

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: IACNA PORTABLE PENSION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/2008
2a Plan sponsor's name (employer, if for a single-employer plan): INTERNATIONAL AUTOMOTIVE COMPONENTS GROUP NORTH AMERICA, INC.
2b Employer Identification Number (EIN): 20-8306510
2c Plan Sponsor's telephone number: 248-455-3779
2d Business code (see instructions): 336300

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  IACNA RETIREMENT PLANS COMMITTEE  27777 FRANKLIN ROAD SUITE 2000 SOUTHFIELD, MI 48034	<b>3b</b> Administrator's EIN 20-8306510  <b>3c</b> Administrator's telephone number 248-455-3779
--	---

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
--	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1359
---	----------	------

<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	447
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	340
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	68
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	815
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	1223
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	41
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	1264
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	41

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
--	----------	--

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

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

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

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
--	--

---

**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

---

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

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

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

<b>A</b> Name of plan <u>IACNA PORTABLE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INTERNATIONAL AUTOMOTIVE COMPONENTS GROUP NORTH AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-8306510</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>9641620</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>10082037</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>71</u>	<u>725277</u>
	<b>b</b> For terminated vested participants .....	<u>842</u>	<u>4012655</u>
	<b>c</b> For active participants .....	<u>518</u>	<u>5956027</u>
	<b>d</b> Total .....	<u>1431</u>	<u>10693959</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.09 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>406828</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>570000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>976828</u>

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

<b>SIGN HERE</b>  <u>DAMION GOODEN</u> Signature of actuary  <u>WILLIS TOWERS WATSON US LLC</u> Type or print name of actuary  <u>TRAVELERS TOWER</u> <u>26555 EVERGREEN ROAD, SUITE 1600</u> <u>SOUTHFIELD, MI 48076</u> Firm name  Address of the firm	<u>10/02/2025</u> Date  <u>23-07436</u> Most recent enrollment number  <u>248-936-7700</u> Telephone number (including area code)
---	--

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.96</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		487
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> % .....		25
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		512
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	94.08 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	94.08 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	90.56 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2024	286464	0					
07/11/2024	286464	0					
10/10/2024	128226	0					
01/09/2025	233718	0					
09/10/2025	145950	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1080822	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	1041328
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	976828	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	634221	61920	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	1038748	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	1038748	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	1041328	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	2580	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

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



---

---

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

CAPITAL INTERNATIONAL, INC.

95-4154361

---

---

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

PACIFIC INVESTMENT MGMT CO. LLC

33-0629048

---

---

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

T. ROWE PRICE TRUST COMPANY

52-1309931

---

---

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

THE VANGUARD GROUP, INC.

23-1945930

---

---

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

TRANSAMERICA ASSET MANAGEMENT                      1801 CALIFORNIA STREET  
DENVER, CO 80202

---

---

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

WESTWOOD MANAGEMENT CORP.

13-3160186

---

---

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

---

---

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

---

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	NONE	242019	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)

MG TRUST COMPANY DBA MATRIX TRUST

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	8378	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part III</b>	<b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b> (complete as many entries as needed)
-----------------	---

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	---

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

<b>A</b> Name of plan <u>IACNA PORTABLE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL AUTOMOTIVE COMPONENTS GROUP NORTH AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-8306510</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SNYDER CAP SMALL/MID VALUE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>HAND BENEFITS &amp; TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>74-2008758-185</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>551182</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



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

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>IACNA PORTABLE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL AUTOMOTIVE COMPONENTS GROUP NORTH AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>20-8306510</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1249941	379668
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	156227	193011
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	509706	551182
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	7769393	8424867
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	9685267	9548728
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	9685267	9548728

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1080822	
(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)		1080822
<b>b Earnings on investments:</b>			
(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)	8917	
(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)		8917
(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)	375576	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		375576
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		59128
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		189044
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1713487

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1409174	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1409174
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	214519	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	8378	
(7) Actuarial fees .....	<b>2i(7)</b>	27500	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	190455	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		440852
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1850026

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-136539
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553445.

