

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HENNIGES AUTOMOTIVE CONSOLIDATED PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HENNIGES AUTOMOTIVE SEALING SYSTEMS NORTH AMERICA, INC.</u></p> <p><u>2750 HIGH MEADOW CIRCLE</u> <u>AUBURN HILLS, MI 48326</u></p>	<p>1c Effective date of plan <u>07/16/2004</u></p> <p>2b Employer Identification Number (EIN) <u>86-1113153</u></p> <p>2c Plan Sponsor's telephone number <u>248-340-4100</u></p> <p>2d Business code (see instructions) <u>336300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/12/2025	CHRISTINE FALLS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2408
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	253
	6a(2)	234
	6b	660
	6c	721
	6d	1615
	6e	115
	6f	1730
	6g(1)	
	6g(2)	
h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

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

A Name of plan <u>HENNIGES AUTOMOTIVE CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HENNIGES AUTOMOTIVE SEALING SYSTEMS NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>86-1113153</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>95604625</u>
	b Actuarial value	2b	<u>103984312</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>674</u>	<u>65929811</u>
	b For terminated vested participants	<u>1481</u>	<u>29366435</u>
	c For active participants	<u>253</u>	<u>13317914</u>
	d Total	<u>2408</u>	<u>108614160</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.24 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>200209</u>
	b Expected plan-related expenses	6b	<u>1130000</u>
	c Target normal cost	6c	<u>1330209</u>

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

SIGN HERE <u>DAVID KLOKE</u> Signature of actuary <u>AON CONSULTING, INC.</u> Firm name <u>200 EAST RANDOLPH STREET, SUITE 800</u> <u>CHICAGO, IL 60601</u> Address of the firm	<u>08/28/2025</u> Date <u>23-09037</u> Most recent enrollment number <u>312-381-1000</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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	68006
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	68006
10	Interest on line 9 using prior year's actual return of <u>7.49</u> %	0	5094
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		478121
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> %		25723
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		503844
	d Portion of (c) to be added to prefunding balance		503844
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	576944

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.68 %
15	Adjusted funding target attainment percentage	15	94.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/13/2024	450000	0					
06/12/2024	520278	0					
12/12/2024	115629	0					
03/13/2025	467962	0					
06/11/2025	467962	0					
			Totals ▶	18(b)	2021831	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1930898

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	
0	0	0	0	

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1330209	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5801889	541637	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1871846	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	576944	576944
36 Additional cash requirement (line 34 minus line 35).....	36	1294902	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1930898	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	635996	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	576944	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan HENNIGES AUTOMOTIVE CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HENNIGES AUTOMOTIVE SEALING SYSTEMS NORTH AMERICA, INC.	D Employer Identification Number (EIN) 86-1113153	

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

NORTHERN TRUST CORPORATION

36-2723087

(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)

AON CONSULTING

22-2232264

(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 17 50	NONE KNOWN	882414	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)

SCHWARTZ & CO.

38-2117812

(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?
17 28 50	NONE KNOWN	100960	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)

THE NORTHERN TRUST COMPANY

36-1561860

(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 28 50 62 59	NONE KNOWN	93883	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 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)

PLANTE & MORAN, PLLC

33-1498605

(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 KNOWN	25600	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)

DYKEMA GOSSETT PLLC

38-1446628

(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 KNOWN	17375	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan <u>HENNIGES AUTOMOTIVE CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HENNIGES AUTOMOTIVE SEALING SYSTEMS NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>86-1113153</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NT COLLECTIVE SHORT TERM INVESTMENT</u>	
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST INVESTMENTS, INC.</u>	
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1301309</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan HENNIGES AUTOMOTIVE CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HENNIGES AUTOMOTIVE SEALING SYSTEMS NORTH AMERICA, INC.	D Employer Identification Number (EIN) 86-1113153	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	94580	101614
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1088232	1301309
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	91724890	96224607
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	92907702	97627530
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	92907702	97627530

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4060125	
(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)		4060125
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2457696	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2457696
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	3804	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3804
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		79011
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		16460829
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		23061465

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16636585	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		16636585
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	25600	
(5) Investment advisory and investment management fees.....	2i(5)	100960	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	93883	
(7) Actuarial fees.....	2i(7)	882414	
(8) Legal fees.....	2i(8)	17375	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	584820	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1705052
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		18341637

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4719828
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **PLANTE & MORAN, PLLC**

(2) EIN: **33-1498605**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547560.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan <u>HENNIGES AUTOMOTIVE CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HENNIGES AUTOMOTIVE SEALING SYSTEMS NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>86-1113153</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	617

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

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

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

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

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

Part III	Amendments
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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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 62.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 33.0 %
 High-Yield Debt: 5.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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 _____.

Henniges Automotive Consolidated Pension Plan

Modified Cash Basis Financial Report
November 30, 2024

Henniges Automotive Consolidated Pension Plan

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Independent Auditor's Report

To the Plan Administrator
Henniges Automotive Consolidated Pension Plan

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

We have performed audits of the modified cash basis financial statements of Henniges Automotive Consolidated 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 modified cash basis financial statements comprise the statements of net assets available for benefits (modified cash basis) as of November 30, 2024 and 2023 and accumulated plan benefits (modified cash basis) as of November 30, 2023 and the related statements of changes in net assets available for benefits (modified cash basis) for the years ended November 30, 2024 and 2023 and changes in accumulated plan benefits (modified cash basis) for the year ended November 30, 2023 and the related notes to the modified cash basis financial statements.

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

Management has obtained certifications from a qualified institution as of November 30, 2024 and 2023 and for the years then ended stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

To the Plan Administrator
Henniges Automotive Consolidated Pension Plan

Basis of Accounting

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2 and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of modified cash basis 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.

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 that may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 audits 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 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 audits in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

Accordingly, the objective of the ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.

To the Plan Administrator
Henniges Automotive Consolidated Pension Plan

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year (modified cash basis) as of November 30, 2024 and reportable transactions (modified cash basis) for the year ended November 30, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Plante & Moran, PLLC

Southfield, Michigan
September 3, 2025

Henniges Automotive Consolidated Pension Plan

**Statement of Net Assets Available for Benefits - Modified
Cash Basis**

	November 30, 2024 and 2023	
	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value:		
Mutual funds	\$ 96,326,221	\$ 91,814,525
Collective trust fund	<u>1,301,309</u>	<u>1,093,177</u>
Net Assets Available for Benefits	<u>\$ 97,627,530</u>	<u>\$ 92,907,702</u>

Henniges Automotive Consolidated Pension Plan

Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis

Years Ended November 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to Net Assets		
Contributions	\$ 4,060,125	\$ -
Investment income:		
Interest and dividends	2,529,613	3,040,663
Net realized and unrealized gains on investments	<u>16,471,727</u>	<u>5,608,828</u>
Total additions to net assets	23,061,465	8,649,491
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	16,636,585	8,951,586
Purchase of annuity contract	-	31,327,596
Administrative expenses	<u>1,705,052</u>	<u>1,534,623</u>
Total deductions from net assets	<u>18,341,637</u>	<u>41,813,805</u>
Net Increase (Decrease)	4,719,828	(33,164,314)
Net Assets Available for Benefits		
Beginning of year	<u>92,907,702</u>	<u>126,072,016</u>
End of year	<u><u>\$ 97,627,530</u></u>	<u><u>\$ 92,907,702</u></u>

