vii) 8 years remaining	0
	(viii) 7 years remaining	0
	(ix) 6 years remaining	0
	(x) 5 years remaining	0
	(xi) 4 years remaining	0
	(xii) 3 years remaining	0
	(xiii) 2 years remaining	0
	(xiv) 1 year remaining	0
	(b) Total annual installments	1,437
	(c) Present value of annual installments	
	(i) 14 years remaining	0
	(ii) 13 years remaining	14,203
	(iii) 12 years remaining	0
	(iv) 11 years remaining	0
	(v) 10 years remaining	0
	(vi) 9 years remaining	0
	(vii) 8 years remaining	0
	(viii) 7 years remaining	0
	(ix) 6 years remaining	0
	(x) 5 years remaining	0
	(xi) 4 years remaining	0
	(xii) 3 years remaining	0
	(xiii) 2 years remaining	0
	(xiv) 1 year remaining	0
	(d) Total present value of annual installments	14,203
6.	Exemption from new shortfall amortization base	
	(a) Target liability percentage	100%
	(b) Shortfall funding target: (2)x(a)	15,471,871
	(c) <b>Prefunding Balance if used to reduce the Minimum Required Contribution, else 0</b>	<b>461,566</b>

	(d) Exempt?: [(3)(a)-(c)]>=(b)	No
7.	Shortfall amortization base	
	(a) Adjusted funding shortfall: (6)(b)-(3)(d), min 0	291,226
	(b) New current year base: (a)-(5)(d), or 0 if exempt	277,023
	(c) New 15-year installment amount	25,370
8.	Shortfall amortization charge: (5)(b)+(7)(c), min 0	\$26,807

## Minimum required contribution

If the actuarial value of assets reduced by the credit balances is **less than** the funding target, the minimum required contribution (MRC) for such plan year is the sum of the target normal cost and the shortfall amortization charge.

If the actuarial value of assets reduced by the credit balances is **greater than** the funding target, the minimum required contribution for such plan year will be the target normal cost less the excess of adjusted assets over the funding target, but not less than \$0.

Quarterly contributions are required if the funding shortfall was greater than \$0 on the prior valuation date. If applicable, the quarterly contribution is due on or before the 15<sup>th</sup> day following the end of each quarter. Untimely contributions are charged late interest at the effective interest rate plus 5%. If applicable, the quarterly contribution amount is 25% of the lesser of 90% of the current year's minimum required contribution or 100% of the prior year's minimum required contribution.

Contributions can be made up to 8½ months after the end of the plan year for such plan year. All contributions are discounted back to the valuation date with interest at the effective rate, including contributions made after the end of the plan year, to determine whether the minimum required contribution was satisfied.

The plan's effective interest rate for any particular plan year is the single rate that, if used to discount the plan's expected benefit payments, would produce the same funding target that the Segment Rates produce. The effective interest rate is the rate at which interest is charged on contributions until they are made.

The plan sponsor must pay a 10% excise tax under IRC Section 4971 on the amount of any minimum required contributions not paid within 8½ months after the end of the plan year. This tax can increase to 100% if the unpaid minimum required contribution is not corrected in subsequent plan years.

## Minimum required contribution

Summary of minimum required contribution:

### PPA Minimum Required Contribution

1.	Interest rates	
	(a) 1st segment rate	4.75%
	(b) 2nd segment rate	5.00%
	(c) 3rd segment rate	5.74%
	(d) Effective interest rate	5.20%
2.	Target normal cost	\$22,145
3.	Shortfall amortization charge	26,807
4.	Credit for excess assets	
	(a) Adjusted Assets	15,180,645
	(b) Funding Target	15,471,871
	(c) Excess assets: (a)-(b), not less than 0	0
5.	Preliminary minimum required contribution (MRC): (2)+(3)-(4)(c), not less than 0	48,952
6.	Credit balances	
	(a) Eligible to apply against MRC?: Yes if prior year funded ratio >= 80%	Yes
	(b) Funding Standard Carryover Balance (FSCB)	0
	(c) Elected to apply FSCB against MRC?	No
	(d) Prefunding Balance (PFB)	461,566
	(e) Elected to apply PFB against MRC?	No
	(f) Balances eligible to apply against MRC: (b)+(d) if eligible and elected	461,566
7.	MRC adjusted for credit balances, if applied: (5)-(6)(f), not less than 0	0
8.	Required quarterly contributions	
	(a) Quarterlies required?: Yes if prior year funding shortfall	Yes
	(b) Prior year applicable MRC	23,582
	(c) Current year MRC: (5)	48,952
	(d) Required annual payment: lesser of (b) and 90% of (c), if applicable	23,582
	(e) Required installment: 25% of (d)	\$5,896

**N1.021**

## Pension Benefit Guaranty Corporation premiums

ERISA established the Pension Benefit Guaranty Corporation (PBGC), under the jurisdiction of the U.S. Department of Labor, to guarantee most vested retirement benefits and certain disability and survivor pensions.

