

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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.) [x] 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: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: GENUINE PARTS COMPANY PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1975
2a Plan sponsor's name (employer, if for a single-employer plan): GENUINE PARTS COMPANY
2b Employer Identification Number (EIN): 58-0254510
2c Plan Sponsor's telephone number: 678-934-5000
2d Business code (see instructions): 423100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311



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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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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(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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 .....	1241434065
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	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>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 0
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b> 1286490554
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 31166278
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 1317656832
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 1317656832
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 53865920
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶ <b>BENEFIT PAYMENT GAIN/LOSS; PREMIUM REFUND; CHANGE IN CAPITAL MARKETS</b>	<b>7e(4)</b> 22356847
(5) Total deductions .....	<b>7e(5)</b> 76222767	
<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> 1241434065

**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>	0
<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>	0
	(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>	0
	(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>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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>GENUINE PARTS COMPANY 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>GENUINE PARTS COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>58-0254510</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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>1983660206</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>2114544936</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>8010</u>	<u>1105183778</u>
	<b>b</b> For terminated vested participants .....	<u>4034</u>	<u>205122718</u>
	<b>c</b> For active participants .....	<u>4225</u>	<u>286556109</u>
	<b>d</b> Total .....	<u>16269</u>	<u>1596862605</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.13 %</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>3600000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>3600000</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>  <u>TRISTAN NGUYEN</u> Signature of actuary  <u>WILLIS TOWERS WATSON US LLC</u> Firm name  <u>FIVE CONCOURSE PARKWAY</u> <u>SUITE 1800</u> <u>ATLANTA, GA 30328</u> Address of the firm	<u>07/17/2025</u> Date  <u>23-07332</u> Most recent enrollment number  <u>404-224-5000</u> Telephone number (including area code)
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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	267402485
<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	267402485
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.92</u> % .....	0	29200351
<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) .....		0
	<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>5.07</u> % .....		0
	<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 .....		0
	<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	296602836

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	113.84 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	132.41 %
<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>	110.30 %
<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</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			<b>Totals ▶</b>	<b>18(b)</b>	0
				<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> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" 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 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
(4) 4th		

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

**21** Discount rate:

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

**22** Weighted average retirement age ..... **22** 64

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

<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**

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	3600000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	3600000

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

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

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0

**38** 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>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0

<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)**

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

<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>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>GENUINE PARTS COMPANY 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>GENUINE PARTS COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>58-0254510</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

**ARTISAN PARTNERS**

**30-0551775**

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

**FIRST EAGLE INVESTMENT MGMT LLC**

**57-1156902**

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

**LOOMIS, SAYLES & COMPANY, L.P.**

**04-3200030**

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

**THE VANGUARD GROUP INC.**

**23-1945930**

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

DODGE & COX

94-1441976

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

CAPITAL RESEARCH AND MANAGEMENT CO.

95-1411037

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

THE NORTHERN TRUST COMPANY

36-1561860

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

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

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

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

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

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 50 99	NONE	1107308	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1897	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BLACKROCK FINANCIAL MGMT

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	1023876	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLINGTON MGMT COMPANY

30-0835489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	605546	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"/>

**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)

NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62	NONE	513058	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)

AON INVESTMENTS

27-2436452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	450000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GAMCO INVESTORS INC.

13-4044521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	301700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WESTFIELD CAPITAL MANAGEMENT CO, LP

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	281377	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SOUND SHORE MANAGEMENT INC

13-2509799

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	261352	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	220913	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"/>

**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)

ALLSPRING GLOBAL

86-3510848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	202481	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)

WEDGE CAPITAL MANAGEMENT LLP

58-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	149301	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)

WILLIS TOWERS WATSON

53-0181291

(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 50	NONE	128857	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET GLOBAL ADVISORS

04-0025081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	125000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RICHMOND CAPITAL MANAGEMENT

54-1288566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	110932	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ATLANTA CAPITAL MANAGEMENT CO LLP

58-2236910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68 71	NONE	105161	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"/>

**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)

KAYNE ANDERSON

95-3936665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	101524	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

K&L GATES, LLP

25-0921018

(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?
29 50	NONE	90584	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BARROW, HANLEY & MCWHINNEY

75-2403190

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	82768	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"/>

**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)

HANCOCK ASKEW & CO LLP

58-0662558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	38000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UBS FINANCIAL SERVICES INC

13-2638166

(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 51 52 63	NONE	32787	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT SOLUTIONS LLC	99	1897

(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.
EQUIFAX WORKFORCE SOLUTIONS LLC  64-0958101	COMPENSATION RELATED TO PENSION INCOME VERIFICATION 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

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

<b>a</b> Name: HANCOCK ASKEW & CO., LLP	<b>b</b> EIN: 58-0662558
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 100 RIVERVIEW DRIVE SAVANNAH, GA 31404	<b>e</b> Telephone: 912-234-8243

Explanation: HANCOCK ASKEW & CO., LLP MERGED WITH BAKER TILLY US, LLP EFFECTIVE 5/1/2025

<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>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>GENUINE PARTS COMPANY 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>GENUINE PARTS COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>58-0254510</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>NT COLLECTIVE SHORT TERM INVESTMENT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>343770329</u>
<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>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>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>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>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)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<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>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>GENUINE PARTS COMPANY 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>GENUINE PARTS COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>58-0254510</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1818416	3541
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	10125478	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	60669102	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	314963299	256
<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>	451652104	0
<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>	652066714	0
<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>	0	343770329
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	310491227	201717358
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	1241434065
<b>(15)</b> Other .....	<b>1c(15)</b>	282795	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	207957750	175140000
(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	2010026885	1962065549
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	680841	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	25685838	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	26366679	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	1983660206	1962065549

**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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	138480	
(B) U.S. Government securities.....	2b(1)(B)	11449083	
(C) Corporate debt instruments.....	2b(1)(C)	13020986	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	946491	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		25555040
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	8155882	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8280370	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		16436252
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1662611994	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1633091134	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		29520860
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-21444089	
(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>		6985370
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		13112753
<b>c</b> Other income .....	<b>2c</b>		33307994
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		103474180

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	117454055	
(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>		117454055
<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>	1561964	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	38000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	3604718	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	513058	
(7) Actuarial fees .....	<b>2i(7)</b>	128857	
(8) Legal fees .....	<b>2i(8)</b>	90584	
(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>	1677601	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		7614782
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		125068837

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-21594657
<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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