Henniges Automotive Consolidated Pension Plan

Statement of Accumulated Plan Benefits - Modified Cash Basis

November 30, 2023

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants currently receiving benefit payments

\$ 58,181,479

Other vested participants

35,538,223

Total vested benefits

93,719,702

Nonvested benefits

1,012,250

Total Actuarial Present Value of Accumulated Plan Benefits

\$ 94,731,952

Henniges Automotive Consolidated Pension Plan

Statement of Changes in Accumulated Plan Benefits - Modified Cash Basis

Year Ended November 30, 2023

Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	\$ 124,738,223
Increase (decrease) during the year attributable to:	
Interest due to the decrease in the discount period	6,819,519
Benefits paid	(40,279,182)
Actuarial experience	3,446,650
Changes in actuarial assumptions	<u>6,742</u>
Net decrease	<u>(30,006,271)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of year	<u><u>\$ 94,731,952</u></u>

Henniges Automotive Consolidated Pension Plan

Notes to Modified Cash Basis Financial Statements

November 30, 2024 and 2023

Note 1 - Plan Description

The following description of Henniges Automotive Consolidated Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering certain employees of Henniges Automotive (the "Company") at its Auburn Hills, Michigan; New Haven, Missouri; Batesville, Arkansas; Salisbury, North Carolina; and Wabash, Indiana locations, in addition to those employees who were merged into the Plan effective December 31, 2017, as described below. The Batesville, Arkansas; Salisbury, North Carolina; and Wabash, Indiana locations have no active participants. The Plan was adopted effective July 16, 2004 as a single-employer defined benefit plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2005, the Plan was amended to freeze the accumulation of service credit for participants not covered by a collective bargaining agreement as of December 31, 2005. Participants covered by a collective bargaining agreement are still eligible to accumulate service credit; however, there are currently no full-time employees covered by a collective bargaining agreement except for those employees merged into the Plan effective December 31, 2017, as described below.

On March 1, 2012, the Plan's investments were transferred to a master trust, Henniges Automotive Retirement Trust (the "Master Trust"), which was newly established for the investment of the assets of the Plan and Henniges Automotive Pension Plan for Union Employees.

Henniges Automotive Pension Plan for Union Employees was merged into Henniges Automotive Consolidated Pension Plan effective December 31, 2017. The participants formerly covered by Henniges Automotive Pension Plan for Union Employees include substantially all full-time U.S. union employees of Henniges Automotive, excluding union employees at the Company's Iowa facility hired on or after July 10, 2009 and at the Company's North Carolina facility hired on or after January 1, 2008. Effective February 28, 2014, union employees at the North Carolina facility had their credited service frozen.

As a result of the merger described above, the Plan holds all investments of the Henniges Automotive Retirement Trust, which, in effect, became dormant on December 31, 2017. Therefore, the Plan's financial statements recognize all investments and related earnings.

Eligibility and Vesting

Employees become participants in the Plan following completion of the eligibility requirements described in the Plan and fully vest for normal retirement benefits after five years of service.

Payment of Benefits

The Plan provides for benefit payments to participants for retirement, early retirement, death, disability, or termination of employment. Both annuity payments and lump-sum payments are made out of the Plan. Participants may elect a lump-sum payment if their vested balance is less than \$5,000.

During 2024, the Plan was amended to permit lump-sum payments to participants, beneficiaries, or alternate payees who met certain eligibility criteria. Lump-sum payments of accrued vested benefits were permissible between August 1, 2024, and September 30, 2024. The lump-sum payment was determined using the applicable mortality table and interest rate specified in Internal Revenue Code Section 417(e)(3) and was distributed in November 2024. A total of \$10,858,577 was paid in relation to lump-sum payments during the year.

Henniges Automotive Consolidated Pension Plan

Notes to Modified Cash Basis Financial Statements

November 30, 2024 and 2023

Note 1 - Plan Description (Continued)

Contributions

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by The Northern Trust Company or its affiliates. The Northern Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The Plan prepares its financial statements on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). On a modified cash basis of accounting, revenue is recognized when cash is received, and expenses are recognized when paid. On a GAAP basis of accounting, revenue is recognized as earned, and expenses are recognized when the obligations are incurred. Investments are recognized at fair value, which is consistent with a GAAP basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value.

The collective trust fund is valued at net asset value per share (NAV) or its equivalent of the fund, which is based on the fair value of the fund's underlying assets. There are no redemption restrictions or unfunded commitments on this investment. All other investments are valued based on quoted market prices reported in active markets. See Note 6 for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Benefit Payments

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

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 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 that, due to the uncertainties inherent in setting assumptions, the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 financial statements.

Notes to Modified Cash Basis Financial Statements

November 30, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at November 30, 2023 are summarized as follows:

Actuarial cost method	Unit credit
Assumed rate of return	6.5 percent per annum
Mortality basis	Pri 2012 Mortality Table (with a fully generational projection using scale MP 2021, adjusted to reflect anticipated near-term and long-term endemic effects of COVID-19)

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

The decrease in actuarial present value of accumulated plan benefits was due to normal operation of the Plan, which includes ongoing years of service accruals for certain participants in the Plan, and items of plan experience that are not associated with plan asset performance, as well as an annuity contract purchase in 2023, which is discussed in Note 7.

Administrative Expenses

Various administrative costs are paid by the Company.

Subsequent Events

The modified cash basis financial statements and related disclosures include evaluation of events up through and including September 3, 2025, which is the date the modified cash basis financial statements were available to be issued.

Note 3 - Certified Information

The Northern Trust Company (the "Trustee") holds the Plan's investments and executes all related investment transactions. The investment balances and related investment results included in the accompanying financial statements and the supplemental schedules of assets held at end of year - modified cash basis and reportable transactions - modified cash basis are based solely on information certified by the Trustee.