Plans covered by the PBGC insurance program must submit an annual premium filing through PBGC's online system, myPAA, within 9½ months after the beginning of the plan year. All plans must pay a basic premium based on the number of participants at the end of the previous plan year. Plans with unfunded vested benefits have to pay an additional risk-related premium.

### Development of PBGC premium for 2023

1.	Premium funding target	
	(a) Method	Alternative
	(b) 1st segment rate	2.50%
	2nd segment rate	3.83%
	3rd segment rate	4.06%
	Effective interest rate	3.82%
2.	Flat rate premium	
	(a) Base flat rate	80
	(b) National Average Wage (NAW), 2 years prior	60,575.07
	(c) 2017 NAW, if applicable	50,321.89
	(d) Adjusted flat rate: (a) x (b)/(c), rounded, not less than prior year	96
	(e) Participant count	
	(i) Retirees and benef. receiving payments	169
	(ii) Terminated vested participants	141
	(iii) Active participants	48
	(iv) Total participant count: (i)+(ii)+(iii)	358
	(f) Flat rate premium: (d) x (e)	\$34,368
3.	Variable rate premium	
	(a) Not-at-risk PBGC liability	
	(i) Retirees and benef. receiving payments	10,017,632
	(ii) Terminated vested participants	5,165,015
	(iii) Active participants	2,560,768
	(iv) Total liability: (i)+(ii)+(iii)	17,743,415
	(b) At-risk PBGC liability	
	(i) Retirees and benef. receiving payments	N/A
	(ii) Terminated vested participants	N/A
	(iii) Active participants	N/A
	(iv) Total liability: (i)+(ii)+(iii)	N/A
	(c) PBGC funding target	
	(i) Load, if applicable: $[700 \times (2)(e)] + 4\% \times (a)$	
	(1) Retirees and benef. receiving payments	N/A
	(2) Terminated vested participants	N/A
	(3) Active participants:	N/A
	(4) Total load: (1)+(2)+(3)	N/A
	(ii) Loaded at-risk PBGC liability: (b)+(c)(i) or (a) if (a)(iv)>(b)(iv)	
	(1) Retirees and benef. receiving payments	N/A

	(2)	Terminated vested participants	N/A
	(3)	Active participants	N/A
	(4)	Total liability: (1)+(2)+(3)	N/A
(iii)		Transition percentage	0%
(iv)		PBGC funding target: (a) + [(iii) x ((ii)-(a))]	
	(1)	Retirees and benef. receiving payments	10,017,632
	(2)	Terminated vested participants	5,165,015
	(3)	Active participants	2,560,768
	(4)	Total liability: (1)+(2)+(3)	17,743,415
(d)		Market value of plan assets	14,742,352
(e)		Unfunded vested benefits: (c)(iv)(4)-(d), min zero, rounded up to 1,000	3,002,000
(f)		Base Premium	43
(g)		NAW in Base Year	50,321.89
(h)		Applicable dollar amount, rounded: (f)x(2)(b)/(g), not less than prior year, +addtl increase if appl.	52
(i)		Variable rate premium before cap: (h)x.001x(e)	156,104
(j)		Variable rate premium cap	
	(i)	Per-participant cap: 500x(2)(b)/2014 NAW, rounded, if appl., not less than prior year	652
	(ii)	Variable rate premium cap: (i)x(2)(e)	234,068
(k)		Variable rate premium: lesser of (i) and (j)(ii)	156,104
4.		PBGC Premium: (2)(f)+(3)(k)	\$190,472

## ASC 960 information

The information in this exhibit is intended to satisfy the requirements under Accounting Standards Codification Topic 960 (ASC 960) regarding plan financials. It is not intended to meet the requirements of ASC 715, which are the plan sponsor's financials. If applicable, information for ASC 715 is presented in a separate report.

The present value of accumulated plan benefits (PVAB) has been calculated using the assumptions summarized in the actuarial assumptions section of this report. No future increases in salaries, Social Security benefits, or benefit service were assumed.