**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 550165.

<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>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>GENUINE PARTS COMPANY 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>GENUINE PARTS COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>58-0254510</b>	

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
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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): 58-6119258

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>276</b>
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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) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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: 9.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 28.0 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 63.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

0-5 years  5-10 years  10-15 years  15 years or more

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

# **Genuine Parts Company Pension Plan**

Financial Statements and  
Supplemental Schedule

December 31, 2024 and 2023

# Genuine Parts Company Pension Plan

## Contents

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<b>Independent Auditors' Report</b>	2 - 5
<b>Financial Statements</b>	
Statements of net assets available for benefits	6
Statements of changes in net assets available for benefits	7
Notes to financial statements	8 - 16
<b>Supplemental Schedule</b>	
Schedule H, Line 4i - schedule of assets (held at end of year)	18

## Independent Auditors' Report

Genuine Parts Company Pension and Benefits Committee and Participants  
Genuine Parts Company Pension Plan  
Atlanta, Georgia

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements

We have performed an audit of the financial statements of Genuine Parts Company Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution.)

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion on the 2024 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section:

- the amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the information in the accompanying 2024 financial statements related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared by and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion on the 2024 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

## **Responsibilities of Management for the 2024 Financial Statements**

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

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

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

## **Auditors' Responsibilities for the Audit of the 2024 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

#### **Other Matters - 2024 Supplemental Schedule Required by ERISA**

The supplemental schedule, Schedule H, Line 4i - schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is/are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

## **Other Matter - Auditors' Report on the 2023 Financial Statements**

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report, dated July 22, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 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). Their report also indicated that the form and content of the 2023 supplemental schedule, other than the information in the 2023 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Baker Tilly US, LLP*

Peachtree Corners, Georgia  
July 24, 2025

# Genuine Parts Company Pension Plan

## Statements of Net Assets Available for Benefits

<i>December 31,</i>	<b>2024</b> <b>(in Liquidation)</b>	<b>2023</b> <b>(Ongoing)</b>
<b>ASSETS</b>		
<b>Cash and cash equivalents</b>	\$ 3,541	\$ 1,818,416
<b>Investments, at fair value</b>		
Short-term investments	470,613	60,669,102
U.S. Government securities	256	314,963,299
Municipal bonds	-	14,125,768
Corporate bonds and notes	-	426,925,286
Foreign obligations	-	10,601,050
Mutual funds	201,246,745	310,491,227
Common stocks		
Genuine Parts Company common stock	175,140,000	207,957,750
Other	-	652,066,714
Options & futures	-	282,795
Common collective trusts	343,770,329	-
Group annuity contract	1,241,434,065	-
	<b>1,962,062,008</b>	<b>1,998,082,991</b>
<b>Total investments, at fair value</b>		
	<b>1,962,062,008</b>	<b>1,998,082,991</b>
<b>Receivables</b>		
Accrued income expected in liquidation	33,118,997	-
Accrued income	-	10,125,478
	<b>33,118,997</b>	<b>10,125,478</b>
<b>Total receivables</b>		
	<b>33,118,997</b>	<b>10,125,478</b>
<b>Total assets</b>	<b>1,995,184,546</b>	<b>2,010,026,885</b>
<b>Liabilities</b>		
Accrued expenses expected to be incurred in liquidation	5,976,000	-
Accrued expenses	-	680,841
Pending trades	-	25,685,838
	<b>5,976,000</b>	<b>26,366,679</b>
<b>Total liabilities</b>		
	<b>5,976,000</b>	<b>26,366,679</b>
<b>Net assets available for benefits</b>	<b>\$ 1,989,208,546</b>	<b>\$ 1,983,660,206</b>

*See accompanying notes to the financial statements.*

# Genuine Parts Company Pension Plan

## Statements of Changes in Net Assets Available for Benefits

<i>Years ended December 31,</i>	<b>2024</b> <b>(in Liquidation)</b>	<b>2023</b> <b>(Ongoing)</b>
<b>ADDITIONS TO NET ASSETS</b>		
<b>Investment income</b>		
Interest	\$ 22,751,448	\$ 30,244,860
Dividends	16,436,252	19,991,518
Net appreciation in fair value of investments	64,286,480	155,821,608
<b>Total investment income</b>	<b>103,474,180</b>	<b>206,057,986</b>
<b>DEDUCTIONS FROM NET ASSETS</b>		
Benefit payments	(117,454,055)	(113,995,851)
Administrative expenses	(7,614,782)	(8,625,705)
<b>Total deductions</b>	<b>(125,068,837)</b>	<b>(122,621,556)</b>
<b>Net increase (decrease) in net assets available for benefits</b>	<b>(21,594,657)</b>	<b>83,436,430</b>
<b>Adjustments to liquidation basis</b>		
Accrued income expected in liquidation	33,118,997	-
Accrued expenses expected to be incurred in liquidation	(5,976,000)	-
<b>Net adjustment to liquidation basis</b>	<b>27,142,997</b>	<b>-</b>
<b>Net assets available for benefits, beginning of year</b>	<b>1,983,660,206</b>	<b>1,900,223,776</b>
<b>Net assets available for benefits, end of year</b>	<b>\$ 1,989,208,546</b>	<b>\$ 1,983,660,206</b>

*See accompanying notes to the financial statements.*

# Genuine Parts Company Pension Plan

## Notes to Financial Statements

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### 1. Description of the Plan

The Genuine Parts Company Pension Plan (the Plan) is a noncontributory defined benefit plan that provides for retirement, death and disability benefits and covers domestic employees of Genuine Parts Company and its domestic subsidiaries (the Company) hired prior to March 1, 2008. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Company is required to meet certain funding requirements under ERISA. Minimum annual contributions are actuarially computed using the frozen entry age cost method of funding. For 2024 and 2023, the Plan has met the minimum funding requirements of ERISA.

The Plan provisions include a frozen credited service effective January 1, 2009, for participants who did not meet certain age and length of service requirements as of December 31, 2008. In December 2012, the Company elected to freeze all benefits in the Plan, including future pay increases for all other participants, effective at midnight on December 31, 2013.

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guaranty is contained in the pamphlet *The Genuine Parts Company Pension Plan*. Copies of this pamphlet are available from the Pension & Benefits Committee.