November 30, 2024 and 2023

Note 4 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Provide benefits for all participants or beneficiaries whose benefits have been, or could have been, in pay status for the entire three-year period prior to termination, based on the plan provisions in effect during the five-year period ending on such date under which such benefit would be the least
2. All other nonforfeitable benefits insured by the Pension Benefit Guaranty Corporation (PBGC)
3. Provide all other vested but uninsured benefits
4. Provide all other benefits under the Plan

The Pension Benefit Guaranty Corporation guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Henniges Automotive Consolidated Pension Plan

Notes to Modified Cash Basis Financial Statements

November 30, 2024 and 2023

Note 6 - Fair Value Measurements (Continued)

The following tables present information about the Plan's assets measured at fair value on a recurring basis at November 30, 2024 and 2023:

	Assets Measured at Fair Value on a Recurring Basis at November 30, 2024	
	Investments (at Fair Value)	Level 1
Mutual funds	\$ 96,326,221	\$ 96,326,221
Investments measured at NAV - Collective trust fund	<u>1,301,309</u>	
Total investments	<u>\$ 97,627,530</u>	

	Assets Measured at Fair Value on a Recurring Basis at November 30, 2023	
	Investments (at Fair Value)	Level 1
Mutual funds	\$ 91,814,525	\$ 91,814,525
Investment measured at NAV - Collective trust fund	<u>1,093,177</u>	
Total investments	<u>\$ 92,907,702</u>	

Note 7 - Purchase of Annuity Contract

In October 2023, the Plan purchased a group annuity contract from Minnesota Life Insurance Company. Under the agreement, Minnesota Life Insurance Company assumed the obligation to pay future pension benefits, starting on December 1, 2023, for participants, beneficiaries, and alternative payees in pay status with monthly accrued benefits less than \$500. The purchase price of the annuity contract was approximately \$31,328,000 and is reported in the accompanying statement of changes in net assets available for benefits - modified cash basis for the year ended November 30, 2023.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data
as of December 1, 2023

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	1			1	2					
40-44		1	1		3	2	1			
45-49	2	5	5	3	7	2	3			
50-54	3	1	10	14	4	3	10	3	1	
55-59	2	4	14	8	21	3	9	6	6	
60-64	3	2	10	9	12	4	9	6	9	6
65-69	1	1	2	1	4	1	4	1	1	5
70+					1					

N-253

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of August 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of August 2023), without regard to interest rate stabilization
1st Segment Rate	3.42%
2nd Segment Rate	4.33%
3rd Segment Rate	4.43%
Retirement Age	
Active Participants	See Tables 1-3
Terminated Vested Participants	See Tables 4-5
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22. Disabled use RR96-7.
Withdrawal Rates	See Table 6-7
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 70% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses and females are two years younger than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2021 Plan Year	6.50%, limited to 6.11%
2022 Plan Year	6.50%, limited to 5.92%
2023 Plan Year	6.50%, limited to 5.74%

Trust Expenses Included in Target Normal Cost

Prior year administrative expenses, adjusted for actual plan year PBGC premium, rounded to the nearest thousand

Actuarial Method

Standard unit credit cost method

Valuation Date

December 1, 2023

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

Table 1

Retirement Rates - Consolidated Participants

Age	Rate
55	5.00%
56	3.00%
57	3.00%
58	3.00%
59	10.00%
60	10.00%
61	10.00%
62	35.00%
63	20.00%
64	20.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

Table 2

Retirement Rates - Union (Iowa Division) Participants

Age	Years of Service	
	0-30	31+
55	5.00%	5.00%
56	5.00%	5.00%
57	5.00%	5.00%
58	5.00%	5.00%
59	5.00%	5.00%
60	5.00%	5.00%
61	10.00%	25.00%
62	15.00%	50.00%
63	20.00%	40.00%
64	40.00%	40.00%
65	50.00%	50.00%
66	50.00%	50.00%
67	50.00%	50.00%
68	50.00%	50.00%
69	50.00%	50.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

Table 3

Retirement Rates - Union (All Divisions, Except Iowa) Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	15.00%
62	40.00%
63	20.00%
64	40.00%
65	60.00%
66	60.00%
67	60.00%
68	60.00%
69	60.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

Table 4

Retirement Rates - Consolidated Terminated Vested Participants

Age	Rate
55	25.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	30.00%
65	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
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Table 5

Retirement Rates - Union Terminated Vested Participants

Age	Rate
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	10.00%
63	10.00%
64	25.00%
65	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
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Table 6

Withdrawal Rates - Consolidated

Age	Rate	Age	Rate
15	0.00%	45	2.50%
16	0.00%	46	2.50%
17	0.00%	47	2.50%
18	0.00%	48	2.50%
19	0.00%	49	2.50%
20	3.00%	50	2.50%
21	3.00%	51	2.50%
22	3.00%	52	2.50%
23	3.00%	53	2.50%
24	3.00%	54	2.50%
25	3.00%	55	2.50%
26	3.00%	56	2.50%
27	3.00%	57+	2.50%
28	3.00%		
29	3.00%		
30	3.00%		
31	3.00%		
32	3.00%		
33	3.00%		
34	3.00%		
35	3.00%		
36	3.00%		
37	3.00%		
38	3.00%		
39	3.00%		
40	2.50%		
41	2.50%		
42	2.50%		
43	2.50%		
44	2.50%		

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
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Table 7

Withdrawal Rates - Union

Age	Rate	Age	Rate
15	0.00%	45	5.00%
16	0.00%	46	5.00%
17	0.00%	47	5.00%
18	0.00%	48	5.00%
19	0.00%	49	5.00%
20	7.50%	50	3.00%
21	7.50%	51	3.00%
22	7.50%	52	3.00%
23	7.50%	53	3.00%
24	7.50%	54	3.00%
25	7.50%	55+	3.00%
26	7.50%		
27	7.50%		
28	7.50%		
29	7.50%		
30	7.50%		
31	7.50%		
32	7.50%		
33	7.50%		
34	7.50%		
35	7.50%		
36	7.50%		
37	7.50%		
38	7.50%		
39	7.50%		
40	5.00%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

Henniges Automotive Consolidated Pension Plan

Schedule of Reportable Transactions - Modified Cash Basis

Form 5500, Schedule H, Line 4j
 EIN 86-1113153, Plan No. 002
 Year Ended November 30, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
The Northern Trust Company	Collective trust fund - Short Term Investment Fund	\$ 10,520,278	\$ -	\$ 10,520,278	\$ 10,520,278	\$ -
The Northern Trust Company	Collective trust fund - Short Term Investment Fund	9,949,859	-	9,949,859	9,949,859	-
The Northern Trust Company	Collective trust fund - Short Term Investment Fund	-	9,000,000	9,000,000	9,000,000	-
The Northern Trust Company	Collective trust fund - Short Term Investment Fund	-	10,706,451	10,706,451	10,706,451	-
The Northern Trust Company	Mutual fund - Vanguard Federal Money Market Fund	9,000,000	-	9,000,000	9,000,000	-
The Northern Trust Company	Mutual fund - Vanguard Federal Money Market Fund	-	9,250,000	9,250,000	9,250,000	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
The Northern Trust Company	Mutual fund - Eaton Vance Total Return Bond Fund - Purchases - 12	8,014,203	-	8,014,203	8,014,203	-
The Northern Trust Company	Mutual fund - Vanguard Federal Money Market Fund: Purchases - 14	10,715,426	-	10,715,426	10,715,426	-
	Sales - 3	-	14,625,000	14,625,000	14,625,000	-
The Northern Trust Company	Collective trust fund - Short Term Investment Fund: Purchases - 56	38,047,888	-	38,047,888	38,047,888	-
	Sales - 80	-	37,834,497	37,834,497	37,834,497	-

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **Round off amounts to nearest dollar.**

