

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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.)

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

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

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

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

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

special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>HAYES LEMMERZ NON-UNION RETIREE VEBA PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HAYES LEMMERZ NON-UNION RETIREE VEBA TRUST</u>  <u>JON COHEN, DICKINSON WRIGHT PLLC</u> <u>55 W. MONROE ST. 1200</u> <u>CHICAGO, IL 60603</u>	<b>1c</b> Effective date of plan <u>01/01/2010</u>  <b>2b</b> Employer Identification Number (EIN) <u>27-1280515</u>  <b>2c</b> Plan Sponsor's telephone number <u>312-377-4565</u>  <b>2d</b> Business code (see instructions) <u>525920</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/11/2025	JOHN R. KINSTLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	192
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	
	<b>6a(2)</b>	0
	<b>6b</b>	177
	<b>6c</b>	1
	<b>6d</b>	178
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4Q

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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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<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>HAYES LEMMERZ NON-UNION RETIREE VEBA PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HAYES LEMMERZ NON-UNION RETIREE VEBA TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>27-1280515</b>	

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

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

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

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

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

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

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

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

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

DICKINSON WRIGHT PLLC

2600 WEST BIG BEAVER,300  
TROY, MI 48084

38-1364333

(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?
	ATTORNEY	73836	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)

MERITAIN HEALTH COMPANY

300 CORPORATE PARKWAY  
AMHERST, NY 14226

16-1264154

(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?
	THIRD PARTY ADMINISTRATOR	22235	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)

ANDREWS HOOPER PAVLIK PLC

4295 OKEMOS RD, SUITE 200  
OKEMOS, MI 48864

38-3133790

(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?
	ACCOUNTANT	26700	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)

MORGAN STANLEY SMITH BARNEY LLC

ONE PPG PLACE STE 1300  
PITTSBURGH, PA 15222

26-4310632

(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?
	INVESTMENT BANKER	2293	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)

SEGAL CONSULTING

333 WEST 34TH ST, STE 34  
NEW YORK, NY 10001-2402

13-1835864

(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?
	INSURANCE	16615	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)

(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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>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>HAYES LEMMERZ NON-UNION RETIREE VEBA PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HAYES LEMMERZ NON-UNION RETIREE VEBA TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>27-1280515</b>

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 58399	84456
<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>	13456
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 8692	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 129823	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b> 210676	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 641733	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b> 6521	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1055844	97912
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	950	
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	218000	75037
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	218950	75037
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	836894	22875

**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: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	2645	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2645
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	957	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	22009	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		22966
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1274504	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1231318	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		43186
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-38902	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-38902

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		857
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		30752

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	803549	
(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>		803549
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	41222	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		41222
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		844771

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-814019
<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: **ANDREWS HOOPER PAVLIK PLC**

(2) EIN: **38-3133790**

**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		250000
<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.)		X	
<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 \_\_\_\_\_.

Audited Financial Statements and  
Supplemental Schedule

Hayes Lemmerz Non-Union  
Retiree VEBA Plan

*Years Ended December 31, 2024 and 2023  
with Report of Independent Auditors*

Hayes Lemmerz Non-Union Retiree VEBA Plan

Audited Financial Statements and  
Supplemental Schedule

Years Ended December 31, 2024 and 2023

**Contents**

Report of Independent Auditors .....	1
Financial Statements	
Statements of Net Assets Available for Benefits – In Liquidation .....	4
Statements of Changes in Net Assets Available for Benefits – In Liquidation.....	5
Notes to Financial Statements .....	6
Supplemental Schedule	
Schedule H, Line 4j – Schedule of Reportable Transactions – Liquidation Basis .....	12

## Report of Independent Auditors

To the Trustees of the  
Hayes Lemmerz Non-Union Retiree VEBA Plan  
Chicago, Illinois

### **Opinion**

We have audited the accompanying financial statements of the Hayes Lemmerz Non-Union Retiree VEBA Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (in liquidation) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (in liquidation) for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits (in liquidation) of the Hayes Lemmerz Non-Union Retiree VEBA Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits (in liquidation) for the years ended December 31, 2024 and 2023, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

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

As discussed in Note 6 to the financial statements, the Trustees of Hayes Lemmerz Non-Union Retiree VEBA Plan have determined that termination of the plan was imminent in 2023 and approved the plan termination effective December 31, 2024. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2022 from the going concern basis to the liquidation basis. Our opinion is not modified with respect to this matter.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hayes Lemmerz Non-Union Retiree VEBA 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.