#### *Plan Termination*

On April 29, 2024, the Company's Board of Directors adopted a resolution to terminate the Plan effective September 30, 2024. All plan participants became 100% vested as a result of the decision to terminate. Upon termination, assets remaining in the Plan will be distributed to the participants, subject to the applicable requirements of ERISA and in accordance with the provisions of the plan document. The Plan intends to transfer the management and delivery of continuing benefits associated with the pension plan to a third-party insurance company. The pension plan settlement process involves several regulatory steps and approvals. Subject to completion of these steps and approvals, settlement is expected between late 2025 and early 2026. As part of the plan settlement process, pension plan participants not currently receiving payments will have the opportunity to select a single lump sum payment or an annuity from the insurance company that will pay and administer future benefit payments. The related amounts for accrued income and expenses through this date have been estimated and recorded in the accompanying financial statements. In addition, the actuary determined that no additional funding through liquidation was required. Residual amounts of assets will remain upon settlement, which the Company is working with ERISA counsel to affect the liquidation of the excess funds.

### 2. Summary of Significant Accounting Policies

#### *Basis of Accounting*

As a result of the resolution to terminate the Plan, the Plan considers liquidation to be imminent and, therefore, the financial statements of the Plan as of and for the year ended December 31, 2024 are presented on the liquidation basis of accounting. The financial statement of the Plan for the year ended December 31, 2023 is presented on the ongoing accrual basis of accounting.

# Genuine Parts Company Pension Plan

## Notes to Financial Statements

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### 2. Summary of Significant Accounting Policies (cont.)

#### *Use of Estimates*

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

#### *Investment Valuation and Income (Loss) Recognition*

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to settle or transfer a liability in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of the investments within the Plan are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits (see Note 3) are those estimated future lump-sum and periodic payments attributable under the Plan's provisions to services rendered by the employees through the freeze date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on an average of the employees' compensation during five of their last ten years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the freeze date.

#### *Payment of Benefits*

Benefit payments are recorded when paid.

#### *Administrative Expenses*

The Plan pays certain administrative expenses incurred in connection with the operation of the Plan.

### 3. Accumulated Plan Benefits

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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.

# Genuine Parts Company Pension Plan

## Notes to Financial Statements

### 3. Accumulated Plan Benefits (cont.)

The present value of accumulated plan benefits as of the beginning of each Plan year, as determined by the Plan's actuary, is as follows:

<i>January 1,</i>	<b>2024</b>	<b>2023</b>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Active employees	\$ 203,804,540	\$ 230,948,908
Participants receiving benefits	897,690,991	917,119,207
Participants with deferred benefits	145,270,698	158,260,497
	<b>1,246,766,229</b>	<b>1,306,328,612</b>
Nonvested benefits	197,180	131,575
	<b>\$ 1,246,963,409</b>	<b>\$ 1,306,460,187</b>

Changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 1,306,460,187
Actuarial losses	7,165,352
Interest due to the decrease in the discount period	90,658,315
Benefits paid	(113,995,851)
Assumption changes	(43,324,594)
<b>Actuarial present value of accumulated plan benefits at January 1, 2024</b>	<b>\$ 1,246,963,409</b>
Actuarial present value of accumulated plan benefits at January 1, 2022	\$ 1,416,255,758
Actuarial losses	1,914,934
Interest due to the decrease in the discount period	88,430,579
Benefits paid	(113,355,091)
Assumption changes	(86,785,993)
<b>Actuarial present value of accumulated plan benefits at January 1, 2023</b>	<b>\$ 1,306,460,187</b>

The discount rate assumption was changed from 7.25% to 7.75%, resulting in a decrease of \$43,324,594 in the actuarial present value of accumulated plan benefits at January 1, 2024.

# Genuine Parts Company Pension Plan

## Notes to Financial Statements

### 3. Accumulated Plan Benefits (cont.)

Significant assumptions and the method underlying the actuarial computations as of January 1, 2024 and 2023 are as follows:

<u>Actuarial cost method</u>	<u>Unit credit</u>
Assumed discount rate	2023: 7.25% per year 2024: 7.75% per year
Mortality basis	2023 & 2024: Pri-2012 and MP-2021 mortality tables
<u>Retirement age</u>	<u>Age 65 or age on valuation date if greater than 65</u>

These actuarial assumptions are based on the presumption that the Plan will continue. If the intention to terminate had been known as of January 1, 2024, and all other assumptions remain unchanged, the actuarial present value of accumulated plan benefits would be estimated to be approximately 6% larger than the disclosed amount. This adjustment accounts for the anticipated termination premium due to the combined effect of an anticipated annuity purchase and estimated lump sum payment premium.

### 4. Certified Information

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Northern Trust, the Custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the Supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 (in liquidation), and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing). Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

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

### 5. Fair Value Measurement

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs in which little or no market data exists (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

#### *Basis of Fair Value Measurement*

*Level 1* - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

*Level 2* - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

# Genuine Parts Company Pension Plan

## Notes to Financial Statements

---

### 5. Fair Value Measurement (cont.)

#### *Basis of Fair Value Measurement (cont.)*

*Level 3* - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

*Short-Term Investments* - Short-term investments include cash and short-term interest-bearing investments, including savings, CDs and time deposits, with initial maturities of three months or less. Such amounts are recorded at cost, plus accrued interest, which approximates fair value.

*Group Annuity Contract* - Prudential Insurance Company of America (Prudential) calculates the sum of the present value of each annuity payment payable under the contract as of the date of the report. Prudential generates a full yield curve using the notional reference portfolio described in the contract to discount the cashflows. The cashflows used in the model are updated after the completion of each true-up.

*Investments* - Certain mutual funds and common and preferred stocks, certain U.S. Government securities, and certain corporate bonds and notes traded in active markets on national and international securities exchanges are valued at closing prices on the last business day of each period presented.

Certain mutual funds and common collective trusts are valued at the net asset value (NAV) as the practical expedient, as NAV is communicated to the investor, on a daily basis. There are no redemption restrictions that would prevent or considerably delay a participant from redeeming his or her investment at any point of participation in the future. As of December 31, 2024 and 2023, there were no unfunded obligations with respect to any of these assets in this investment category.

Certain U.S. Government securities, municipal bonds, foreign obligations, options, futures, and certain corporate bonds and notes are securities traded in markets that are not considered active and are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

# Genuine Parts Company Pension Plan

## Notes to Financial Statements

### 5. Fair Value Measurement (cont.)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, as of December 31, 2024 and 2023.