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

A Name of plan HENNIGES AUTOMOTIVE CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HENNIGES AUTOMOTIVE SEALING SYSTEMS NORTH AMERICA, INC.	D Employer Identification Number (EIN) 86-1113153	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>12</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value.....		2a	95,604,625
b Actuarial value.....		2b	103,984,312
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	674	65,929,811	65,929,811
b For terminated vested participants.....	1,481	29,366,435	29,366,435
c For active participants.....	253	13,317,914	13,913,011
d Total.....	2,408	108,614,160	109,209,257
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	5.24%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	200,209
b Expected plan-related expenses.....		6b	1,130,000
c Target normal cost.....		6c	1,330,209

Statement by Enrolled Actuary

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

SIGN HERE	David Kloke <i>DK</i>	
	Signature of actuary	08/28/2025
	David Kloke	Date
	Type or print name of actuary	2309037
	AON CONSULTING, INC.	Most recent enrollment number
	Firm name	312-381-1000
	200 EAST RANDOLPH STREET, SUITE 800	Telephone number (including area code)
	CHICAGO IL 60601	
	Address of the firm	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1,330,209	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5,801,889	541,637	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,871,846	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	576,944	576,944
36 Additional cash requirement (line 34 minus line 35)	36	1,294,902	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,930,898	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	635,996	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	576,944	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 12/1/2023 at 5.24%	Interest Adjusted Contribution
March 13, 2024	\$ 450,000	103	\$ 443,578
June 12, 2024	520,278	194	506,382
December 12, 2024	115,629	377	109,703
March 13, 2025	467,962	468	438,360
June 11, 2025	<u>467,962</u>	558	<u>432,875</u>
Total Contribution	\$ 2,021,831		\$ 1,930,898

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

Consolidated				Union (Iowa - 30+ Yrs)				Union (Iowa < 30 Yrs)				Union (Non-Iowa)			
(a)	(b)	(c)	(d) Product (a) × (b)	(a)	(b)	(c)	(d) Product (a) × (b)	(a)	(b)	(c)	(d) Product (a) × (b)	(a)	(b)	(c)	(d) Product (a) × (b)
Age	Rate	Weight	× (c)	Age	Rate	Weight	× (c)	Age	Rate	Weight	× (c)	Age	Rate	Weight	× (c)
55	5.00%	1.0000	2.75	55	5.00%	1.0000	2.75	55	5.00%	1.0000	2.75	55	5.00%	1.0000	2.75
56	3.00%	0.9500	1.60	56	5.00%	0.9500	2.66	56	5.00%	0.9500	2.66	56	5.00%	0.9500	2.66
57	3.00%	0.9215	1.58	57	5.00%	0.9025	2.57	57	5.00%	0.9025	2.57	57	5.00%	0.9025	2.57
58	3.00%	0.8939	1.56	58	5.00%	0.8574	2.49	58	5.00%	0.8574	2.49	58	5.00%	0.8574	2.49
59	10.00%	0.8670	5.12	59	5.00%	0.8145	2.40	59	5.00%	0.8145	2.40	59	5.00%	0.8145	2.40
60	10.00%	0.7803	4.68	60	5.00%	0.7738	2.32	60	5.00%	0.7738	2.32	60	5.00%	0.7738	2.32
61	10.00%	0.7023	4.28	61	25.00%	0.7351	11.21	61	10.00%	0.7351	4.48	61	15.00%	0.7351	6.73
62	35.00%	0.6321	13.72	62	50.00%	0.5513	17.09	62	15.00%	0.6616	6.15	62	40.00%	0.6248	15.50
63	20.00%	0.4108	5.18	63	40.00%	0.2757	6.95	63	20.00%	0.5623	7.09	63	20.00%	0.3749	4.72
64	20.00%	0.3287	4.21	64	40.00%	0.1654	4.23	64	40.00%	0.4499	11.52	64	40.00%	0.2999	7.68
65	35.00%	0.2629	5.98	65	50.00%	0.0992	3.23	65	50.00%	0.2699	8.77	65	60.00%	0.1800	7.02
66	35.00%	0.1709	3.95	66	50.00%	0.0496	1.64	66	50.00%	0.1350	4.45	66	60.00%	0.0720	2.85
67	35.00%	0.1111	2.61	67	50.00%	0.0248	0.83	67	50.00%	0.0675	2.26	67	60.00%	0.0288	1.16
68	35.00%	0.0722	1.72	68	50.00%	0.0124	0.42	68	50.00%	0.0337	1.15	68	60.00%	0.0115	0.47
69	35.00%	0.0469	1.13	69	50.00%	0.0062	0.21	69	50.00%	0.0169	0.58	69	60.00%	0.0046	0.19
70	100.00%	0.0305	2.14	70	100.00%	0.0031	0.22	70	100.00%	0.0084	0.59	70	100.00%	0.0018	0.13
Weighted Average			62.21	Weighted Average			61.22	Weighted Average			62.23	Weighted Average			61.64

<u>Active Counts:</u>	<u>Count</u>	<u>Average</u>	
Consolidated	116	62.21	7,216
Union - Iowa 30+	42	61.22	2,571
Union - Iowa < 30	39	62.23	2,427
Union (Non-Iowa)	<u>56</u>	61.64	<u>3,452</u>
	253		15,666

61.92

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

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
2023	237,648	522,962	6,092,573	6,853,183
2024	408,226	712,226	5,998,667	7,119,119
2025	550,543	964,650	5,875,000	7,390,193
2026	663,241	1,148,567	5,751,082	7,562,890
2027	761,845	1,329,110	5,594,907	7,685,862
2028	840,429	1,511,744	5,450,809	7,802,982
2029	906,991	1,658,287	5,296,681	7,861,959
2030	966,729	1,794,834	5,131,951	7,893,514
2031	1,019,841	1,921,958	4,955,647	7,897,446
2032	1,060,125	2,044,280	4,763,058	7,867,463
2033	1,092,358	2,155,081	4,555,332	7,802,771
2034	1,116,209	2,245,210	4,347,734	7,709,153
2035	1,130,806	2,332,449	4,132,421	7,595,676
2036	1,138,746	2,402,220	3,909,237	7,450,203
2037	1,139,247	2,451,254	3,678,880	7,269,381
2038	1,136,843	2,488,459	3,445,581	7,070,883
2039	1,131,752	2,509,868	3,205,812	6,847,432
2040	1,119,170	2,521,918	2,960,516	6,601,604
2041	1,099,403	2,525,201	2,719,975	6,344,579
2042	1,072,895	2,518,775	2,483,995	6,075,665
2043	1,041,103	2,497,507	2,253,706	5,792,316
2044	1,006,418	2,450,323	2,029,769	5,486,510
2045	972,834	2,384,746	1,813,551	5,171,131
2046	930,707	2,303,961	1,606,623	4,841,291
2047	886,557	2,214,905	1,410,457	4,511,919
2048	842,599	2,117,781	1,226,408	4,186,788
2049	796,196	2,016,067	1,055,641	3,867,904
2050	745,139	1,909,584	899,081	3,553,804
2051	692,955	1,802,446	757,377	3,252,778
2052	640,151	1,690,528	630,848	2,961,527
2053	587,195	1,577,123	519,435	2,683,753
2054	534,756	1,463,104	422,718	2,420,578
2055	483,410	1,349,449	339,956	2,172,815
2056	433,695	1,237,122	270,160	1,940,977
2057	386,092	1,127,056	212,162	1,725,310