### Statement & Reconciliation of PVAB

1.	Actuarial present value of accrued plan benefits		
	(a) Actuarial present value of vested benefits		
	(i) Participants currently receiving benefits	\$8,089,485	R
	(ii) Participants entitled to deferred benefits	3,742,049	
	(iii) Other participants	1,850,893	
	(iv) Total	13,682,427	
	(b) Actuarial present value of nonvested benefits	7,055	
	(c) Actuarial present value of accrued plan benefits: (a)(iv)+(b)	13,689,482	
	(d) ASC 960 discount rate for accrued plan benefits	6.50%	
2.	ASC 960 market value of assets*	14,742,352	
3.	Unfunded PVAB (Surplus assets): (1)(c)-(2)	(1,052,870)	
4.	Funded percentage: (2)/(1)(c)	108%	
5.	Changes in present value		
	(a) PVAB as of July 1, 2022	13,635,407	
	(b) Changes due to:		
	(i) Decrease in discount period at 6.50%	857,440	R
	(ii) Benefits paid	(902,262)	
	(iii) Assumption changes	0	
	(iv) Plan amendments**	0	
	(v) Additional benefits earned, including experience gains and losses	98,897	
	(vi) Total change	54,075	
	(c) PVAB as of July 1, 2023: (a)+(b)(vi)	\$13,689,482	

Amount was unchanged from last period (2022 benefits paid were \$902,262). As such, Forvis Mazars forced this to match the 2023 benefits paid per the audit report of \$836,681, with the difference being shown as "changes in actuarial assumptions", within the audit footnote for \$65,581.

As the amount is well below PM (\$322,000) and only a footnote disclosure, n/c/n to revisit. This is directly related to the PAJE getting posted in 2024 due to an incorrect trust statement provided for the 2023 audit. The amounts paid here matches the "new" trust statement, but FM will force to match the PY audit report. Per d/w Matt Sonderman and MOA actuaries, there would be no material impact to the PBO amount here if the other benefit payment amount were used.

\* Receive

\*\* See E

rest

## ASC 960 information

### Benefit Payout projection

The following is a projection of benefit disbursements from the fund over the next ten years.

Plan Year	Estimated Disbursements
2023	\$1,093,610
2024	1,128,546
2025	1,139,210
2026	1,159,812
2027	1,162,505
2028	1,187,539
2029	1,164,179
2030	1,173,729
2031	1,146,340
2032	\$1,115,409

The above figures are based on projected benefits for those participants expected to retire during the next ten plan years, and were determined based on actuarial assumptions used for ASC Topic 960 purposes. Actual retirement disbursements in any particular year may vary considerably depending on the extent to which actual experience differs from the actuarial assumptions.

## Participant data

	July 1, 2023	July 1, 2022
<b>Active participants</b>		
Number	48	46
Average age	56.74	56.95
Average past service	22.41	21.17
Average future service	7.75	7.63
<b>Terminated vested participants</b>		
Number	141	147
Average age	59.06	58.51
Annual benefits:		
- Total	\$419,700	\$447,038
- Average	\$2,977	\$3,041
<b>Retirees and beneficiaries</b>		
Number	169	166
Average age	73.06	72.39
Annual benefits:		
- Total	\$894,898	\$885,027
- Average	\$5,295	\$5,331
<b>Total participant count</b>	<b>358</b>	<b>359</b>

## Participant data

### Reconciliation of participant data:

	Active	Terminated vested	Retirees and beneficiaries	Total
<b>As of July 1, 2022</b>	46	147	166	359
<b>New hires</b>	0	0	0	0
<b>Rehires</b>	3	(3)	0	0
<b>Nonvested termination</b>	0	0	0	0
<b>Vested termination</b>	(1)	1	0	0
<b>Lump sum cash-out</b>	0	0	0	0
<b>Retirement</b>	0	(4)	4	0
<b>Disability</b>	0	0	0	0
<b>Deceased</b>	0	0	(2)	(2)
<b>New beneficiaries</b>	0	0	1	1
<b>Miscellaneous</b>	0	0	0	0
<b>As of July 1, 2023</b>	48	141	169	358

Attachment to Form 5500 Schedule SB

**Attachment to 2023 Form 5500**  
**Schedule SB, line 26: schedule of active participant data**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

**Schedule of active participant data**

Attained Age	Years of credited service										Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40		
<25												
25-29												
30-34												
35-39												
40-44		1										1
45-49	1	6	3	1								11
50-54	2	2	1									5
55-59	1	5	2	2	3							13
60-64	2	3		1	2							8
65-69		4	1				1					6
>70	1	2	1									4
<b>Total</b>	<b>7</b>	<b>23</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>1</b>						<b>48</b>

**Attachment to 2023 Form 5500**

**Schedule SB, line 22: description of weighted average retirement age**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

**Description of weighted average retirement age**

Assumed Retirement Age                      Age 64, or immediately if beyond age 64

**Attachment to 2023 Form 5500**  
**Schedule SB, line 32: schedule of amortization bases**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

**Schedule of amortization bases**

Type of base	Present value of remaining installments	Valuation date	Years remaining	Amortization installment
Shortfall	277,023	7/1/2023	15	25,370
Shortfall	14,203	7/1/2021	13	1,437
	Total			26,807