<i>December 31, 2024</i>	Level 1		Level 2		Level 3		Total
Short-term investments	\$	470,613	\$	-	\$	-	\$ 470,613
U.S. Government securities		-		256		-	256
Mutual funds		201,246,745		-		-	201,246,745
Common stocks		175,140,000		-		-	175,140,000
Group annuity contract		-		-		1,241,434,065	1,241,434,065
	\$	376,857,358	\$	256	\$	1,241,434,065	1,618,291,679
Common collective trust measured at NAV*							343,770,329
Total investments at fair value							\$ 1,962,062,008

<i>December 31, 2023</i>	Level 1		Level 2		Level 3		Total
Short-term investments	\$	60,669,102	\$	-	\$	-	\$ 60,669,102
U.S. Government securities		-		314,963,299		-	314,963,299
Municipal bonds		-		14,125,768		-	14,125,768
Corporate bonds and notes		-		426,925,286		-	426,925,286
Mutual funds		256,615,703		-		-	256,615,703
Common stocks		860,024,464		-		-	860,024,464
Options & futures		-		282,795		-	282,795
Foreign obligations		-		10,601,050		-	10,601,050
	\$	1,177,309,269	\$	766,898,198	\$	-	1,944,207,467
Mutual funds measured at NAV*							53,875,524
Total investments at fair value							\$ 1,998,082,991

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value to the amounts presented in the statements of net assets available for benefits.

Fair value of investments in certain entities that calculate NAV per share (or its equivalent) follows:

Investment	Fair Value 2024	Fair Value 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Mutual funds	\$ -	\$ 53,875,524	None	Daily	Immediately
Common collective trust	\$ 343,770,329	\$ -	None	Daily	Immediately

# Genuine Parts Company Pension Plan

## Notes to Financial Statements

### 5. Fair Value Measurement (cont.)

*Changes in fair value of Level 3 assets and related gains and losses:*

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024:

<b>Group annuity contract</b>	<b>Fair Value at December 31, 2024</b>
Balance, beginning of year	\$ -
Initial premium of contract	1,289,610,650
Benefit payments	(9,016,006)
Interest	5,072,718
Change in capital markets	(38,481,715)
Experience (gain)/loss	(63,404)
Contract amendment – true up	(5,688,178)
Balance, end of year	\$ 1,241,434,065

*Quantitative information about significant unobservable inputs used in Level 3 fair value measurement:*

	<b>Fair Value at December 31, 2024</b>	Principal Valuation Technique	Interest Rate
Group annuity contract	\$ 1,241,434,065	Discounted cash flow	5.35%

The group annuity contract represents a buy-in contract with Prudential to provide a fixed rate of return. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

### 6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 22, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receipt of the latest determination letter; however, the Plan administrator believes the Plan, as amended, is designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress, except for the IRS examination as noted below.

On March 31, 2022, the Plan administrator was notified by the IRS that the Plan had been randomly selected for an examination for the 2019 Plan year. This audit was completed as of March 14, 2024. The audit resulted in three minor findings, which have been fully corrected and were not material to the Plan.

# Genuine Parts Company Pension Plan

## Notes to Financial Statements

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### 7. Party-In-Interest Transactions

Certain Plan investments are shares of funds managed by Northern Trust. As the Custodian of the Plan, Northern Trust is a party-in-interest to the Plan.

The Plan holds as investments 1,500,000 and 1,501,500 shares of the common stock of the Company valued at \$175,140,000 and \$207,957,750 at December 31, 2024 and 2023, respectively. During 2024 and 2023, the Plan received approximately \$6,001,500 and \$5,705,700, respectively, in dividends from the common stock of the Company.

### 8. Risks and Uncertainties

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

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near-term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

At December 31, 2024, 63% of the Plan's investments were invested in Prudential Group Annuity Contract.

### 9. Plan Termination

On April 29, 2024, the Company's Board of Directors adopted a resolution to terminate the Plan effective September 30, 2024. All plan participants became 100% vested as a result of the decision to terminate. Upon termination, assets remaining in the Plan will be distributed to the participants, subject to the applicable requirements of ERISA and in accordance with the provisions of the plan document. The Plan intends to transfer the management and delivery of continuing benefits associated with the pension plan to a third-party insurance company. The pension plan settlement process involves several regulatory steps and approvals. Subject to completion of these steps and approvals, settlement is expected between late 2025 and early 2026.

### 10. Reconciliation of Financial Statement to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024, to Form 5500:

---

<b>Net assets available for benefits per the financial statements</b>		
Net assets available for benefits per the financial statements	\$	1,989,208,546
Accrued income in liquidation		(33,118,997)
Accrued expenses to be incurred in liquidation		5,976,000
<hr/>		
<b>Net assets available for benefits per Form 5500</b>	<b>\$</b>	<b>1,962,065,549</b>

# Genuine Parts Company Pension Plan

## Notes to Financial Statements

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### 11. Subsequent Events

The Company has evaluated, for consideration of recognition or disclosure, subsequent events through July 24, 2025, the date the financial statements were available to be issued, and has determined that no significant events occurred after December 31, 2024, but prior to the date the financial statements were available to be issued, that would have a material impact on these financial statements.

On May 22, 2025, the Plan received a favorable determination letter from the IRS stating that the termination of the Plan does not affect the qualification for federal tax purposes.

# **SUPPLEMENTAL SCHEDULE**

**Genuine Parts Company Pension Plan**  
**EIN 58-0254510**  
**Plan No. 001**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2024**

(a)	(b) Identity or Issue	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<b>SHORT-TERM INVESTMENTS</b>				
*	Northern Trust Investments, Inc.	NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	\$ 470,613	\$ 470,613
	<b>TOTAL SHORT-TERM INVESTMENTS</b>		<u>470,613</u>	<u>470,613</u>
<b>U.S. GOVERNMENT SECURITIES</b>				
	Ginnie Mae	GNMA SER 2016-136 CL PJ	284	256
	<b>TOTAL U.S. GOVERNMENT SECURITIES</b>		<u>284</u>	<u>256</u>
<b>COMMON STOCK</b>				
*	Genuine Parts Company	GENUINE PARTS COMPANY STOCK	27,520,167	175,140,000
	<b>TOTAL COMMON STOCK</b>		<u>27,520,167</u>	<u>175,140,000</u>
<b>COMMON COLLECTIVE TRUSTS</b>				
*	Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	343,770,329	343,770,329
	<b>TOTAL COMMON COLLECTIVE TRUSTS</b>		<u>343,770,329</u>	<u>343,770,329</u>
<b>MUTUAL FUNDS</b>				
	Baird Asset Management	BAIRD FDS INC SHORT-TERM BD FD INSTLCL SHS	203,141,912	201,246,745
	<b>TOTAL MUTUAL FUNDS</b>		<u>203,141,912</u>	<u>201,246,745</u>
<b>GROUP ANNUITY CONTRACT</b>				
	The Prudential Insurance Company of America	PRUDENTIAL ANNUITY CONTRACT	1,241,628,513	1,241,434,065
	<b>TOTAL GROUP ANNUITY CONTRACT</b>		<u>1,241,628,513</u>	<u>1,241,434,065</u>
<b>GRAND TOTAL</b>			<b>\$ 1,816,531,818</b>	<b>\$ 1,962,062,008</b>