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

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of reportable transactions in liquidation for the year ended December 31, 2024, referred to as “supplemental information,” is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

*Andrews Hooper Pavlik PLC*

d/b/a Andrews Hooper Pavlik LLC

Okemos, Michigan  
September 4, 2025

## Hayes Lemmerz Non-Union Retiree VEBA Plan

### Statements of Net Assets Available for Benefits – In Liquidation

	<b>December 31</b>	
	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Cash	\$ 84,456	\$ 67,091
Investments at fair value:		
Stocks	-	210,676
Exchange-traded and closed-end funds	-	238,768
Government securities	-	129,823
Mutual funds	-	402,965
Total investments at fair value	-	982,232
Prepaid expenses	-	6,521
Accounts receivable	13,456	-
<b>Liabilities</b>		
Accounts payable	-	950
Accrued expenses expected to be incurred in liquidation	75,037	218,000
Net assets available for benefits	\$ 22,875	\$ 836,894

## Hayes Lemmerz Non-Union Retiree VEBA Plan

### Statements of Changes in Net Assets Available for Benefits – In Liquidation

	<b>Year Ended December 31</b>	
	<b>2024</b>	<b>2023</b>
<b>Additions</b>		
Investment income:		
Interest and dividends	\$ 25,611	\$ 45,095
Net appreciation in fair value of investments	5,141	58,813
Total investment income	30,752	103,908
Total additions	30,752	103,908
 <b>Deductions</b>		
Claims paid	803,549	320,742
Administrative expenses	-	98,633
Total deductions	803,549	419,375
 Net change in net assets available for benefits before other changes	(772,797)	(315,467)
 <b>Adjustments to liquidation basis</b>		
Accrued expenses expected in liquidation	41,222	218,000
 <b>Change in net assets available for benefits</b>	(814,019)	(533,467)
Net assets available for benefits at beginning of year	836,894	1,370,361
Net assets available for benefits at end of year	\$ 22,875	\$ 836,894

# Hayes Lemmerz Non-Union Retiree VEBA Plan

## Notes to Financial Statements

December 31, 2024

### **1. Description of Plan**

The following description of the Hayes Lemmerz Non-Union Retiree VEBA Plan (Plan) is provided for general information purposes only. Participants should refer to the plan document, maintained by the Plan's retiree committee (Committee), a court appointed group representing the interest of certain company retirees, for a more complete description of the Plan's provisions.

#### **General**

The Plan, established on January 1, 2010, is a medical expense reimbursement plan established as a result of a bankruptcy settlement between Hayes Lemmerz International, Inc. (Company) and the Committee. The Plan covers only the non-union retirees (including any and all surviving spouses and eligible dependents) of the Company who were receiving retiree benefits from the Company as of December 31, 2009 and those who subsequently become eligible for retiree medical benefits upon meeting the eligibility for Medicare. Eligibility of retirees in the Plan was subsequently modified in conjunction with the retirees' prior employer reinstating eligibility of subsidized medical health insurance for the class of retirees who had previously opted out of the employer's health insurance plan as of the date said employer had filed for Chapter 11 bankruptcy protection. This change was approved by order of the United States Bankruptcy Court for the District of Delaware, Case No. 09-11665, on December 13, 2010, effective midnight on December 31, 2010. The Plan is to be managed in a manner to provide reimbursement of qualified medical expenses, as defined by the Plan, for Medicare eligible participants.

Also effective January 1, 2010, the Committee formed the Hayes Non-Union Retiree VEBA Trust (Trust), a Voluntary Employee Benefit Association (VEBA), to hold the assets of the Plan. Consequently, the Committee appointed the VEBA Board as the trustee of the Trust. Meritain Health serves as the third-party administrator and record keeper.

Hayes Lemmerz International, Inc. was acquired on February 1, 2012 by Iochpe Holdings, LLC (Iochpe). The acquirer has assumed the obligations of the Company under the settlement and this Plan.