**Attachment to 2023 Form 5500**  
**Schedule SB, Part V: statement of actuarial assumptions and methods**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

## Actuarial cost method

### Funding target and target normal cost

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

### PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

**Segment rates through the month of March preceding the valuation date, adjusted so each segment rate is no less than the applicable minimum percentage\* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage\*\* of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

### Asset valuation method

Plan assets for purposes of this actuarial valuation are valued under the Asset Averaging method, including, if applicable, discounted receivable contributions. The value is equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value (including expected earnings) for the two earlier annual determination dates. Expected earnings are calculated using a rate no greater than the third segment rate of the segmented yield-curve in effect at the beginning of each valuation year. The resulting average value must be fall between 90 and 110 percent of the fair market value of assets on the valuation date.

\* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

\*\* Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

**Attachment to 2023 Form 5500**  
**Schedule SB, Part V: statement of actuarial assumptions and methods**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

**Actuarial assumptions**

**Economic Assumptions**

<u>PPA Segment Rates</u>	<u>Funding Target</u>	<u>PBGC Funding Target</u>
- Segment 1: Up to Year 5	4.75%	2.50%
- Segment 2: Years 5-20	5.00%	3.83%
- Segment 3: Years 20+	5.74%	4.06%
Expected Return on Assets		6.50%
ASC 960 Pre-retirement Discount Rate		6.50%
ASC 960 Post-retirement Discount Rate		6.50%
Annual rates of increase:		
- Salaries		N/A
- Future Social Security wage bases		N/A
- Statutory limits on compensation and benefits		N/A <b>R</b>

**Demographic Assumptions**

Mortality:		
- Funding Target / PBGC	IRS 2023 Static Mortality Table	
- ASC 960	Pri-2012 Total Dataset Employee Mortality Table, separate for Males and Females projected by Scale MP-2021	<b>R</b>
Retirement:	Age 64, or immediately if beyond age 64	<b>R</b>
Disability:	None	
Terminations:	None	

**Miscellaneous Assumptions**

Form of Payment:	Life Annuity
Expenses:	Assumed equal to prior year's actual expenses
Percent Married:	80.00%
Spouse's Age:	Wives assumed to be 3 years younger than husbands

# Actuarial assumptions

## Rationale for significant assumptions

### Economic assumptions

- **Expected return on plan assets:** The assumption was selected by the client with input from their investment advisor. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.
- **ASC 960 discount rate:** The lump sum conversion interest is based on the long-term expectation of lump sum rated bases on yields on high quality corporate bonds. The lump sum conversion mortality is based on the IRS lump sum mortality table for the current plan year.

### Demographic Assumptions

- **ASC 960 mortality:** The mortality base table and projection scale is based on the most recent mortality table and improvement scale published by the Society of Actuaries (SOA) and in our judgement, adequately reflects expected mortality rates as of the measurement date. The SOA elected not to release a new mortality scale for 2023 which would have included mortality data affected by the COVID-19 pandemic, but instead will continue to study emerging mortality experience and assess what mortality improvement scale options might be considered to be implemented in the future. As such, we have decided not to reflect any adjustments to the most recent mortality improvement scale. The plan's relatively small size would not support a credible mortality study.
- **Termination:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in termination patterns are not expected.
- **Retirement:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in retirement patterns are not expected.

### Miscellaneous assumptions

- **Expenses:** The assumption is based on the expectation of expenses to be paid out during the plan year assuming expenses will be similar to the prior year.
- **Form of payment:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan.
- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

**Attachment to 2023 Form 5500**  
**Schedule SB, Part V: summary of plan provisions**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

## Summary of plan provisions

Effective Date of Plan	July 1, 1986.
Effective Date of Latest Amendment	January 1, 2008.
Fresh Start Date	June 30, 1989.
Eligibility	All employees become Participants of this Plan after completion of one year of service, and attainment of age 21. Service with an organization in the health and social service field, within three years prior to employment with this employer, counts towards the service requirement for eligibility.
Compensation	Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased prospectively the limit to \$200,000 annually. For prospective years after 2002, the \$200,000 limit will be indexed for inflation. For 2023, the compensation limit is \$330,000. Compensation after January 1, 2008 shall not be included in Final Average Earnings.
Final Average Earnings	The highest average monthly compensation for 60 consecutive months within the last consecutive 120 months of service prior to January 1, 2008.
Benefit Accrual Service	Years and months of participation under this Plan or any prior plan of this Employer. Benefit Accrual Service shall cease for all Participants on December 31, 2007.
Vesting	100% upon completion of 3 years of service or upon attaining age 55.
Retirement Dates	
Normal	The first of the month coincident with or next following the Participant's 65th birthday.
Early	The first of the month on or after attainment of age 55 (but before age 65), on which the Participant elects to retire.
Deferred	The first of any month following Normal Retirement Date on which the Participant elects to retire.