\* Indicates party-in-interest to the Plan

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

### Schedule of Active Participant Data for Frozen Plans as of January 1, 2024

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	3	129	18	0	0	0	0	0	0	0	0	150
	-	675	-	-	-	-	-	-	-	-	-	780
40-44	7	150	129	9	0	0	0	0	0	0	0	295
	-	949	2,516	-	-	-	-	-	-	-	-	1,699
45-49	4	161	196	166	15	0	0	0	0	0	0	542
	-	1,156	3,270	5,487	-	-	-	-	-	-	-	3,451
50-54	4	158	204	261	123	19	0	0	0	0	0	769
	-	1,290	3,828	7,552	9,161	-	-	-	-	-	-	5,546
55-59	12	166	197	242	185	135	8	9	0	0	0	954
	-	1,600	4,400	7,731	10,765	12,801	-	-	-	-	-	7,331
60-64	9	184	196	229	124	84	96	90	13	0	0	1,025
	-	2,073	4,901	8,012	10,512	11,641	17,070	19,744	-	-	-	8,855
65-69	3	77	91	91	27	19	34	27	24	3	3	396
	-	2,445	6,511	7,915	10,325	-	17,927	17,538	19,859	-	-	9,490
70 & over	1	41	27	10	1	3	3	3	2	3	3	94
	-	1,665	6,322	-	-	-	-	-	-	-	-	5,846
Total	43	1,066	1,058	1,008	475	260	141	129	39	6	6	4,225
	621	1,429	4,127	7,349	10,211	12,605	17,160	18,889	17,843	-	-	6,422

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Genuine Parts Company Pension Plan  
 EIN / PN: 58-0254510/001  
 Plan Sponsor: Genuine Parts Company  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month                      December
- Interest rate basis                      Full Yield Curve

#### Interest rates:

- 10-year rate                              5.07%
- 20-year rate                              5.22%
- 30-year rate                              5.17%
- Effective interest rate                5.13%

#### Annual rates of increase:

- Compensation                          N/A
- Future Social Security wage bases    N/A
- Statutory limits on compensation    N/A

**Plan-related expenses**                      \$3,600,000

As permitted by law, a yield curve reflecting returns on high quality corporate bonds (A, AA and AAA) is used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are prescribed by law and reflect current market conditions (specifically, the average market conditions for the month preceding the valuation date) they may from time to time be inconsistent with other economic assumptions used in the valuation, which may reflect both current economic conditions and assumed future conditions.

Plan Name:                      Genuine Parts Company Pension Plan  
EIN / PN:                        58-0254510/001  
Plan Sponsor:                 Genuine Parts Company  
Valuation Date:                January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

**Mortality** Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

**Termination** Rates varying by age and service.

Attained Age	Rate
Below 33	10.0%
33-38	12.0%
39-40	10.0%
41-43	7.0%
44-49	6.0%
50-54	5.5%
55 and above	14.0%

**Disability** The rates at which participants become disabled by age and gender are shown below:

Representative rates per 1,000 participants		
Age	Males	Females
25	0.68	0.40
40	2.30	1.76
55	11.76	8.32

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Retirement

Rates varying by age, average age 59.

The rates at which participants retire by age are shown below:

Percentage retiring during the year	
Age	Rate
55-57	4.0%
58-60	4.5%
61	6.5%
62-64	10.5%
65	25.0%
66-67	33.0%
68-69	27.5%
70-71	21.0%
Above 71	100.0%

## Benefit commencement date:

- Preretirement death benefit
- Deferred vested benefit

The later of the death of the active participant or the date the participant would have attained Earliest Retirement Age

- Termination from active status: Normal Retirement Date
- Terminated as of valuation date: Rates vary by age are shown below:

Percentage commencing during the year	
Age	Rate
55-58	2.0%
59-61	3.0%
62-64	6.0%
65 and above	100.0%

- Disability benefit
- Retirement benefit

Normal Retirement Date

Upon termination of employment

## Form of payment

- Single participants: 43% elect a lump sum if eligible. Otherwise, they elect a single life annuity.
- Married participants eligible for a lump sum: 73% elect a lump sum, 6% elect a joint and 50% survivor annuity, 2% elect a joint and 75% survivor annuity, 9% elect a joint and 100% survivor annuity and the remaining 10% elect a life annuity.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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- Married participants not eligible for a lump sum: 22% elect a joint and 50% survivor annuity, 9% elect a joint and 75% survivor annuity, 32% elect a joint and 100% survivor annuity and the remaining 37% elect a life annuity.

The lump sum benefits are calculated based upon the valuation interest rates and the Pension Protection Act unisex table applicable for the current valuation year.

<b>Percent married</b>	80% of males and 70% of females
<b>Spouse age</b>	Male participants: Spouse is two years younger Female participants: Spouse is the same age
<b>Timing of benefit payments</b>	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Decrement timing</b>	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
<b>Actuarial value of assets</b>	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

Plan Name:	Genuine Parts Company Pension Plan
EIN / PN:	58-0254510/001
Plan Sponsor:	Genuine Parts Company
Valuation Date:	January 1, 2024

# SCHEDULE SB ATTACHMENTS

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The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Genuine Parts Company and based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits with a present value up to \$7,000 as an automatic lump sum payment. Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

## Sources of Data and Other Information

The plan administrator furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. In consultation with Genuine Parts Company, the following assumptions were made for missing or apparently inconsistent data elements:

- Where the age and/or gender of a beneficiary was unknown, the record was valued using valuation assumptions to determine the beneficiary information based on the participant information provided.
- Where a deferred vested participant had died, but a beneficiary was due a benefit, a deferred amount of half of the original vested benefit was assumed to be due to the beneficiary.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

### Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Plan-related expenses** Plan-related expenses are estimated by determining the actual expenses paid from the trust the preceding year and the expected PBGC premiums in the upcoming year.

