

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer)
B This return/report is [ ] the first return/report [ ] the final return/report
C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
D If the plan is a collectively-bargained plan, check here [ ]
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: MITSUBISHI MOTORS R & D OF AMERICA, INC. 401(K) SAVINGS PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1986
2a Plan sponsor's name: MITSUBISHI MOTORS R AND D OF AMERIC
2b Employer Identification Number (EIN): 37-1353100
2c Sponsor's telephone number: 734-973-4457
2d Business code: 441110
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 73
5b Total number of participants at the end of the plan year: 67
5c(1) Number of participants with account balances as of the beginning of the plan year: 75
5c(2) Number of participants with account balances as of the end of the plan year: 0
5d(1) Total number of active participants at the beginning of the plan year: 36
5d(2) Total number of active participants at the end of the plan year: 31
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 signature of Christine Grysbán dated 09/08/2025.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

<b>Part III Financial Information</b>			
<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	19064992	19178174
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	19064992	19178174
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
(1) Employers .....	<b>8a(1)</b>	242997	
(2) Participants .....	<b>8a(2)</b>	456173	
(3) Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	3059090	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		3758260
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	3629418	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	15660	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		3645078
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		113182
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3H
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>10</b>	During the plan year:			
<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 there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		1000000
<b>d</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>e</b>	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....		X	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	X		41479
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b>	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 ..... **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....  Yes  No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**a** 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 letter ruling granting the waiver. .... Month Day Year

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year ..... **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year ..... **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?.....  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 \_\_\_\_\_.

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Mitsubishi Motors R &amp; D of America, Inc. 401(k) Savings Plan

01-JAN-24 to 31-DEC-24

10-JAN-25 22:28:09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPIRMX			494,662.05	497,498.27
IVTINX			1,958.38	2,014.78
IVTWNX			507,235.40	466,605.05
IVTTVX			1,323,138.19	1,236,075.74
IVTHRX			579,268.67	567,497.11
IVTTHX			925,302.30	980,727.04
IVFORX			244,530.85	251,607.94
IVTIVX			96,296.04	105,593.05
IVFIFX			138,145.98	146,158.86
IVFFVX			2,121.46	2,390.68
IVTTSX			37,747.00	43,951.19
IVLXVX			9,231.59	9,534.67
IRERGX			747,244.23	771,043.16
IPGINX			183,392.94	192,885.17
IVTIAX			519,863.71	535,572.02
IDFSVX			79,464.02	97,713.80
IJISGX			550,436.92	534,961.70
IBRRSIM			964,466.86	1,481,351.05
IPMEGX			734,382.60	752,962.11
IMVTIX			63,812.71	59,960.95
IBREQIT			1,591,009.27	2,614,744.00
IDOXGX			1,012,439.77	1,044,176.27
IFCNTCT			3,396,009.86	3,367,834.38
ITPLGX			783,547.18	763,278.17
IWFBIK			675,565.56	675,608.85
IPTRCTM			606,855.20	606,855.22
IWFSEI			1,130,910.25	1,212,590.06
			<b>17,399,038.99</b>	<b>19,021,191.29</b>
PARTICIPANT LOANS				
		4.250-9.500	41,479.48	41,479.48
FORFEITURES				
			7,733.47	8,639.70

Attachment to Form 5500, Schedule H, Part 4, Item I  
EIN # 95-3673256

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPIRMX				
IVTWNX				
IVTHRX				
IVFORX				
IVFIFX				
IVTTSX				
IRERGX				
IVTIAX				
IJISGX				
IPMEGX				
IBREQIT				
IFCNTCT				
IWFBIX				
IWFSVE				
PIMCO Inflation Response MultiAsst Instl				
Vanguard Target Retirement 2020 Inv				
Vanguard Target Retirement 2030 Inv				
Vanguard Target Retirement 2040 Inv				
Vanguard Target Retirement 2050 Inv				
Vanguard Target Retirement 2060 Inv				
American Funds EuroPacific Gr R6				
Vanguard Total Intl Stock Index Admiral				
JPMorgan Small Cap Growth L				
T. Rowe Price Instl Mid-Cap Equity Gr				
BlackRock Equity Index T				
Fidelity Contrafund Commingled Pool				
iShares U.S. Aggregate Bond Index K				
Galliard Stable Return Fund E				
IVTINX				
IVTTVX				
IVTTHX				
IVTIVX				
IVFFVX				
IVLXVX				
IPGINX				
IDFSVX				
IBRR5IM				
IMVTIX				
IDOXGX				
ITPLGX				
IPTRCTM				
Vanguard Target Retirement Income Inv				
Vanguard Target Retirement 2025 Inv				
Vanguard Target Retirement 2035 Inv				
Vanguard Target Retirement 2045 Inv				
Vanguard Target Retirement 2055 Inv				
Vanguard Target Retirement 2065 Inv				
Impax Gbl Environmental Mkts Inst				
DFA US Small Cap Value Fund				
Blackrock Russell 2500 Index No Load-M				
Transamerica Mid Cap Value Opps I				
Dodge & Cox Stock Fund Class X				
T. Rowe Price Instl Large Cap Core Gr				
PIMCO Total Return Collective Trust CIM				

**LEGEND**

**INVESTMENT OPTION:**

- IPIRMX PIMCO Inflation Response MultiAsst Instl
- IVTWNX Vanguard Target Retirement 2020 Inv
- IVTHRX Vanguard Target Retirement 2030 Inv
- IVFORX Vanguard Target Retirement 2040 Inv
- IVFIFX Vanguard Target Retirement 2050 Inv
- IVTTSX Vanguard Target Retirement 2060 Inv
- IRERGX American Funds EuroPacific Gr R6
- IVTIAX Vanguard Total Intl Stock Index Admiral
- IJISGX JPMorgan Small Cap Growth L
- IPMEGX T. Rowe Price Instl Mid-Cap Equity Gr
- IBREQIT BlackRock Equity Index T
- IFCNTCT Fidelity Contrafund Commingled Pool
- IWFBIX iShares U.S. Aggregate Bond Index K
- IWFSVE Galliard Stable Return Fund E

**COST OF ASSETS:** The original cost of the assets in each investment option as of the last day of the plan year  
**CURRENT VALUE:** The value of all assets in each investment option as of the last day of the plan year