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

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

<b>A</b> Name of plan <u>IACNA PORTABLE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL AUTOMOTIVE COMPONENTS GROUP NORTH AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-8306510</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

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

**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): 51-0055023

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	128
--	---	-----

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 53.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 35.0 %  
 High-Yield Debt: 0.0 % Real Assets: 10.0 % Cash or Cash Equivalents: 0.0 % Other: 2.0 %

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

---

# IACNA Portable Pension Plan

---

**Financial Report**  
**December 31, 2024**

## IACNA Portable Pension Plan

---

## Contents

---

<b>Independent Auditor's Report</b>	1-3
<b>Statement of Net Assets Available for Benefits</b>	4
<b>Statement of Changes in Net Assets Available for Benefits</b>	5
<b>Statement of Accumulated Plan Benefits</b>	6
<b>Statement of Changes in Accumulated Plan Benefits</b>	7
<b>Notes to Financial Statements</b>	8-12
<b>Schedule of Assets Held at End of Year</b>	13
<b>Schedule of Reportable Transactions</b>	14

## Independent Auditor's Report

To the Plan Administrator  
IACNA Portable Pension Plan

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

We have performed audits of the financial statements of IACNA Portable Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023 and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of January 1, 2024 and the related statement of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the 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 December 31, 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 accounting principles generally accepted in the United States of America (GAAP).
- 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  
IACNA Portable Pension Plan

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

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

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

Management is 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 GAAP.

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 GAAP.

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.

To the Plan Administrator  
IACNA Portable Pension Plan

***Supplemental Schedules Required by ERISA***

The supplemental schedules of assets held at end of year as of December 31, 2024 and reportable transactions for the year ended December 31, 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, 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*

Auburn Hills, Michigan  
October 7, 2025

## IACNA Portable Pension Plan

### Statement of Net Assets Available for Benefits

	December 31, 2024 and 2023	
	2024	2023
<b>Assets</b>		
Investments at fair value:		
Money market fund	\$ 193,011	\$ 156,227
Mutual funds	8,424,867	7,769,393
Common collective trust fund	551,182	509,706
Total investments at fair value	9,169,060	8,435,326
Employer contribution receivable	379,668	1,249,941
<b>Net Assets Available for Benefits</b>	<b>\$ 9,548,728</b>	<b>\$ 9,685,267</b>

## IACNA Portable Pension Plan

# Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Employer contributions	\$ 1,080,822	\$ 1,249,941
Investment income:		
Interest and dividends	384,493	243,539
Net realized and unrealized gains on investments	<u>248,172</u>	<u>908,480</u>
Total investment income	<u>632,665</u>	<u>1,152,019</u>
Total additions	1,713,487	2,401,960
<b>Deductions</b>		
Benefits paid directly to participants or beneficiaries	1,409,174	715,605
Administrative expenses	<u>440,852</u>	<u>609,992</u>
Total deductions	<u>1,850,026</u>	<u>1,325,597</u>
<b>Net (Decrease) Increase</b>	(136,539)	1,076,363
<b>Net Assets Available for Benefits</b>		
Beginning of year	<u>9,685,267</u>	<u>8,608,904</u>
End of year	<u><u>\$ 9,548,728</u></u>	<u><u>\$ 9,685,267</u></u>

## IACNA Portable Pension Plan

---

### Statement of Accumulated Plan Benefits

---

January 1, 2024

**Actuarial Present Value of Accumulated Plan Benefits**

Vested benefits:

Participants currently receiving benefit payments	\$ 636,474
Other vested participants	3,530,372
Active participants with deferred benefits	<u>5,401,507</u>

Total vested benefits 9,568,353

Nonvested benefits 26,714

**Total Actuarial Present Value of Accumulated Plan Benefits** \$ 9,595,067

## IACNA Portable Pension Plan

---

### Statement of Changes in Accumulated Plan Benefits

---

Year Ended January 1, 2024

<b>Actuarial Present Value of Accumulated Plan Benefits</b> - Beginning of year	\$ 9,418,573
Increase (decrease) during the year attributable to:	
Benefits accumulated	375,434
Benefits paid	(715,605)
Decrease in the discount period	692,726
Actuarial gains	<u>(176,061)</u>
Net increase	<u>176,494</u>
<b>Actuarial Present Value of Accumulated Plan Benefits</b> - End of year	<u><u>\$ 9,595,067</u></u>