## Summary of plan provisions

Frozen Accrued Benefit	The Accrued Benefit as of the Fresh Start Date determined under the provisions of the Plan then in effect.
Benefit Formula	<p>The monthly Normal Retirement benefit is determined as follows:</p> <p>The greater of (A) or (B):</p> <p>(A) The Frozen Accrued Benefit.</p> <p>(B) 1.625% of Final Average Earnings multiplied by Benefit Accrual Service.</p>
Accrued Benefit	<p>The Accrued Benefit is computed under the Benefit Formula above using Final Average Earnings and Social Security Average Monthly Wage at date of determination assuming the Participant continues to earn Benefit Accrual Service until his Normal Retirement Age or date of determination, if later, and adjusted as follows:</p> <p>The portion of the retirement benefit based on total Benefit Accrual Service (item (B) in the Benefit Formula above) is multiplied by a fraction (not to exceed one) equal to actual Benefit Accrual Service divided by projected Benefit Accrual Service at Normal Retirement Age. The multiplication by this factor does not apply to the Frozen Accrued Benefit [(item (A)) in the Benefit Formula above].</p>
Early Retirement Benefit	<p>The Accrued Benefit reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 5 years by which the Early Retirement Date precedes the Normal Retirement Date.</p> <p>A Participant with 20 “years of service” may retire early at age 62 with no reduction in Accrued Benefit, or reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62. For this purpose “years of service” means years of employment with any employer in the health and social service field of which the last 10 years are with the Employer.</p>
Deferred Retirement Benefit	The Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date.
Maximum Benefit	The annual benefit shall not exceed the lesser of (i) \$160,000 indexed for inflation adjustments and (ii) 100% of the average compensation for the 3 consecutive years producing the highest average. For 2023, the dollar amount of \$265,000 is in the form of a non-refund life annuity. This amount is adjusted to reflect commencement before age 62 or after age 65 for forms of payment other than a non-refund life annuity and Cost of Living Supplements, if any. It is prorated for less than 10 years of participation in the Plan.

## Summary of plan provisions

Minimum Accrued Benefit	The Accrued Benefit computed under the provisions of the plan as of the latest amendment adoption date.
Normal Form of Payment	A non-refund monthly life annuity.
Automatic Form of Payment	For a married Participant, a monthly Joint and 66 2/3% Survivor with 120 months certain and continuous annuity actuarially equivalent to the monthly benefit in the Normal form.
Optional Forms of Payment	The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment.
Death Benefit Before Retirement	If a partially or fully vested participant dies before retirement benefits have begun, the annual death benefit payable to the spouse is equal to 66 2/3% of the vested Accrued Benefit, reduced for early commencement, and further reduced to reflect the Automatic Form of Payment. If death occurs after age 55, or age 45 and 10 years of employment, then the amount payable to the Spouse is computed as above, except that the Participant is assumed to remain in service until his Normal Retirement Date instead of terminating a day before death
Disability Annuity Credit	<p>Periods of disability while a participant receives a Social Security Disability Income are also counted as Benefit Accrual Service excluding the first six months of disability and ending on Normal or Early Retirement Date.</p> <p>The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.</p>

**Attachment to 2023 Form 5500**

**Schedule SB, line 22: description of weighted average retirement age**

**Plan name:** Affinia Healthcare Pension Plan

**EIN:** 43-0817642

**Plan sponsor:** Affinia Healthcare

**PN:** 001

**Description of weighted average retirement age**

Assumed Retirement Age

Age 64, or immediately if beyond age 64

**Attachment to 2023 Form 5500**  
**Schedule SB, Part V: summary of plan provisions**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

## Summary of plan provisions

Effective Date of Plan	July 1, 1986.
Effective Date of Latest Amendment	January 1, 2008.
Fresh Start Date	June 30, 1989.
Eligibility	All employees become Participants of this Plan after completion of one year of service, and attainment of age 21. Service with an organization in the health and social service field, within three years prior to employment with this employer, counts towards the service requirement for eligibility.
Compensation	Compensation includes all wages, salaries, fees and amounts received for personal service rendered in the course of employment. Compensation includes contributions made to a salary reduction or deferred compensation plan. Prior to 2002, compensation for any plan year, for benefit purposes, is limited to \$150,000 adjusted for increases prescribed by the Secretary of the Treasury. For the 2002 plan year, EGTRRA increased prospectively the limit to \$200,000 annually. For prospective years after 2002, the \$200,000 limit will be indexed for inflation. For 2023, the compensation limit is \$330,000. Compensation after January 1, 2008 shall not be included in Final Average Earnings.
Final Average Earnings	The highest average monthly compensation for 60 consecutive months within the last consecutive 120 months of service prior to January 1, 2008.
Benefit Accrual Service	Years and months of participation under this Plan or any prior plan of this Employer. Benefit Accrual Service shall cease for all Participants on December 31, 2007.
Vesting	100% upon completion of 3 years of service or upon attaining age 55.
Retirement Dates	
Normal	The first of the month coincident with or next following the Participant's 65th birthday.
Early	The first of the month on or after attainment of age 55 (but before age 65), on which the Participant elects to retire.
Deferred	The first of any month following Normal Retirement Date on which the Participant elects to retire.