## Assumptions Rationale - Significant Demographic Assumptions

**Healthy and Disabled Mortality** Assumptions used for funding purposes are as prescribed by IRC §430(h).

**Termination and Retirement** Rates were based on a plan-specific experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed termination rates are age-specific consistent with observed differences in termination rates by age.

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

**Disability** Disability rates are based on standard tables, due to little plan-specific experience.

## Prescribed Methods

**Funding methods** The methods used for funding purposes, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

- The full corporate bond yield curve used to calculate the funding target was updated to the current valuation date as required by IRC §430.
- The mortality assumption used to calculate the funding target and target normal cost reflects a new base mortality table, the latest mortality improvement scale, and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from \$3,000,000 for the prior valuation to \$3,600,000 for the current valuation.
- The following assumptions were updated to better reflect anticipated future experience based on an experience study completed during 2023: assumed rates of termination, rates of retirement, benefit commencement age for deferred vested participants, spouse age difference, percentage married and form of payment.

### Change in methods since prior valuation

- None.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Genuine Parts Company
<b>EIN/PN</b>	58-0254510/001
<b>Plan Name</b>	Genuine Parts Company Pension Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Tristan Nguyen
<b>Enrollment Number</b>	23-07332

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

<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>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 GENUINE PARTS COMPANY PENSION PLAN	<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 GENUINE PARTS COMPANY	<b>D</b> Employer Identification Number (EIN) 58-0254510	
<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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>	
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	1,983,660,206
	<b>b</b> Actuarial value .....	<b>2b</b>	2,114,544,936
<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 .....	8,010	1,105,183,778
	<b>b</b> For terminated vested participants .....	4,034	205,122,718
	<b>c</b> For active participants .....	4,225	286,556,109
	<b>d</b> Total .....	16,269	1,596,862,605
<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>	5.13%
<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>	3,600,000
	<b>c</b> Target normal cost .....	<b>6c</b>	3,600,000

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

<b>SIGN HERE</b>	Tristan Nguyen <sup>TN</sup>  Signature of actuary  Tristan Nguyen Type or print name of actuary  Willis Towers Watson US LLC Firm name  Five Concourse Parkway Suite 1800 Atlanta GA 30328 Address of the firm	<u>7/17/2025</u> Date  2307332 Most recent enrollment number  404-224-5000 Telephone number (including area code)
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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</b>		<b>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	267,402,485
<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	267,402,485
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.92%</u> .....	0	29,200,351
<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) .....		0
	<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>5.07%</u> .....		0
	<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 .....		0
	<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	296,602,836

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	113.84%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	132.41%
<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>	110.30%
<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>	%

**Part IV Contributions and Liquidity Shortfalls**

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

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

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

**21** Discount rate:

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

**22** Weighted average retirement age ..... **22** 64

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

<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**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	3,600,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	3,600,000

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age	Exposures	Probability of retirement	Number of retirements	Weighted Retirement Age
55	1,000	4.00%	40	2,200
56	960	4.00%	38	2,150
57	922	4.00%	37	2,101
58	885	4.50%	40	2,309
59	845	4.50%	38	2,243
60	807	4.50%	36	2,179
61	771	6.50%	50	3,055
62	721	10.50%	76	4,690
63	645	10.50%	68	4,266
64	577	10.50%	61	3,878
65	517	25.00%	129	8,394
66	387	33.00%	128	8,438
67	260	33.00%	86	5,739
68	174	27.50%	48	3,252
69	126	27.50%	35	2,392
70	91	21.00%	19	1,344
71	72	21.00%	15	1,077
72	57	100.00%	57	4,108
Total			1,000	63,815
<b>Weighted average retirement age</b>				63.815

Plan Name: Genuine Parts Company Pension Plan  
 EIN / PN: 58-0254510/001  
 Plan Sponsor: Genuine Parts Company  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,060,151	3,281,110	104,959,323	110,300,584
2025	5,502,666	6,087,986	102,726,506	114,317,158
2026	8,263,019	7,646,735	100,330,316	116,240,070
2027	10,874,059	9,087,328	97,771,848	117,733,235
2028	13,243,483	10,528,390	95,100,254	118,872,127
2029	15,395,987	11,799,544	92,284,261	119,479,792
2030	17,308,577	12,935,238	89,304,549	119,548,364
2031	18,990,927	13,890,040	86,160,306	119,041,273
2032	20,439,690	14,675,943	82,866,362	117,981,995
2033	21,614,707	15,302,776	79,424,120	116,341,603
2034	22,545,257	15,834,638	75,839,055	114,218,950
2035	23,301,911	16,434,325	72,120,367	111,856,603
2036	23,924,638	16,803,212	68,280,208	109,008,058
2037	24,360,940	16,928,971	64,336,221	105,626,132
2038	24,624,377	16,948,189	60,309,829	101,882,395
2039	24,742,135	16,884,670	56,226,185	97,852,990
2040	24,711,516	16,743,856	52,113,795	93,569,167
2041	24,540,386	16,513,258	48,003,773	89,057,417
2042	24,242,200	16,214,669	43,928,917	84,385,786
2043	23,833,851	15,817,921	39,922,610	79,574,382
2044	23,285,816	15,337,407	36,017,976	74,641,199
2045	22,613,807	14,806,515	32,247,094	69,667,416
2046	21,848,369	14,219,397	28,640,114	64,707,880
2047	20,991,681	13,580,412	25,224,697	59,796,790
2048	20,054,356	12,902,663	22,024,934	54,981,953
2049	19,051,668	12,184,052	19,060,687	50,296,407
2050	18,000,546	11,437,439	16,346,543	45,784,528
2051	16,904,380	10,670,920	13,891,212	41,466,512
2052	15,775,729	9,892,274	11,697,381	37,365,384
2053	14,631,242	9,113,904	9,761,754	33,506,900
2054	13,480,890	8,343,353	8,075,590	29,899,833

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	12,341,467	7,588,265	6,625,383	26,555,115
2056	11,227,305	6,855,673	5,393,824	23,476,802
2057	10,149,399	6,152,027	4,360,950	20,662,376
2058	9,116,960	5,482,841	3,505,229	18,105,030
2059	8,137,731	4,852,585	2,804,555	15,794,871
2060	7,217,877	4,264,686	2,237,111	13,719,674
2061	6,361,648	3,721,549	1,782,199	11,865,396
2062	5,571,769	3,224,503	1,420,757	10,217,029
2063	4,849,334	2,773,825	1,135,698	8,758,857
2064	4,193,994	2,368,885	912,155	7,475,034
2065	3,604,225	2,008,247	737,484	6,349,956
2066	3,077,528	1,689,851	601,215	5,368,594
2067	2,610,698	1,411,158	494,854	4,516,710
2068	2,199,993	1,169,267	411,593	3,780,853
2069	1,841,306	961,088	346,088	3,148,482
2070	1,530,341	783,420	294,180	2,607,941
2071	1,262,748	633,090	252,690	2,148,528
2072	1,034,216	507,016	219,214	1,760,446
2073	840,554	402,244	191,903	1,434,701

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The most recent amendment reflected in the following plan provisions is the amendment adopting the mandatory cash out and required distribution provisions included in SECURE 2.0 adopted in February 2024 and effective as of January 1, 2024.