December 31, 2024 and 2023

### Note 1 - Plan Description

The following description of IACNA Portable 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 noncontributory defined benefit plan covering all full-time hourly U.S. employees of International Automotive Components Group North America, Inc. (the "Company") who are represented by collective bargaining agreements or were participants in Lear Combined Pension Plan (the "Prior Plan"). The Plan was established on January 1, 2008. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Eligibility and Vesting**

New employees are generally eligible to participate in the Plan on January 1 following the year of hire. Participants in the Prior Plan were automatically eligible as of January 1, 2008. Participants generally become fully vested upon completion of three years of service. Employees who terminate service before becoming fully vested forfeit all benefits under the Plan.

During 2024 and 2025, the Company had reductions in workforce and a resulting plant closure during 2025. The Company is currently working with legal counsel to determine if a partial termination of the Plan has occurred. If a partial termination has occurred, the terminated employees would become fully vested in their account balances.

#### **Funding**

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

#### **Benefits**

The normal retirement date is the first day of the month immediately following a participant's 65th birthday.

Distributions are payable upon retirement, death, disability, or termination of employment in the form of a lump-sum payment or monthly annuity amount equal to the value of the participant's vested interest in his or her account, unless the participant elects to roll over his or her vested balance to another qualified plan.

The plan benefit formula is a cash balance formula for all plan participants. The benefit earned by the participant varies based on the age and length of service of the participant, as defined in the Plan.

The cash balance account will accumulate with interest credits based on the average yield on 30-year U.S. Treasury bonds, subject to a minimum of 4 percent and a maximum of 10 percent. Interest credits will continue until a participant terminates or retires.

#### **Death Benefits**

For married participants who have completed three years of service or have not been separated from service, upon death, the surviving spouse is entitled to a benefit payable for life equal to the actuarial equivalent of the participant's account balance at the date of benefit commencement. The surviving spouse may elect a single lump sum in lieu of the life annuity. For unmarried participants who have completed three years of service or have not been separated from service, upon death, the beneficiary is entitled to an additional lump-sum death benefit equal to the balance of the participant's account as of the last day of the month of the participant's death.

#### **Party-in-interest Transactions**

Various administrative costs are paid by the Company. These transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

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

***Investment Valuation and Income Recognition***

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion of fair value measurements.

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.

***Actuarial Assumptions***

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable, under the Plan's provisions, to the service employees have rendered to the valuation date. These include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment between the valuation date and the expected date of payment (by means of decrements, such as for death, disability, withdrawals, or retirement). The actuarial determination was made as of January 1, 2024.

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2024 are summarized as follows:

Actuarial cost method	Standard unit credit
Assumed rate of return	6.6 percent per annum
Mortality basis	Pri-2012 blue collar mortality table projected generationally using Scale MP-2021
Retirement	Based upon a defined table of ages and percentages

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.

***Use of Estimates***

The preparation of financial statements in conformity with 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.

**December 31, 2024 and 2023**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

***Risks and Uncertainties***

Contributions to the Plan and the 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, due to the uncertainties inherent in setting assumptions, that 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.

The Plan maintains a hypothetical account for each participant to track the participant's credits to the Plan. Participant accounts are credited for interest, as provided by the Plan. The Company bears the risk that the Plan's actual rate of return may fall below the stated rate of interest to be credited to participant accounts.

***Subsequent Events***

The financial statements and related disclosures include evaluation of events up through and including October 7, 2025, which is the date the financial statements were available to be issued.

**Note 3 - Certified Information**

Matrix Trust Company (the "Custodian") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, supplemental schedule of assets held at end of year, and supplemental schedule of reportable transactions are based solely on information certified by the Custodian.

**Note 4 - 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. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

***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.

December 31, 2024 and 2023

**Note 4 - Fair Value Measurements (Continued)**

The following valuation methodologies have been used to value the Plan's investments:

**Mutual Funds**

Mutual funds are valued at quoted prices reported in active markets.

**Money Market Fund**

The money market fund is valued at quoted prices reported in active markets.

**Common Collective Trust Fund**

The common collective trust fund is valued at net asset value per share or its equivalent of the fund, which is based on the fair value of the fund's underlying assets.