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2058	341,046	1,020,137	164,669	1,525,852
2059	298,925	917,162	126,339	1,342,426
2060	259,993	818,830	95,841	1,174,664
2061	224,415	725,737	71,847	1,021,999
2062	192,261	638,359	53,309	883,929
2063	163,518	557,053	39,117	759,688
2064	138,098	482,051	28,377	648,526
2065	115,840	413,469	20,354	549,663
2066	96,529	351,321	14,420	462,270
2067	79,918	295,525	10,080	385,523
2068	65,743	245,930	6,944	318,617
2069	53,739	202,322	4,704	260,765
2070	43,652	164,428	3,142	211,222
2071	35,235	131,915	2,063	169,213
2072	28,261	104,398	1,270	133,929

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
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Schedule SB, Part V – Summary of Plan Provisions

Consolidated Plan Provisions

The following summary describes principal plan provisions used in calculating the cost of the pension plan that apply to all employees not covered by applicable collective bargaining agreements.

General Information

Original Effective Date	July 16, 2004
Most Recent Amendment Date	March 28, 2005
Plan Year	December 1 to November 30
Employer Fiscal Year	January 1 to December 31
Employer ID Number	86-1113156
Plan Number	002

Program A

Eligibility

All hourly employees covered by a collective bargaining unit whose benefits are available under this plan. Covered employees participate on their date of employment.

Service

For valuation purposes, vesting service is based on years of continuous service. Partial years are computed in twelfths to the nearest full calendar year.

Credited service is based on years of continuous service. Partial years are computed in twelfths to the nearest full calendar year.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following the attainment of age 65.

Retirement Benefit

The monthly benefit amount will be determined by multiplying the years of credited service by the benefit rate.

Benefit Rate

Batesville	\$26.00
Wabash	\$28.00

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
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Early Retirement

Upon the attainment of age 55, but not age 62, and 10 years of credited service, but less than 30 years, a participant may elect to commence a benefit equal to the retirement benefit payable at the normal retirement date, reduced by 0.4% for each complete month that benefit commencement precedes age 62.

The Wabash employees may elect to commence an unreduced retirement benefit if they retire early under either of the following special conditions:

- (1) Age 62 and 10 years of credited service.
- (2) Age 55 but not age 62 and 30 years of credited service.
- (3) 30 years of credited service.

For Wabash employees retiring at age 55 and 30 years of credited service, an early retirement supplement will be payable to the earlier of employee's death, Social Security eligibility or age 62. The supplement amount varies based on age and years of credited service and is set forth in the plan.

Delayed Retirement

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive the retirement benefit determined as of the actual retirement date.

Disability Benefit

The eligibility requirement for disability benefit is completion of 10 years of credited service and becoming permanently disabled. The monthly benefit amount must commence not earlier than the sixth month following disability and must be equal to the retirement benefit. Until age 65, a supplemental benefit is payable if the participant is not eligible for a Social Security disability benefit.

Preretirement Death Benefit

The participant's spouse is provided with a lifetime monthly benefit payable at the participant's age 55 if the participant had five years of credited service and was married for at least one year immediately prior to his or her death.

If the participant dies before his earliest retirement date, the benefit will be determined as if the participant terminated before his or her death, survived to his earliest retirement date, elected the 50% qualified joint and survivor annuity, retired and died the next day.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
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If the participant dies after being retirement eligible but had not yet started receiving his or her benefit, the benefit will be determined as if the participant retired the day before his or her death and elected the 50% qualified joint and survivor annuity.

Vested Benefit Upon Termination of Service

The participant who has five years of credited service is eligible for a retirement benefit payable at age 65. The participant may elect a reduced pension commencing as early as 55. The monthly retirement benefit is reduced as follows:

Age	Factor
65	100.00%
64	90.31%
63	81.75%
62	74.17%
61	67.44%
60	61.45%
59	56.09%
58	51.30%
57	47.09%
56	43.13%
55	39.63%

Normal Form of Payment

The normal form of payment for a single participant is a 5-year certain and life annuity and for a married participant is an actuarially reduced 50% joint and survivor annuity.

Optional Forms of Retirement Income

All optional forms of settlement are actuarially equivalent to the normal form of payment. The actuarial equivalence is based on the mortality table GAM-1951 with age set back two years for the annuitant and five years for the beneficiary and an interest rate of 6%. The options are:

- 100% joint and survivor contingent annuity
- 75% joint and survivor contingent annuity
- 50% joint and survivor contingent annuity
- 10-year term certain and life annuity
- 15-year term certain and life annuity
- 20-year term certain and life annuity

All optional forms of retirement require written spousal consent and are unreduced for the first 60 months.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
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Employee Contributions	They are not required or permitted.
Changes in Plan Provisions Since Last Actuarial Valuation	None.

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Program B

Eligibility

All employees hired that are not covered under a collective bargaining unit are eligible to participate in the plan on their date of employment.

Service

For valuation purposes, vesting service is based on years of continuous service. It is calculated to the completed twelfths of a year.

Benefit service equals is based on years of continuous service. Partial years are computed in twelfths to the nearest full calendar year.

Annual Plan Compensation

Annual plan compensation is the sum of the following amounts paid to a participant during the 12 month period ending November 30:

- (1) The specific amounts paid to a participant (e.g., wages, salary, overtime pay, etc.) that are listed in the plan document.
- (2) Amount deferred under Section 401(k).
- (3) Amounts contributed under Section 125.
- (4) Amounts received for military or jury duty.
- (5) Amounts deferred under a deferred compensation plan sponsored by the company.
- (6) Amount deferred under Section 132(f)(4), 403(b) and 457.

Updated Average Plan Compensation

The average of the last five consecutive years of annual plan compensation. No annual plan compensation after plan year beginning December 31, 2003 is used.

Average Social Security Wage Base

The average Social Security wage base is the average, rounded to the nearest whole multiple of \$600.00, of the Social Security taxable wage bases for the 35 consecutive calendar years ending with the calendar year containing the December 1 prior to the date of termination (\$43,800 for December 1, 2004 to November 30, 2005 and \$46,200 for December 1, 2005 to November 30, 2006).

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Future Service Pension

The sum of the following:

- (1) The amount a participant earned before December 1, 1989 under the previous career average formulas in the GenCorp Plan; and
- (2) The amount a participant earns beginning December 1, 1989 under the current career average formula:
 - (a) $1/12$ of 1.625% of the lesser of annual plan compensation and average Social Security wage base multiplied by the number of months of benefit service for the year through the month in which the participant attains 35 years of benefit service; plus
 - (b) $1/12$ of 2.0% of the excess of annual plan compensation over average Social Security wage base multiplied by the number of months of benefit service for the year through the month in which the participant attains 35 years of benefit service; plus
 - (c) $1/12$ of 2.0% of annual plan compensation multiplied by the number of months of benefit service for the benefit service that is greater than 35 years.