**Covered employees** All employees hired before March 1, 2008, except leased employees, independent contractors, collectively-bargained employees and employees in Puerto Rico. Effective March 1, 2008, new hires are not eligible to participate.

All participants from the Quaker City Pension Plan (QCMP) effective December 31, 2013. Benefit accruals for Quaker City active participants were frozen as of December 31, 2012.

**Participation date** First day next following attainment of age 21 and one year of service.

### Definitions

**Rule of 70 Employees** Employees who satisfy all of the following requirements:

- (i) eligible to participate; employed on May 31, 2008; and remained in eligible employment through December 31, 2008
- (ii) the sum of age and credited service as of December 31, 2008, was 70 or more
- (iii) had at least 5 years of credited service as of December 31, 2008.

Rule of 70 Employees who are not eligible for early retirement as of December 31, 2013, will have their accrued pension benefit determined under the vested termination provisions of the plan.

**Frozen Employees** Employees who either are not Rule of 70 employees or are Rule of 70 employees but elected to freeze their credited service as of December 31, 2008. Frozen Employees who are not eligible for early retirement as of December 31, 2008, will have their accrued pension benefit determined under the vested termination provisions of the plan.

**Vesting service** Whole years of service as an employee.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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<b>Credited service</b>	For Rule of 70 Employees, no service is credited for periods of employment after December 31, 2013. For Frozen Employees, no service is credited for periods of employment after December 31, 2008.
<b>Retirement eligibility service</b>	Credited service determined by assuming service continues to be credited for periods of employment after December 31, 2013 for Rule of 70 Employees or December 31, 2008, for Frozen Employees.
<b>Projected credited service</b>	Retirement eligibility service projected to normal retirement date assuming continued employment.
<b>Pensionable pay</b>	Earnings paid during a calendar year including bonuses, commissions, overtime pay and elective salary deferrals, but excluding the cost of employee benefits and deferred compensation. Earnings paid after December 31, 2013, are not considered in the determination of accrued benefits for both Rule of 70 Employees and Frozen Employees.
<b>Average earnings</b>	The average of the highest five non-consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date. Average earnings are frozen effective December 31, 2013 for both Rule of 70 Employees and Frozen Employees.
<b>Social Security benefit</b>	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to Social Security Retirement Age. This benefit is frozen effective December 31, 2013, for both Rule of 70 Employees and Frozen Employees.
<b>Normal retirement date (NRD)</b>	First of month coinciding with or next following the later of attainment of age 65 and the fifth anniversary of participation in the plan.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Monthly pension benefit**

No further benefit accruals will be provided after December 31, 2013, for additional credited service or earnings. Benefit accruals prior to December 31, 2013, are determined as follows:

The greater of (i) or (ii), where:

- (i) is the applicable percentage of the participant's monthly average earnings on his normal retirement date less 50% of the participant's monthly Social Security benefit, with the applicable percentage of the participant's monthly average earnings determined as follows:

Years of Credited Service	Percentage of Average Earnings
15	40.00%
16	40.5
17	41.0
18	41.5
19	42.0
20	42.5
21	43.0
22	43.5
23	44.0
24	44.5
25	45.0
26	45.5
27	46.0
28	46.5
29	47.0
30	47.5
31	48.0
32	48.5
33	49.0
34	49.5
35	50.0
36	50.5
37	51.0
38	51.5
39	52.0
40	52.5
41	53.0
42	53.5
43	54.0
44	54.5
45 or more	55.0

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

(ii) is 30% of the participant's monthly average earnings.

Any participant with less than 15 years of credited service is entitled to a monthly retirement benefit equal to (ii) above, multiplied by the following fraction:

- (a) the numerator is the participant's months of credited service (not to exceed 180), and
- (b) the denominator is 180.

**Preretirement death benefit** The greater of:

- (a) The Qualified Pre-retirement Spouse Annuity (QPSA): 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's earliest retirement date.
- (b) A temporary monthly death benefit equal to the greater of 30% of employee's current monthly earnings, or 30% of employee's average earnings, payable as a monthly benefit or single lump sum, with duration based on the participant's credited service. Earnings and credited service are frozen effective December 31, 2013.

Years of credited service	Duration of death benefit
3-10	12 ½ months
10-15	25 months
15+	50 months

**Monthly pension benefit for former QCMP participants** Frozen accrued benefit as of December 31, 2012.

## Eligibility for Benefits

**Normal retirement** Retirement on NRD.

**Early retirement** Retirement before NRD and on or after both attaining age 55 and completing fifteen years of retirement eligibility service for pre-merger Genuine Parts participants.

Retirement before NRD and on or after both attaining age 60 and completing ten years of retirement eligibility service for former QCMP participants.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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2019 VRP Participants who (a) received compensation equal to or less than \$120,000 in 2018 and (b) were age 55 with at least 10 years of retirement eligibility service on termination date may elect early retirement.

<b>Delayed retirement</b>	Retirement after NRD.
<b>Vested termination</b>	Termination for reasons other than death or retirement after satisfying full or partial vesting.
<b>Disability retirement</b>	Permanent and total disability prior to NRD after satisfying full or partial vesting.
<b>Preretirement death benefit</b>	Death while eligible for normal, early, delayed, or deferred vested retirement benefits.