## Summary of plan provisions

Frozen Accrued Benefit	The Accrued Benefit as of the Fresh Start Date determined under the provisions of the Plan then in effect.
Benefit Formula	<p>The monthly Normal Retirement benefit is determined as follows:</p> <p>The greater of (A) or (B):</p> <p>(A) The Frozen Accrued Benefit.</p> <p>(B) 1.625% of Final Average Earnings multiplied by Benefit Accrual Service.</p>
Accrued Benefit	<p>The Accrued Benefit is computed under the Benefit Formula above using Final Average Earnings and Social Security Average Monthly Wage at date of determination assuming the Participant continues to earn Benefit Accrual Service until his Normal Retirement Age or date of determination, if later, and adjusted as follows:</p> <p>The portion of the retirement benefit based on total Benefit Accrual Service (item (B) in the Benefit Formula above) is multiplied by a fraction (not to exceed one) equal to actual Benefit Accrual Service divided by projected Benefit Accrual Service at Normal Retirement Age. The multiplication by this factor does not apply to the Frozen Accrued Benefit [(item (A)) in the Benefit Formula above].</p>
Early Retirement Benefit	<p>The Accrued Benefit reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 5 years by which the Early Retirement Date precedes the Normal Retirement Date.</p> <p>A Participant with 20 “years of service” may retire early at age 62 with no reduction in Accrued Benefit, or reductions of 1/15 for each of the first 5 years and 1/30 for each of the next 2 years by which the Early Retirement Date precedes age 62. For this purpose “years of service” means years of employment with any employer in the health and social service field of which the last 10 years are with the Employer.</p>
Deferred Retirement Benefit	The Accrued Benefit reflecting Final Average Earnings and Benefit Accrual Service to the Deferred Retirement Date.
Maximum Benefit	The annual benefit shall not exceed the lesser of (i) \$160,000 indexed for inflation adjustments and (ii) 100% of the average compensation for the 3 consecutive years producing the highest average. For 2023, the dollar amount of \$265,000 is in the form of a non-refund life annuity. This amount is adjusted to reflect commencement before age 62 or after age 65 for forms of payment other than a non-refund life annuity and Cost of Living Supplements, if any. It is prorated for less than 10 years of participation in the Plan.

## Summary of plan provisions

Minimum Accrued Benefit	The Accrued Benefit computed under the provisions of the plan as of the latest amendment adoption date.
Normal Form of Payment	A non-refund monthly life annuity.
Automatic Form of Payment	For a married Participant, a monthly Joint and 66 2/3% Survivor with 120 months certain and continuous annuity actuarially equivalent to the monthly benefit in the Normal form.
Optional Forms of Payment	The Plan provides other possible forms of annuity, all actuarially equivalent to the normal form of payment.
Death Benefit Before Retirement	If a partially or fully vested participant dies before retirement benefits have begun, the annual death benefit payable to the spouse is equal to 66 2/3% of the vested Accrued Benefit, reduced for early commencement, and further reduced to reflect the Automatic Form of Payment. If death occurs after age 55, or age 45 and 10 years of employment, then the amount payable to the Spouse is computed as above, except that the Participant is assumed to remain in service until his Normal Retirement Date instead of terminating a day before death
Disability Annuity Credit	<p>Periods of disability while a participant receives a Social Security Disability Income are also counted as Benefit Accrual Service excluding the first six months of disability and ending on Normal or Early Retirement Date.</p> <p>The compensation rate in effect immediately prior to disability is assumed to continue while disabled. Such compensation rate shall not exceed 120% of the compensation rate in effect one year prior to disability.</p>

**Attachment to 2023 Form 5500**  
**Schedule SB, line 32: schedule of amortization bases**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

**Schedule of amortization bases**

<b>Type of base</b>	<b>Present value of remaining installments</b>	<b>Valuation date</b>	<b>Years remaining</b>	<b>Amortization installment</b>
Shortfall	277,023	7/1/2023	15	25,370
Shortfall	14,203	7/1/2021	13	1,437
	Total			26,807

**Attachment to 2023 Form 5500**  
**Schedule SB, Part V: statement of actuarial assumptions and methods**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

## Actuarial cost method

### Funding target and target normal cost

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

### PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

**Segment rates through the month of March preceding the valuation date, adjusted so each segment rate is no less than the applicable minimum percentage<sup>\*</sup> of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage<sup>\*\*</sup> of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

### Asset valuation method

Plan assets for purposes of this actuarial valuation are valued under the Asset Averaging method, including, if applicable, discounted receivable contributions. The value is equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value (including expected earnings) for the two earlier annual determination dates. Expected earnings are calculated using a rate no greater than the third segment rate of the segmented yield-curve in effect at the beginning of each valuation year. The resulting average value must be fall between 90 and 110 percent of the fair market value of assets on the valuation date.