There were no unfunded commitments or redemption restrictions on these investments.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2024 and 2023:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2024	
	Investments (at Fair Value)	Level 1
Mutual funds	\$ 8,424,867	\$ 8,424,867
Money market fund	193,011	193,011
Total	8,617,878	<u>\$ 8,617,878</u>
Investments measured at NAV - Common collective trust fund	551,182	
Total investments at fair value	<u>\$ 9,169,060</u>	
	Assets Measured at Fair Value on a Recurring Basis at December 31, 2023	
	Investments (at Fair Value)	Level 1
Mutual funds	\$ 7,769,393	\$ 7,769,393
Money market fund	156,227	156,227
Total	7,925,620	<u>\$ 7,925,620</u>
Investments measured at NAV - Common collective trust fund	509,706	
Total investments at fair value	<u>\$ 8,435,326</u>	

**Note 5 - Plan Termination**

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

**Note 6 - 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.

## IACNA Portable Pension Plan

### Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i  
EIN 20-8306510, Plan No. 003  
December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Allspring	Money market fund - Allspring Government Money Market Fund	\$ 193,011	\$ 193,011
	Mutual funds:		
American Funds	American EuroPacific Growth	1,068,708	1,058,509
Dodge and Cox	Dodge and Cox International Stock	825,225	954,574
PIMCO	PIMCO Total Return	3,581,068	3,236,937
T. Rowe Price	T. Rowe Price Large Cap Growth Fund	621,114	900,526
T. Rowe Price	T. Rowe Price Value Fund	752,178	832,682
Vanguard	Vanguard Real Estate Index Fund	828,096	876,226
Meridian	Meridian Growth Institutional Fund	527,721	565,413
Snyder Capital	Common collective trust fund - Snyder Capital Small/Mid Cap Value Fund	482,571	551,182
	Total	<u>\$ 8,879,692</u>	<u>\$ 9,169,060</u>

## IACNA Portable Pension Plan

## Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j  
 EIN 20-8306510, Plan No. 003  
 Year Ended December 31, 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 (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:						
American Funds	American EuroPacific Growth:					
	Purchases - 24	\$ 333,455	\$ -	\$ 333,455	\$ 333,455	\$ -
	Sales - 37	-	268,453	248,946	268,453	19,507
Dodge and Cox	Dodge and Cox International Stock:					
	Purchases - 21	276,230	-	276,230	276,230	-
	Sales - 37	-	236,819	188,767	236,819	48,052
PIMCO	PIMCO Total Return:					
	Purchases - 34	1,091,355	-	1,091,355	1,091,355	-
	Sales - 35	-	667,421	729,655	667,421	(62,234)
T. Rowe Price	T. Rowe Price Value Fund:					
	Purchases - 23	260,947	-	260,947	260,947	-
	Sales - 37	-	231,924	188,881	231,924	43,043
T. Rowe Price	T. Rowe Price Large Cap Growth Fund:					
	Purchases - 20	263,978	-	263,978	263,978	-
	Sales - 38	-	331,269	215,781	331,269	115,488
Vanguard	Vanguard Real Estate Index Fund:					
	Purchases - 24	304,246	-	304,246	304,246	-
	Sales - 37	-	350,207	315,144	350,207	35,063

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	10	7	0	0	0	0	0	0	0	0	17
25-29	16	5	2	0	0	0	0	0	0	0	23
30-34	10	8	7	10	1	0	0	0	0	0	36
35-39	15	7	6	10	9	1	0	0	0	0	48
40-44	7	6	10	11	13	14	0	0	0	0	61
45-49	8	4	5	6	14	26	10	0	0	0	73
50-54	4	2	6	6	6	18	16	6	0	0	64
55-59	3	1	3	11	12	12	15	6	4	0	67
60-64	0	2	2	6	11	24	15	13	6	6	85
65-69	0	0	3	7	4	6	1	8	4	4	37
70 & over	0	0	0	0	4	0	2	0	0	1	7
Total	73	42	44	67	74	101	59	33	14	11	518