#### **Contributions**

Contributions to the Trust were made by Iochpe, as required in the court-approved settlement. Iochpe made fixed payments to the VEBA for each Medicare eligible participant and pre-Medicare participant.

Upon meeting certain financial targets, Iochpe was required to make a contingent payment to the VEBA for each Medicare participant enrolled in the VEBA.

# Hayes Lemmerz Non-Union Retiree VEBA Plan

## Notes to Financial Statements

December 31, 2024

### **1. Description of Plan (continued)**

#### **Contributions (continued)**

During 2014, Iochpe elected to make a full settlement of these obligations under the settlement agreement by paying a termination payment as outlined in the agreement. The total amount of the actuarially determined termination payment was \$3,458,499. Therefore, no further contributions will be received by the Plan from Iochpe.

#### **Participants' Accounts**

On a quarterly basis, the VEBA Board approves a transfer of unallocated funds to be allocated to the participants' accounts. These transfers are allocated to participants based on a percentage, where the numerator is the benefit received (the allocation) by each participant under the Company's plan as of December 31, 2009, and the denominator is the total of all such credits then provided by the Company to all plan participants in December of 2009. All Plan assets are invested at the direction of the Committee.

#### **Unallocated Account**

Unallocated funds include amounts reserved by plan management to pay eligible plan expenses and assets reserved for future allocation. The total amount of unallocated funds was \$22,875 as of December 31, 2024 and \$586,150 as of December 31, 2023.

#### **Vesting**

Participants are 100% vested in their portion of Company contributions according to the terms of the Plan.

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

#### **Basis of Accounting**

As discussed in Note 6 to the financial statements, the Trustees of Hayes Lemmerz Non-Union Retiree VEBA Plan terminated the plan effective December 31, 2024. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2022 from the going concern basis to the liquidation basis.

# Hayes Lemmerz Non-Union Retiree VEBA Plan

## Notes to Financial Statements

December 31, 2024

### **2. Summary of Significant Accounting Policies (continued)**

#### **Basis of Accounting (continued)**

Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process, and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

#### **Use of Estimates**

The preparation of financial statements in accordance with U.S GAAP, including the liquidation basis of accounting, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

#### **Subsequent Events**

The Plan has evaluated subsequent events through September 4, 2025, the date which the financial statements were available to be issued.

#### **Claims Paid**

Claim payments are recorded upon payment.

#### **Cash**

The Plan maintains its cash in bank deposit accounts which at times may exceed federally insured limits. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on cash.

#### **Accounts Receivable**

Accounts receivable represent claims paid and awaiting refund to the Plan.

#### **Administrative Fees**

Administrative expenses and fees of the Plan are paid by the Plan and include transactions with parties-in-interest. See Note 7.

# Hayes Lemmerz Non-Union Retiree VEBA Plan

## Notes to Financial Statements

December 31, 2024

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

#### Fair Value Measurements

As defined in U.S. GAAP, fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. In determining fair value, the Plan uses various methods including market, income, and cost approaches. Based on these approaches, the Plan often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy.

The fair value hierarchy ranks the quality and reliability of the information used to determine fair value. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

- Level 1 Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. treasury and federal agency securities and federal agency mortgage-backed securities which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.
- Level 2 Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.
- Level 3 Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models, and similar techniques, and not based on market exchange, dealer, or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets and liabilities.

There have been no changes in the methodologies used as of December 31, 2024 and 2023. All investments are valued based on quoted market prices reported in active markets.

The preceding methods described may produce fair value calculations that are not indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

# Hayes Lemmerz Non-Union Retiree VEBA Plan

## Notes to Financial Statements

December 31, 2024

### 3. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity, 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.

### 4. Investments

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023.

	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Stocks	\$ 210,676	\$ -	\$ -	\$ 210,676
Exchange-traded and closed-end funds	238,768	-	-	238,768
Government securities	129,823	-	-	129,823
Mutual funds	402,965	-	-	402,965
Total investments	\$ 982,232	\$ -	\$ -	\$ 982,232

There were no Plan assets at fair value as of December 31, 2024.