<sup>\*</sup> Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

<sup>\*\*</sup> Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

**Attachment to 2023 Form 5500**  
**Schedule SB, Part V: statement of actuarial assumptions and methods**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

## Actuarial assumptions

### Economic Assumptions

<u>PPA Segment Rates</u>	<u>Funding Target</u>	<u>PBGC Funding Target</u>
- Segment 1: Up to Year 5	4.75%	2.50%
- Segment 2: Years 5-20	5.00%	3.83%
- Segment 3: Years 20+	5.74%	4.06%
Expected Return on Assets		6.50%
ASC 960 Pre-retirement Discount Rate		6.50%
ASC 960 Post-retirement Discount Rate		6.50%
Annual rates of increase:		
- Salaries		N/A
- Future Social Security wage bases		N/A
- Statutory limits on compensation and benefits		N/A

### Demographic Assumptions

Mortality:	
- Funding Target / PBGC	IRS 2023 Static Mortality Table
- ASC 960	Pri-2012 Total Dataset Employee Mortality Table, separate for Males and Females projected by Scale MP-2021
Retirement:	Age 64, or immediately if beyond age 64
Disability:	None
Terminations:	None

### Miscellaneous Assumptions

Form of Payment:	Life Annuity
Expenses:	Assumed equal to prior year's actual expenses
Percent Married:	80.00%
Spouse's Age:	Wives assumed to be 3 years younger than husbands

# Actuarial assumptions

## Rationale for significant assumptions

### Economic assumptions

- **Expected return on plan assets:** The assumption was selected by the client with input from their investment advisor. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.
- **ASC 960 discount rate:** The lump sum conversion interest is based on the long-term expectation of lump sum rates based on yields on high quality corporate bonds. The lump sum conversion mortality is based on the IRS lump sum mortality table for the current plan year.

### Demographic Assumptions

- **ASC 960 mortality:** The mortality base table and projection scale is based on the most recent mortality table and improvement scale published by the Society of Actuaries (SOA) and in our judgement, adequately reflects expected mortality rates as of the measurement date. The SOA elected not to release a new mortality scale for 2023 which would have included mortality data affected by the COVID-19 pandemic, but instead will continue to study emerging mortality experience and assess what mortality improvement scale options might be considered to be implemented in the future. As such, we have decided not to reflect any adjustments to the most recent mortality improvement scale. The plan's relatively small size would not support a credible mortality study.
- **Termination:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in termination patterns are not expected.
- **Retirement:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan. In addition, based on discussions with the plan sponsor, significant changes in retirement patterns are not expected.

### Miscellaneous assumptions

- **Expenses:** The assumption is based on the expectation of expenses to be paid out during the plan year assuming expenses will be similar to the prior year.
- **Form of payment:** We believe that this assumption is representative of anticipated future experience. Historically, this assumption has not produced significant gains or losses for the plan.
- **Spouse's age and percent married:** The employer does not have enough credible data to analyze spousal demographics. These assumptions are based on the actuary's experience with similar plans.

**ATTACHMENT TO 2023 SCHEDULE SB (FORM 5500) - LINE 19  
DISCOUNTED EMPLOYER CONTRIBUTIONS**

Plan Sponsor: Affinia Healthcare

EIN: 43-0817642

Plan Name: Affinia Healthcare

Plan 001

Effective Rate:	5.20%
Effective Rate for Late Quarterly Contribution:	10.20%

**Contributions Made to the Plan for the 2023 Plan Year by Employer(s) and Employees  
Line 18**

(a) Date	(b) Amount Paid by Employer	(c) Amount Paid by Employees	Discount on Line 18(b) to Beginning of Plan Year	Discounted Value of Contribution
10/17/2023	16,000.00	-	(239.03)	15,760.97
<b>Total</b>	\$ 16,000.00	0.00	\$ (239.03)	
			<b>Line 19(c) - Total:</b>	\$ 15,760.97