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

Plan Name: IACNA Portable Pension Plan  
 EIN / PN: 20-8306510 / 003  
 Plan Sponsor: International Automotive Components Group North America, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Applicable month                      September
- Interest rate basis                      3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
----------------	--------------------------	------------------------------

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

#### Annual rates of increase

- Compensation                      N/A
- Statutory limits on compensation                      N/A
- Cash Balance Interest Crediting Rate                      4.50%

#### Trust expenses included in Target Normal Cost

\$570,000;

The non-PBGC administrative expenses paid from the trust from the prior year plus the PBGC premiums expected to be paid during the plan year (rounded up to the next \$10,000)

Plan Name:                      IACNA Portable Pension Plan  
EIN / PN:                      20-8306510 / 003  
Plan Sponsor:                      International Automotive Components Group North America, Inc.  
Valuation Date:                      January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Annuity Conversion

- Interest Rates Assumed equal to discount rate
- Mortality Applicable mortality tables under 417(e)(3)

## Demographic Assumptions

**Inclusion date** The plan is closed to new entrants.

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

## Mortality

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

## Withdrawal rates

## Representative Termination Rates

Age	Years of Service			
	0	1	2	3+
20 - 24	33.38%	25.97%	18.54%	14.84%
25 - 29	33.38%	25.97%	18.54%	14.84%
30 - 34	25.52%	19.84%	14.18%	11.34%
35 - 39	18.50%	14.40%	10.28%	8.23%
40 - 44	14.13%	10.98%	7.85%	6.28%
45 - 49	10.54%	8.20%	5.86%	4.68%
50+	10.54%	8.20%	5.86%	4.68%

**Disability** None

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Retirement

### Active Participants

#### Percentage Retiring during the year

Age	Rate (%)
55-60	4.00
61	7.00
62	20.00
63	10.00
64	15.00
65	40.00
66-69	30.00
70+	100.00

### Form of payment and Benefit Commencement

- Terminating active participants
  - 80% lump sum paid immediately.
  - 20% lump sum deferred to 65.
- Retiring active participants 100% lump sum paid immediately.
- Terminated vested participants 100% lump sum deferred to 65.

### Marital assumption

The male spouse is assumed to be 3 years older than the female spouse.

### Covered pay

N/A

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Decrement Timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year

## Data Sources

International Automotive Components Group North America furnished participant data as of January 1, 2024 and information on plan provisions, assets, and contributions. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. We are aware of no adjustments made by the data provider. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Account balance amounts received 4.00% increases, compounded annually, for participants who have not had their account balance amount increased from interest since 12/31/2022 or earlier.

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

## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Actuarial method</b>	Standard unit credit cost method
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

<b>Plan-related expenses</b>	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
<b>Decrement timing</b>	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
<b>Benefit limits</b>	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
<b>Actuarial value of assets</b>	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.60% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with International Automotive Components Group North America and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Assumptions Rationale - Significant Economic Assumptions

### Discount rate

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

### Cash balance interest crediting rate

The plan credits interest to cash balance accounts using the 30-year Treasury rate for the month of November preceding the plan year, subject to a minimum of 4.0% and a maximum of 10.0%.

### Annuity conversion / lump sum conversion rate

As required by IRC §430, lump sum benefits are valued using "annuity substitution". We believe that the selected assumption does not significantly conflict with what would be reasonable.

## Assumptions Rationale - Significant Demographic Assumptions

### Healthy and Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Assumptions used for accounting purposes were selected by the plan sponsor and, as required by U.S. GAAP represents a best estimate of future experience.

### Termination

Termination rates were based on an experience study not conducted by WTW. Whether any conditions have changed that would be expected to produce different results will be considered in the future.