### 5. Tax Status

The Trust has received an exemption letter dated May 18, 2010 from the Internal Revenue Service (IRS) stating that the Trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (Code) as a Voluntary Employee Beneficiary Association. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. Although the Plan has been amended since receiving the letter, the Trustees believe the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believe the related trust is tax exempt. Therefore, no provision for income taxes has been provided.

Generally, tax years 2021 through the current year remain open to examination. The Plan does not believe that the results from any examination of these open years would have a material adverse effect on the Plan.

# Hayes Lemmerz Non-Union Retiree VEBA Plan

## Notes to Financial Statements

December 31, 2024

### **6. Plan Termination**

Based on the balance of net assets available for benefits within the Plan, the associated annual administrative expenses, and no future contributions, the Trustees have determined that termination is imminent. After the final standard quarterly allocation to participants in July 2024, the trustees distributed the majority of the remaining funds, less an estimate related to Plan termination expenses, on a taxable basis to participants. Liquidation of remaining assets through distributions to participants is expected to occur during 2025, with full liquidation by December 31, 2025. All participants are fully vested. The Trustees intend to terminate the Plan to ensure all benefits owed are paid to Plan participants (i.e., a standard termination).

The Plan adopted the liquidation basis of accounting in 2023. Under the liquidation basis of accounting, assets are recorded at the amount expected to be collected, and liabilities are recorded at amounts expected to be paid during the course of liquidation. As of December 31, 2024, total expenses of \$75,037 are expected to be paid from Plan assets during the course of liquidation (\$218,000 as of December 31, 2023). No contributions will be made to the Plan related to the termination.

The Plan's investments do not have redemption restrictions or unfunded commitments.

### **7. Transactions with Parties-In-Interest**

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, the management of investments during the year held by the trustees generates party-in-interest transactions. Administrative expenses also include payments to the Plan's third-party administrator and record keeper (Meritain Health), legal counsel (Dickinson Wright PLLC), investment broker (Morgan Stanley), auditor, insurance provider (Segal Consulting), and Committee for services to the Plan. These administrative expenses are also considered party-in-interest transactions.

## Supplemental Schedule

Hayes Lemmerz Non-Union Retiree VEBA Plan

Schedule H, Line 4j – Schedule of Reportable Transactions – Liquidation Basis

Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<b>Category (i): Single transaction in excess of 5% of current value of the plan assets</b>						
Morgan Stanley	Invesco Premier Inst	\$ 380,000	\$ -	\$ 380,000	\$ 380,000	\$ -
Morgan Stanley	Invesco Premier Inst	60,000	-	60,000	60,000	-
Morgan Stanley	United States Treasury Bill	113,833	-	113,833	113,833	-
Morgan Stanley	United States Treasury Note	99,343	-	99,343	99,343	-
Morgan Stanley	United States Treasury Bill	49,692	-	49,692	49,692	-
Morgan Stanley	Unites States Treasury Bill	54,718	-	54,718	54,718	-
Morgan Stanley	Msilf Government Ptf Inst	97,054	-	97,054	97,054	-
Morgan Stanley	Msilf Government Ptf Inst	114,700	-	114,700	114,700	-
Morgan Stanley	United States Treasury Bill	49,817	-	49,817	49,817	-
Morgan Stanley	United States Treasury Bill	49,816	-	49,816	49,816	-
Morgan Stanley	United States Treasury Bill	49,737	-	49,737	49,737	-
Morgan Stanley	United States Treasury Bill	49,752	-	49,752	49,752	-
Morgan Stanley	United States Treasury Bill	49,597	-	49,597	49,597	-
Morgan Stanley	United States Treasury Bill	49,381	-	49,381	49,381	-
Morgan Stanley	United States Treasury Note	45,088	-	45,088	45,088	-
Morgan Stanley	Msilf Government Ptf Inst	110,908	-	110,908	110,908	-
Morgan Stanley	United States Treasury Note	50,195	-	50,195	50,195	-
Morgan Stanley	United States Treasury Bill	49,942	-	49,942	49,942	-
Morgan Stanley	United States Treasury Note	-	70,000	70,000	70,000	-
Morgan Stanley	United States Treasury Bill	-	60,000	60,000	60,000	-
Morgan Stanley	United States Treasury Bill	-	50,000	50,000	50,000	-
Morgan Stanley	United States Treasury Bill	-	115,000	115,000	115,000	-
Morgan Stanley	United States Treasury Bill	-	50,000	50,000	50,000	-
Morgan Stanley	United States Treasury Note	-	100,000	99,008	100,000	992
Morgan Stanley	United States Treasury Note	-	50,000	49,766	50,000	234