Other Pension

The aggregate value of pre-1972 employer plan shares under the Profit Sharing Retirement and Savings Plan for Salaried Employees of GenCorp, Inc. and Certain Subsidiary Companies on the earlier of termination or plan shares distributions. The aggregate value is increased by 5% a year to commencement date and payable as a life annuity.

Aerojet Pension

For participants with benefit service with respect to employment with Aerojet General Corp., the annual amount of his pension benefit determined pursuant to the Aerojet-General Corp. Consolidated Pension Plan (Program A).

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Accrued Minimum Pension

For participants other than those at Batesville, the greater of:

- (1) A flat annual dollar amount (based on a participant's location); plus
 - (a) The greater of:
 - (i) The annual amount of pension at a participant's commencement date payable in a 5-year certain and life annuity actuarially equivalent to his aggregate contribution; or
 - (ii) 40% of contributions that a participant made to the GenCorp Plan.
 - (b) His other pension and his Aerojet Pension.
- (2) The amount below less his other pension and his Aerojet Pension:
 - (a) 1.125% of the lesser of updated average plan compensation and average Social Security wage base multiplied by benefit service prior to December 1, 2004 (up to 35 years); plus
 - (b) 1.5% of the excess of updated average plan compensation over average Social Security wage base multiplied by benefit service prior to December 1, 2004 (up to 35 years and exclusive of benefit service during which the participant failed to make a contribution when eligible to do so); plus
 - (c) 1.5% of updated average plan compensation multiplied by benefit service prior to December 1, 2004 in excess of 35 years; plus
 - (d) Future service pension for benefit service on or after December 1, 2004.

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Accrued Pension

The sum of the following:

- (1) The amount a participant earned before December 1, 1979 under the previous GenCorp Plan; plus
- (2) Future service pension beginning December 1, 1979; less
- (3) Any other pension and Aerojet pension.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following the attainment of age 65.

Retirement Benefit

The monthly benefit amount is the greater of accrued pension and accrued minimum pension.

Early Retirement Benefit

Upon the attainment of age 55 and 10 years of vesting service, or upon completion of 30 years of vesting service at Wabash or Henniges Corporate, a participant may elect to receive the retirement benefit payable at normal retirement date, reduced by 0.4% for each complete month that benefit commencement precedes age 62.

Late Retirement

Late retirement is defined as retirement after age 65. In such event he will receive the retirement benefit determined as of the late retirement date.

Disability Benefit

The eligibility requirement for disability benefit is becoming totally and permanently disabled. The participant receives vesting and benefit service until:

- (1) No longer totally and permanently disabled;
- (2) No longer entitled to receive Social Security disability benefits;
- (3) Retires; or
- (4) Dies.

Annual plan compensation for years in which participant earns benefit service under disability is equal to annual plan compensation during the year participant became totally and permanently disabled. Monthly benefit is equal to the retirement benefit.

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Preretirement Death Benefit

The participant's spouse is provided with a lifetime monthly benefit payable at the participant's age 55 if the participant had five years of vesting service or had attained normal retirement age but not commenced benefits and was married for at least one year immediately prior to his or her death.

If the participant dies before his earliest retirement date, the benefit will be determined as if the participant terminated before his or her death, survived to his earliest retirement date, elected the 50% qualified joint and survivor annuity, retired and died the next day.

If the participant dies after being retirement eligible but had not yet started receiving his or her benefit, the benefit will be determined as if the participant retired the day before his or her death and elected the 50% qualified joint and survivor annuity.

Vested Benefit Upon Termination of Service

The participant who has five years of credited service is eligible for a retirement benefit payable at age 65. The participant may elect a reduced pension commencing as early as 55. The monthly retirement benefit is reduced as follows:

Age	Factor
65	100.00%
64	89.43%
63	80.14%
62	71.95%
61	64.71%
60	58.28%
59	52.58%
58	47.50%
57	42.96%
56	38.91%
55	35.28%

Normal Form of Payment

The normal form of payment for a single participant is single life annuity and for a married participant is an actuarially reduced 50% joint and survivor annuity.

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Optional Forms of Retirement Income

All optional forms of settlement are actuarially equivalent to the normal form of payment. The actuarial equivalence is based on the mortality table GAM-1983 with age set back two years for the annuitant and four years for the beneficiary and an interest rate of 8.5%. The options are:

- 100% joint and survivor contingent annuity
- 75% joint and survivor contingent annuity
- 50% joint and survivor contingent annuity
- 5-year term certain and life annuity
- 10-year term certain and life annuity
- 15-year term certain and life annuity
- 20-year term certain and life annuity

Employee Contributions

Effective December 1, 1979, participants no longer make contributions to the plan.

Additional Information

The plan was frozen for Program B participants effective December 31, 2005.

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

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Union Plan Provisions

The following summary describes principal plan provisions used in calculating the cost of the pension plan that apply to all employees covered by applicable collective bargaining agreements.

General Information

Original Effective Date January 1, 1952
Restatement Date January 26, 2001

Henniges Automotive Pension Plan for Union Employees.

Eligibility

Any employee covered by the applicable Collective Bargaining Agreements represented by one of the following unions:

- The United Steelworkers of America, Local No. 444
- The Union of Needletrades, Industrial and Textiles Employees, Local No. 1933 (Extrusion)
- The Union of Needletrades, Industrial and Textiles Employees, Local No. 2540 (Finishing)
- The International Union, United Auto, Aerospace and Agricultural Implement Workers of America, Local No. 5841
- The Union of Needletrades, Industrial and Textiles Employees, Local No. 2639

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following the attainment of age 65.

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be the normal retirement benefit calculated using years of continuous service as of the accrual date.

Severance Benefit

Upon the termination of employment a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date according to the table below:

Condition	Vested Percent
5 Years of Service	100%
Attained Age 65	100%
All Other Cases	0%

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Delayed Retirement

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his normal retirement benefit or the benefit based on his years of continuous service as of actual retirement date.

Normal Form of Payment

The normal form of payment is a straight life annuity which provides a monthly income for the life of the participant.

Automatic Rollover or Cashout

If the actuarial equivalent value of the vested accrued benefit of a participant who terminates employment does not exceed five thousand dollars (\$5,000), such participant's vested accrued benefit will be distributed in a lump sum at the time the participant (or beneficiary) is otherwise entitled to receive benefit payments under the plan (e.g., upon the later of termination of employment or his or her early or normal retirement date). Such payment shall represent the full and final payment from the plan and shall completely discharge the plan's obligation to pay such benefit.

Notwithstanding the above, effective for cashout distributions payable to a Participant on or after March 28, 2005, any distribution of an amount in excess of one thousand dollars (\$1,000) will be made as a direct rollover to an individual retirement account, described in Code §408(a), for the benefit of the participant, unless the participant elects a cash distribution or a rollover or transfer to another eligible retirement plan.