### Retirement

Retirement rates were based on an experience study not conducted by WTW. Whether any conditions have changed that would be expected to produce different results will be considered in the future.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Changes in Assumptions and Methods

- |  |   |
|--|---|
| <b>Change in assumptions since prior valuation</b> | <ul style="list-style-type: none"><li>• The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023, as required by IRC §430.</li><li>• The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.</li><li>• The assumed plan-related expenses added to the target normal cost were updated from \$640,000 for 2023 to \$570,000 for 2024 to account for lower expected expenses to be paid from the trust.</li><li>• A change in the lump sum mortality assumption from using the PPA 2023 Optional Combined Unisex Table to the PPA 2024 Optional Combined Unisex Table.</li></ul> |
| <b>Change in methods since prior valuation</b>     | There have been no method changes in the plan reporting valuation since the prior year.   |

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

<b>Plan Name</b>	<b>IACNA Portable Pension Plan</b>
<b>Plan Sponsor EIN</b>	<b>20-8306510</b>
<b>ERISA Plan #</b>	<b>003</b>
<b>Plan Year Ending</b>	<b>12/31/2024</b>

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**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.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

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

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

<b>A</b> Name of plan IACNA PORTABLE PENSION PLAN		<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTERNATIONAL AUTOMOTIVE COMPONENTS GROUP NORTH AMERICA, INC.		<b>D</b> Employer Identification Number (EIN) 20-8306510	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	9,641,620	
<b>b</b> Actuarial value .....	<b>2b</b>	10,082,037	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	71	725,277	725,277
<b>b</b> For terminated vested participants .....	842	4,012,655	4,012,655
<b>c</b> For active participants .....	518	5,956,027	5,978,326
<b>d</b> Total .....	1,431	10,693,959	10,716,258
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.09%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	406,828	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	570,000	
<b>c</b> Target normal cost .....	<b>6c</b>	976,828	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Damion Gooden <u>D.G.</u>	<u>10/2/2025</u>
	Signature of actuary	Date
Damion Gooden	Type or print name of actuary	<u>2307436</u>
		Most recent enrollment number
Willis Towers Watson US LLC	Firm name	<u>248-936-7700</u>
		Telephone number (including area code)
Travelers Tower 26555 Evergreen Road, Suite 1600 Southfield MI 48076	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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2024  
v. 240311**



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
	<input type="checkbox"/> N/A, full yield curve used		
<b>b</b> Applicable month (enter code).....	<b>21b</b>	4	
<b>22</b> Weighted average retirement age .....	<b>22</b>	63	
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	976,828	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	634,221	61,920	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	1,038,748	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	1,038,748	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	1,041,328	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	2,580	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	International Automotive Components Group North America, Inc.
<b>EIN/PN</b>	20-8306510 / 003
<b>Plan Name</b>	IACNA Portable Pension Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Damion Gooden
<b>Enrollment Number</b>	23-07436

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

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

# SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	$q_x^r$	$l_x$	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.04	1,000	1.000000	0.040000	2.200000
56	0.04	960	0.960000	0.038400	2.150400
57	0.04	922	0.921600	0.036864	2.101248
58	0.04	885	0.884736	0.035389	2.052588
59	0.04	849	0.849347	0.033974	2.004458
60	0.04	815	0.815373	0.032615	1.956894
61	0.07	783	0.782758	0.054793	3.342376
62	0.20	728	0.727965	0.145593	9.026763
63	0.10	582	0.582372	0.058237	3.668942
64	0.15	524	0.524135	0.078620	5.031692
65	0.40	446	0.445514	0.178206	11.583375
66	0.30	267	0.267309	0.080193	5.292711
67	0.30	187	0.187116	0.056135	3.761033
68	0.30	131	0.130981	0.039294	2.672017
69	0.30	92	0.091687	0.027506	1.897918
70	1.00	64	0.064181	0.064181	4.492657

Average age at retirement 63.235072

Rounded for Schedule SB item 22 63

Plan Name: IACNA Portable Pension Plan  
 EIN / PN: 20-8306510 / 003  
 Plan Sponsor: International Automotive Components Group North America, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis

- Applicable month                      September
- Interest rate basis                      3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
----------------	--------------------------	------------------------------

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

#### Annual rates of increase

- Compensation                      N/A
- Statutory limits on compensation                      N/A
- Cash Balance Interest Crediting Rate                      4.50%

#### Trust expenses included in Target Normal Cost

\$570,000;  
The non-PBGC administrative expenses paid from the trust from the prior year plus the PBGC premiums expected to be paid during the plan year (rounded up to the next \$10,000)

Plan Name:                      IACNA Portable Pension Plan  
EIN / PN:                      20-8306510 / 003  
Plan Sponsor:                      International Automotive Components Group North America, Inc.  
Valuation Date:                      January 1, 2024