Hayes Lemmerz Non-Union Retiree VEBA Plan

Schedule H, Line 4j – Schedule of Reportable Transactions – Liquidation Basis

Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<b>Category (i): Single transaction in excess of 5% of current value of the plan assets (continued)</b>						
Morgan Stanley	United States Treasury Bill	\$ -	\$ 120,000	\$ 120,000	\$ 120,000	\$ -
Morgan Stanley	United States Treasury Bill	-	50,000	50,000	50,000	-
Morgan Stanley	United States Treasury Bill	-	50,000	50,000	50,000	-
Morgan Stanley	United States Treasury Note	-	50,000	49,875	50,000	125
Morgan Stanley	United States Treasury Note	-	45,000	44,766	45,000	234
Morgan Stanley	United States Treasury Bill	-	50,000	50,000	50,000	-
Morgan Stanley	Ishares Iboxx Invest Gr Cor Bd	-	51,035	55,271	51,035	(4,236)
Morgan Stanley	Ft-Preferred Secur & Inc ETF	-	47,028	52,018	47,028	(4,990)
Morgan Stanley	Invesco Premier Inst	-	240,000	240,000	240,000	-
Morgan Stanley	Msilf Government Ptf Inst	-	71,480	71,480	71,480	-
Morgan Stanley	Invesco Premier Inst	-	50,866	50,866	50,866	-
Morgan Stanley	Msilf Government Ptf Inst	-	68,711	68,711	68,711	-
Morgan Stanley	Invesco Premier Inst	-	47,855	47,855	47,855	-
Morgan Stanley	Msilf Government Ptf Inst	-	61,124	61,124	61,124	-
Morgan Stanley	Msilf Government Ptf Inst	-	65,787	65,787	65,787	-
Morgan Stanley	Msilf Government Ptf Inst	-	78,876	78,876	78,876	-
Morgan Stanley	Msilf Government Ptf Inst	-	100,075	100,075	100,075	-
Morgan Stanley	Msilf Government Ptf Inst	-	122,239	122,239	122,239	-
Morgan Stanley	Msilf Government Ptf Inst	-	117,955	117,955	117,955	-

**Category (ii): Series of transactions with the same person involving property other than securities in excess of 5% of current value of the plan assets**

None

Hayes Lemmerz Non-Union Retiree VEBA Plan

Schedule H, Line 4j – Schedule of Reportable Transactions – Liquidation Basis

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<b>Category (iii): Series of transactions in the same security in excess of 5% of current value of the plan assets</b>						
Morgan Stanley	United States Treasury Note	\$ 364,342	\$ -	\$ 364,342	\$ 364,342	\$ -
Morgan Stanley	United States Treasury Note	-	435,177	432,968	435,177	2,209
Morgan Stanley	Invesco Premier Inst	475,000	-	475,000	475,000	-
Morgan Stanley	Invesco Premier Inst	-	475,000	475,000	475,000	-
Morgan Stanley	United States Treasury Bill	650,743	-	650,743	650,743	-
Morgan Stanley	United States Treasury Bill	-	715,000	715,000	715,000	-
Morgan Stanley	Msilf Government Ptf Inst	322,662	-	322,662	322,662	-
Morgan Stanley	Msilf Government Ptf Inst	-	725,627	725,627	725,627	-
Morgan Stanley	ISHARES MSCI EAFE ETF	-	45,717	45,382	45,717	335
Morgan Stanley	Ft-Preferred Secur & Inc ETF	-	47,028	47,028	47,028	-
Morgan Stanley	Ishares Iboxx Invest Gr Cor Bd	-	51,035	51,035	51,035	-

**Category (iv): Single transaction with the same person involving securities in excess of 5% of current value of the plan assets**

None

EIN: 27-1280515  
Plan Number: 501

27-1280515

**Federal Statements**  
**Hayes Lemmerz Non-Union Retiree VEBA Plan**  
**Plan: 501**

**Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	SEE ATTACHMENT		\$	\$