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	Monthly pension benefit determined as of NRD.
<b>Early retirement</b>	<p>Monthly pension benefit determined as of early retirement date, reduced 0.5% for each month of payment before NRD for pre-merger Genuine Parts participants.</p> <p>Monthly pension benefit calculated using service to early retirement date reduced for actuarial equivalence for former QCMP participants.</p> <p>Certain participants eligible for the 2019 Voluntary Retirement Program could elect early retirement with their monthly retirement income determined without the application of early retirement reduction factor.</p>
<b>Delayed retirement</b>	Greater of monthly pension benefit determined as of actual retirement date, or monthly pension benefit determined as of NRD and actuarially increased to actual retirement date.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Vested termination

All participants with at least one hour of service after December 31, 2013, are fully vested. Prior to December 31, 2013, vesting is determined as follows:

Monthly pension benefit, based on projected credited service to NRD and average earnings at termination (or December 31, 2013, if earlier), reduced by multiplying by a service fraction equal to the ratio of credited service at termination (or December 31, 2013, if earlier) to projected credited service to NRD, and further reduced for those with less than seven years of vesting service by multiplying by the vested percentage below:

Completed Years of Vesting Service at Termination Date	Percent of Monthly Benefit Payable
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7	100%

Participants who terminate with 15 or more years of retirement eligibility service can elect benefits upon attaining age 55, reduced 0.5% for each month of payment before NRD.

All QCMP Pension Plan participants actively employed on December 31, 2012 are fully vested.

## Disability retirement

Monthly pension benefit based on service and average earnings at date of disability. For this purpose, service includes (except for frozen employees) credit for up to 2 years of service while disabled and receiving long term disability benefits from the GPC Long Term Disability Plan. Benefits commence at normal retirement date. Participants who have earned at least 15 years of retirement eligibility service can elect immediate reduced benefits upon attaining age 55. This benefit is frozen as of December 31, 2013.

## Change in control

In the event of a change in control, all participants in employment on the date of change in control are 100% vested in their accrued benefit and may elect to receive a lump sum distribution of their benefits due under the plan if they terminate employment within five years following the change in control event.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Preretirement death** Preretirement death benefit as defined above. The QPSA benefit is an amount equal to 50% of the monthly retirement income which the participant would have received if he had elected early retirement as of the first day of the month coincident with or next preceding his date of death (or following his earliest retirement date, if later) and elected the Joint and 50% Survivor Annuity.

## Other Plan Provisions

**Forms of payment** Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above (lump sum benefit available if value is \$75,000 or less), if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a reduced 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 50%, 75% and 100% joint and survivor annuity, a ten-year certain and life annuity, (for married participants) a life annuity, or a lump sum if the lump sum value is less than or equal to \$75,000.

**Actuarial equivalence** Actuarial equivalence for annuity forms of benefit payment is determined using an 8.00% interest rate and the UP 1984 Mortality Table without any adjustments.

Actuarial equivalence for lump sums is determined using the Applicable Mortality Table specified in Code Section 417(e)(3)(B) and the Applicable Interest Rate defined as follows:

- (i) The interest rate specified in Code Section 417(e)(3)(B) and determined for each plan year as of the August immediately preceding the plan year.
- (ii) For purposes of determining lump sums payable in the event of a change in control, the lesser of the interest rate in (i) or the annual rate of interest on 10-year Treasury notes for the month of August immediately preceding the plan year of distribution.

In calculating the lump sum value, benefits are assumed to be payable as a single life annuity commencing at normal retirement age.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Maximum on benefits and pay** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions. The limits under Section 415 are frozen effective December 31, 2013, for benefits under this plan.

**2019 Voluntary Retirement Program (VRP)** A one-time program was offered in December 2019 which allowed certain eligible non-highly compensated plan participants to begin their monthly retirement income immediately without application of the early retirement reduction factor.

## Future Plan Changes

In August 2024, an amendment was adopted to terminate the Genuine Parts Company Pension Plan effective September 30, 2024. Since this action was taken after the January 1, 2024 valuation date, this amendment has not been reflected in the January 1, 2024 funding results.

WTW is not aware of any other events that have occurred.

## Changes in Benefits Valued Since Prior Year

None.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024

**Genuine Parts Company Pension Plan**  
**EIN 58-0254510**  
**Plan No. 001**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2024**

(a)	(b) Identity or Issue	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<b>SHORT-TERM INVESTMENTS</b>				
*	Northern Trust Investments, Inc.	NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	\$ 470,613	\$ 470,613
	<b>TOTAL SHORT-TERM INVESTMENTS</b>		<u>470,613</u>	<u>470,613</u>
<b>U.S. GOVERNMENT SECURITIES</b>				
	Ginnie Mae	GNMA SER 2016-136 CL PJ	284	256
	<b>TOTAL U.S. GOVERNMENT SECURITIES</b>		<u>284</u>	<u>256</u>
<b>COMMON STOCK</b>				
*	Genuine Parts Company	GENUINE PARTS COMPANY STOCK	27,520,167	175,140,000
	<b>TOTAL COMMON STOCK</b>		<u>27,520,167</u>	<u>175,140,000</u>
<b>COMMON COLLECTIVE TRUSTS</b>				
*	Northern Trust Investments, Inc.	NT COLLECTIVE SHORT TERM INVT FD	343,770,329	343,770,329
	<b>TOTAL COMMON COLLECTIVE TRUSTS</b>		<u>343,770,329</u>	<u>343,770,329</u>
<b>MUTUAL FUNDS</b>				
	Baird Asset Management	BAIRD FDS INC SHORT-TERM BD FD INSTLCL SHS	203,141,912	201,246,745
	<b>TOTAL MUTUAL FUNDS</b>		<u>203,141,912</u>	<u>201,246,745</u>
<b>GROUP ANNUITY CONTRACT</b>				
	The Prudential Insurance Company of America	PRUDENTIAL ANNUITY CONTRACT	1,241,628,513	1,241,434,065
	<b>TOTAL GROUP ANNUITY CONTRACT</b>		<u>1,241,628,513</u>	<u>1,241,434,065</u>
<b>GRAND TOTAL</b>			<b>\$ 1,816,531,818</b>	<b>\$ 1,962,062,008</b>

\* Indicates party-in-interest to the Plan

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$3,000,000 for the prior valuation to \$3,600,000 for the current valuation.

Assumptions were updated to better reflect anticipated future experience based on an experience study completed during 2023: assumed rates of termination, rates of retirement, benefit commencement age for deferred vested participants, spouse age difference, percentage married and form of payment.

Plan Name: Genuine Parts Company Pension Plan  
EIN / PN: 58-0254510/001  
Plan Sponsor: Genuine Parts Company  
Valuation Date: January 1, 2024