Amendment or Termination of Plan

The plan sponsor reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the plan sponsor fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The Summary of Principal Plan Provisions is a description only; for additional details, reference should be made to the formal Plan document.

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Local No. 444

The following summary describes principal plan provisions used in calculating the cost of the pension plan that apply only to **hourly rate employees of Local No. 444 at the BTR Sealing Systems Iowa Operations.**

Normal Retirement Benefit

Eligibility Age 65.

Benefit Monthly benefit equal the applicable benefit rate times years of credited service minus the prior plan offset amount, where the applicable benefit rate is based on the employee's date of retirement.

Applicable Benefit Rate	Effective Date
\$16	Prior to July 1, 1990
\$17	July 1, 1990
\$18	July 1, 1991
\$20	March 6, 1995
\$21	May 1, 1998
\$22	July 1, 1999
\$23	July 1, 2000
\$25	July 1, 2001
\$27	July 1, 2002
\$30	July 1, 2005

Prior Plan Offset The prior plan offset shall mean the retirement benefit the participant is eligible to receive from the Keokuk Plan of Sheller-Globe Corporation Pension Plan as in effect on June 20, 1990 payable in the form of a single life annuity.

Early Retirement Benefit

Eligibility Age 55 and attained 10 years of vesting service.

Benefit Accrued benefit reduced by 0.4% for each full month the benefit commences prior to normal retirement date. Reduction in the prior sentence does not apply to participants with at least 30 years of vesting service.

Standard Disability Benefit

Eligibility Totally and permanently disabled and attained 10 years of vesting service.

Benefit Accrued benefit commencing immediately after six month waiting period.

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Special Disability Benefit

Eligibility	Totally and permanently disabled and less than 10 years of vesting service.
Benefit	Lump sum payment equal to \$175 times years of credited service.

Vested Deferred Retirement Benefit

Eligibility	Age 55 and attained 10 years of vesting service after termination of employment.
Benefit	Accrued benefit reduced by 0.4% for each full month the benefit commences prior to normal retirement date.

Vesting Service

Vesting service shall be measured in terms of years and completed calendar months of service, with the first and last month of employment counted as a full month if the participant completes at least 15 days of service in such month.

Credited Service

Credited service shall be measured in terms of years and completed calendar months of service, with the first and last month of employment counted as a full month if the participant completes at least 15 days of service in such month.

Credited service shall not include a period of service during which an employee is employed by an affiliated employer which is not an employer participating in the plan.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 60 or 120 months certain and thereafter for life.

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Local No. 1933

The following summary describes principal plan provisions used in calculating the cost of the pension plan that apply only to **hourly rated members of Local 1933 employed by BTR Sealing Systems Tennessee, Inc.**

Normal Retirement Benefit

Eligibility

Age 65.

Benefit

Monthly benefit equal the applicable benefit rate times years of credited service, where the applicable benefit rate is based on the employee's date of retirement.

Applicable Benefit Rate	Effective Date
\$ 3.00	Prior to March 11, 1984
\$ 6.25	March 11, 1984
\$ 7.50	March 11, 1985
\$ 8.50	March 11, 1986
\$ 9.50	March 11, 1987
\$ 10.50	March 11, 1988
\$ 11.50	March 11, 1989
\$ 12.50	March 11, 1990
\$ 17.00	January 1, 1992
\$ 18.00	March 11, 1994
\$ 19.00	January 1, 1995
\$ 20.00	January 1, 1996
\$ 21.00	March 10, 1997
\$ 22.00	March 9, 1998
\$ 23.00	March 8, 1999
\$ 26.00	January 1, 2000

Early Retirement Benefit

Eligibility

Age 57 and attained 10 years of vesting service.

Benefit

Accrued Benefit reduced by $\frac{1}{4}$ of 1% for each full month the benefit commences prior to normal retirement date.

Vested Deferred Retirement Benefit

Eligibility

Age 57 and attained 10 years of vesting service after termination of employment.

Benefit

Accrued benefit reduced by $\frac{1}{3}$ of 1% for each full month the benefit commences prior to normal retirement date.

Disability Retirement Benefit

Eligibility

Totally and permanently disabled and attained 10 years of vesting service.

Benefit

Accrued benefit commencing immediately after six month waiting period.

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Vesting Service

One year of vesting service will be earned for each plan year in which the employee completes 1,000 or more hours of service. No vesting service will be earned for any plan year in which the employee completes less than 1,000 hours of service.

Credited Service

Effective September 1, 2000, one year of credited service will be earned for each plan year in which the participant completes at least one (1) hour of service. Prior to September 1, 2000, credited service will be earned in accordance with the terms of the plan as in effect at such time.

Credited service shall not include a period of service during which an employee is employed by an affiliated employer which is not an employer participating in the plan.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 70%, 75%, or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 60 or 120 months certain and thereafter for life.
- (4) Social Security leveling option which provides a benefit prior to the participant's Social Security retirement age, at which time the benefit is reduced by the estimated primary insurance amount the participant would receive under Title II of the Federal Social Security Act.

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Local No. 2540

The following summary describes principal plan provisions used in calculating the cost of the pension plan that apply only to **hourly rated members of Local 2540 employed by BTR Sealing Systems Tennessee, Inc.**

Normal Retirement Benefit

Eligibility Age 65.

Benefit Monthly benefit equal the applicable benefit rate times years of credited service, where the applicable benefit rate is based on the employee's date of retirement.

Applicable Benefit Rate	Effective Date
\$ 3.00	Prior to March 11, 1984
\$ 6.25	March 11, 1984
\$ 7.50	March 11, 1985
\$ 8.50	March 11, 1986
\$ 9.50	March 11, 1987
\$ 10.50	March 11, 1988
\$ 11.50	March 11, 1989
\$ 12.50	March 11, 1990
\$ 14.00	January 1, 1999
\$ 15.00	January 1, 2000

Early Retirement Benefit

Eligibility Age 60 and attained 10 years of vesting service.

Benefit Accrued benefit reduced by $\frac{1}{3}$ of 1% for each full month the benefit commences prior to normal retirement date.

Vested Deferred Retirement Benefit

Eligibility Age 60 and attained 10 years of vesting service after termination of employment.

Benefit Accrued benefit reduced by $\frac{1}{3}$ of 1% for each full month the benefit commences prior to normal retirement date.

Disability Retirement Benefit

Eligibility Totally and permanently disabled and attained 10 years of vesting service.

Benefit Accrued benefit commencing immediately after six month waiting period.

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Vesting Service

One year of vesting service will be earned for each plan year in which the employee completes 1,000 or more hours of service. No Vesting service will be earned for any plan year in which the employee completes less than 1,000 hours of service.

Credited Service

Effective September 1, 2000, one year of credited service will be earned for each plan year in which the participant completes at least one (1) hour of service. Prior to September 1, 2000, Credited service will be earned in accordance with the terms of the plan as in effect at such time.