**Attachment to 2023 Form 5500**  
**Schedule SB, line 26: schedule of active participant data**

**Plan name:** Affinia Healthcare Pension Plan  
**Plan sponsor:** Affinia Healthcare

**EIN:** 43-0817642  
**PN:** 001

**Schedule of active participant data**

Attained Age	Years of credited service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
<25											
25-29											
30-34											
35-39											
40-44		1									1
45-49	1	6	3	1							11
50-54	2	2	1								5
55-59	1	5	2	2	3						13
60-64	2	3		1	2						8
65-69		4	1			1					6
>70	1	2	1								4
<b>Total</b>	<b>7</b>	<b>23</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>1</b>					<b>48</b>

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

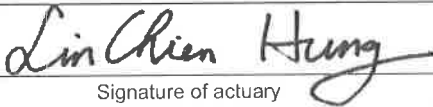
▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Employee Benefits Plan of AFFINIA HEALTHCARE	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AFFINIA HEALTHCARE, St. Louis, MO	<b>D</b> Employer Identification Number (EIN) 43-0817642	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>		14,742,352
<b>b</b> Actuarial value.....	<b>2b</b>		15,642,211
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	169	9,017,537	9,017,537
<b>b</b> For terminated vested participants.....	141	4,309,618	4,309,618
<b>c</b> For active participants.....	48	2,136,285	2,144,716
<b>d</b> Total.....	358	15,463,440	15,471,871
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>		5.20%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>		0
<b>b</b> Expected plan-related expenses.....	<b>6b</b>		22,145
<b>c</b> Target normal cost.....	<b>6c</b>		22,145

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

<b>SIGN HERE</b>	 Signature of actuary	<u>3/12/2025</u> Date
	<u>Chien-Hung Brine Lin, FSA, CFA, EA</u> Type or print name of actuary	<u>2306666</u> Most recent enrollment number
	<u>MUTUAL OF AMERICA</u> Firm name	<u>212-224-1241</u> Telephone number (including area code)
	<u>320 PARK AVENUE</u> <u>NEW YORK NY 10022-6839</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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	22,145	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	291,226		26,807
<b>b</b> Waiver amortization installment .....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	48,952	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0	33,300
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	15,652	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	15,761	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	109	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	109	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

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

**Affinia Healthcare Pension Plan**  
**EIN 43-0817642 PN 001**  
**Schedule H, Line 4j – Supplemental Schedule of**  
**Reportable Transactions**  
**(Modified Cash Basis)**  
**Year Ended June 30, 2024**

Description	Purchase Price	Selling Price	Cost of Asset	Net Gain
<b>Individual Transactions - Transfers</b>				
Mutual of America Money Market Fund	\$ 750,000	\$ -	\$ 750,000	\$ -
<b>Individual Transactions - Purchases</b>				
Principal LDI Intermediate Duration Separate Account	\$ 5,162,146	\$ -	\$ 5,162,146	\$ -
Principal LDI Long Duration Separate Account	\$ 5,162,146	\$ -	\$ 5,162,146	\$ -
American Funds American Mutual R6 Fund	\$ 889,387	\$ -	\$ 889,387	\$ -
Fidelity 500 Index Fund	\$ 884,939	\$ -	\$ 884,939	\$ -

**Affinia Healthcare Pension Plan**  
**EIN 43-0817642 PN 001**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**  
**(Modified Cash Basis)**  
**June 30, 2024**

<b>Investment Type and Issuer</b>	<b>Description of Investment</b>	<b>Cost</b>	<b>Current Value</b>
<b>General Investment Account</b>			
Mutual of America Life Insurance Company *	Interest Accumulation Fund	\$ 6,340	\$ 6,745
<b>Pooled Separate Accounts</b>			
Principal Life Insurance Company *	Principal LDI Intermediate Duration Separate Account	5,071,882	5,184,144
Principal Life Insurance Company *	Principal LDI Long Duration Separate Account	5,072,170	5,233,395
Mutual of America Life Insurance Company *	Mutual of America Money Market Fund	64,652	70,144
<b>Total Pooled Separate Accounts</b>			<b>10,487,683</b>
<b>Mutual Funds</b>			
American Funds	American Funds American Mutual R6 Fund	886,708	927,600
Fidelity	Fidelity 500 Index Fund	882,302	962,069
T. Rowe Price	T. Rowe Price Dividend Growth I Fund	442,518	468,043
JP Morgan	JP Morgan Large Cap Growth R6 Fund	588,195	653,180
Fidelity	Fidelity Mid Cap Stock K Fund	465,197	451,065
Dimensional Fund Advisors	DFA US Small Cap Value I Fund	295,365	307,676
MFS Investment Manager	MFS International Diversification R6 Fund	588,190	617,705
Vanguard	Vanguard International Growth Admiral Fund	294,100	312,438
<b>Total Mutual Funds</b>			<b>4,699,776</b>
			<b>\$ 15,194,204</b>

\* Party-in-interest to the Plan.