Credited service shall not include a period of service during which an employee is employed by an affiliated employer which is not an employer participating in the plan.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 70%, 75%, or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 60 or 120 months certain and thereafter for life.
- (4) Social Security leveling option which provides a benefit prior to the participant's Social Security retirement age, at which time the benefit is reduced by the estimated primary insurance amount the participant would receive under Title II of the Federal Social Security Act.

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Local No. 5841

The following summary describes principal plan provisions used in calculating the cost of the pension plan that apply only to **hourly rated members of Local No. 5841 at Schlegel South Carolina Division.**

Normal Retirement Benefit

Eligibility Age 65.

Benefit Monthly benefit equal to the sum of the following:

Applicable Benefit Rate		Effective Date
\$ 15.00	x	Credited service from January 1, 1997 to December 31, 1997
\$ 16.00	x	Credited service from January 1, 1998 to December 31, 1998
\$ 17.00	x	Credited service from January 1, 1999 to February 28, 2003
\$ 21.00	x	Credited service from March 1, 2003 to December 31, 2003
\$ 22.00	x	Credited service from January 1, 2004 to December 31, 2004
\$ 23.00	x	Credited service from January 1, 2005 to December 31, 2006
\$ 24.00	x	Credited service on or after January 1, 2007

Early Retirement Benefit

Eligibility Age 55 and attained 10 years of vesting service.

Benefit Accrued benefit reduced by 5/9 of 1% for each of the first 60 full months and 5/18 of 1% for each of the next 60 full months the benefit commences prior to normal retirement date.

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Vested Deferred Retirement Benefit

Eligibility	Age 55 and attained 10 years of vesting service after termination of employment.
Benefit	Accrued benefit reduced by 5/9 of 1% for each of the first 60 full months and 5/18 of 1% for each of the next 60 full months the benefit commences prior to normal retirement date.

Disability Retirement Benefit

Eligibility	Disabled while covered by a long term disability plan maintained by the employer of an affiliated employer.
Benefit	No benefit is paid. However, the disabled participant will continue to earn credited service during his/her period of disability, until the earlier of (i) the date he/she is no longer disabled; (ii) his actual retirement date; or (iii) his normal retirement date.

Vesting Service

Vesting service shall be measured in terms of years and fractions of a year, where 365 days of service equals one year of vesting service, and partial years of vesting service are calculated in terms of days over 365.

Credited Service

Credited service shall be measured in terms of years and fractions of a year, where 365 days of service equals one year of credited service, and partial years of credited service are calculated in terms of days over 365.

Credited service shall not include a period of service during which an employee is employed by an affiliated employer which is not an employer participating in the plan.

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Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 60 or 120 months certain and thereafter for life.

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Local No. 2639

The following summary describes principal plan provisions used in calculating the cost of the pension plan that apply only to **hourly rated employees of BTR Sealing Systems North Carolina, Inc.**

Benefit accruals were frozen March 1, 2014 for the North Carolina division.

Normal Retirement Benefit

Eligibility Age 65.

Benefit Monthly benefit equal to the sum of the following:

Applicable		Effective Date
Benefit Rate		
\$ 12.50	x	Credited service from January 1, 1998 to December 31, 2004
\$ 13.50	x	Credited service from January 1, 2005 to December 31, 2005
\$ 14.50	x	Credited service from January 1, 2006 to December 31, 2006
\$ 15.50	x	Credited service from January 1, 2007 to December 31, 2007
\$ 16.00	x	Credited service from January 1, 2008 to December 31, 2008
\$ 16.50	x	Credited service from January 1, 2009 to December 31, 2009
\$ 17.00	x	Credited service on or after January 1, 2010

Early Retirement Benefit

Eligibility Age 55 and attained 10 years of vesting service.

Benefit Accrued benefit reduced by 5/9 of 1% for each of the first 60 full months and 5/18 of 1% for each of the next 60 full months the benefit commences prior to normal retirement date.

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Vested Deferred Retirement Benefit

Eligibility	Age 55 and attained 10 years of vesting service after termination of employment.
Benefit	Accrued benefit reduced by 5/9 of 1% for each of the first 60 full months and 5/18 of 1% for each of the next 60 full months the benefit commences prior to normal retirement date.

Disability Retirement Benefit

Eligibility	Disabled while covered by a long term disability plan maintained by the employer of an affiliated employer.
Benefit	No benefit is paid. However, the disabled participant will continue to earn credited service during his/her period of disability, until the earlier of (i) the date he/she is no longer disabled; (ii) his actual retirement date; or (iii) his normal retirement date.

Vesting Service

Vesting service shall be measured in terms of years and fractions of a year, where 365 days of service equals one year of vesting service, and partial years of vesting service are calculated in terms of days over 365.

Credited Service

Credited service shall be measured in terms of years and fractions of a year, where 365 days of service equals one year of credited service, and partial years of credited service are calculated in terms of days over 365.

Credited service shall not include a period of service during which an employee is employed by an affiliated employer which is not an employer participating in the plan.

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Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 60 or 120 months certain and thereafter for life.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- On October 16, 2023, Henniges Automotive entered into a binding agreement to purchase a group annuity contract from Securian, irrevocably transferring the future benefit obligations and annuity administration for certain retirees to Securian. Securian became responsible for making payments to the these participants on and after December 1, 2023.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Henniges Automotive Consolidated Pension Plan

Schedule of Assets Held at End of Year - Modified Cash Basis

Form 5500, Schedule H, Line 4i
 EIN 86-1113153, Plan No. 002
 November 30, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
The Northern Trust Company	Vanguard 500 Index Fund Large Cap	\$ 4,335,452	\$ 10,719,569
	MFS Series Trust X International Value	5,097,132	4,902,969
	JPMorgan Large Cap Growth	6,721,708	11,929,634
	Vanguard BD Index FDS Mid-cap Value Index	846,264	1,463,914
	Lord Abbett Invt Income Fund	2,751,075	2,416,874
	Lord Abbett Invt Short Duration Income Fund	7,553,798	6,914,599
	American Century Government Bond Inv	317	317
	Columbia Funds Series Trust	7,633,548	9,274,854
	Lord Abbett Bond Debenture	4,827,508	4,224,704
	MFO First Eagle	4,780,763	5,650,980
	Fidelity Secs FD Small Capital Value Fund	2,844,066	3,100,068
	John Hancock Fund III Disciplined	4,974,156	5,974,695
	Allspring Funds Trust Core	12,045,478	12,019,999
	Morgan Stanley Institutional Fund International	5,007,680	5,293,171
	Vanguard Federal Money Market Fund	399,481	399,481
	FullerThaler Behavioral Small Cap Equity Fund	3,500,000	3,945,670
	Eaton Vance Total Return Bond Fund	8,014,203	8,094,723
The Northern Trust Company	Collective trust fund - Short Term Investment Fund	1,306,568	1,301,309
	Total	<u>\$ 82,639,197</u>	<u>\$ 97,627,530</u>

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year
Henniges Automotives Consolidated Pension Plan
EIN: 86-1113153 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 2,318,132	December 1, 2022	14	\$ 222,592
Shortfall	\$ 3,483,757	December 1, 2023	15	\$ 319,045