# SCHEDULE SB ATTACHMENTS

**Annuity Conversion**

- Interest Rates                      Assumed equal to discount rate
- Mortality                              Applicable mortality tables under 417(e)(3)

**Demographic Assumptions**

**Inclusion date**                      The plan is closed to new entrants.

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

**Mortality**

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

**Withdrawal rates**

**Representative Termination Rates**

Age	Years of Service			
	0	1	2	3+
20 - 24	33.38%	25.97%	18.54%	14.84%
25 - 29	33.38%	25.97%	18.54%	14.84%
30 - 34	25.52%	19.84%	14.18%	11.34%
35 - 39	18.50%	14.40%	10.28%	8.23%
40 - 44	14.13%	10.98%	7.85%	6.28%
45 - 49	10.54%	8.20%	5.86%	4.68%
50+	10.54%	8.20%	5.86%	4.68%

**Disability**                              None

Plan Name:                              IACNA Portable Pension Plan  
 EIN / PN:                                20-8306510 / 003  
 Plan Sponsor:                          International Automotive Components Group North America, Inc.  
 Valuation Date:                        January 1, 2024

# SCHEDULE SB ATTACHMENTS

**Retirement**

**Active Participants**

Percentage Retiring during the year	
Age	Rate (%)
55-60	4.00
61	7.00
62	20.00
63	10.00
64	15.00
65	40.00
66-69	30.00
70+	100.00

**Form of payment and Benefit Commencement**

- Terminating active participants
  - 80% lump sum paid immediately.
  - 20% lump sum deferred to 65.
- Retiring active participants: 100% lump sum paid immediately.
- Terminated vested participants: 100% lump sum deferred to 65.

**Marital assumption**                      The male spouse is assumed to be 3 years older than the female spouse.

**Covered pay**                                      N/A

Plan Name:                      IACNA Portable Pension Plan  
 EIN / PN:                        20-8306510 / 003  
 Plan Sponsor:                International Automotive Components Group North America, Inc.  
 Valuation Date:              January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Decrement Timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year

## Data Sources

International Automotive Components Group North America furnished participant data as of January 1, 2024 and information on plan provisions, assets, and contributions. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. We are aware of no adjustments made by the data provider. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Account balance amounts received 4.00% increases, compounded annually, for participants who have not had their account balance amount increased from interest since 12/31/2022 or earlier.

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

## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Actuarial method</b>	Standard unit credit cost method
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

<b>Plan-related expenses</b>	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
<b>Decrement timing</b>	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
<b>Benefit limits</b>	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
<b>Actuarial value of assets</b>	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.60% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with International Automotive Components Group North America and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Assumptions Rationale - Significant Economic Assumptions

### Discount rate

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

### Cash balance interest crediting rate

The plan credits interest to cash balance accounts using the 30-year Treasury rate for the month of November preceding the plan year, subject to a minimum of 4.0% and a maximum of 10.0%.

### Annuity conversion / lump sum conversion rate

As required by IRC §430, lump sum benefits are valued using "annuity substitution". We believe that the selected assumption does not significantly conflict with what would be reasonable.

## Assumptions Rationale - Significant Demographic Assumptions

### Healthy and Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Assumptions used for accounting purposes were selected by the plan sponsor and, as required by U.S. GAAP represents a best estimate of future experience.

### Termination

Termination rates were based on an experience study not conducted by WTW. Whether any conditions have changed that would be expected to produce different results will be considered in the future.

### Retirement

Retirement rates were based on an experience study not conducted by WTW. Whether any conditions have changed that would be expected to produce different results will be considered in the future.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Changes in Assumptions and Methods

- |  |   |
|--|---|
| <b>Change in assumptions since prior valuation</b> | <ul style="list-style-type: none"><li>• The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023, as required by IRC §430.</li><li>• The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.</li><li>• The assumed plan-related expenses added to the target normal cost were updated from \$640,000 for 2023 to \$570,000 for 2024 to account for lower expected expenses to be paid from the trust.</li><li>• A change in the lump sum mortality assumption from using the PPA 2023 Optional Combined Unisex Table to the PPA 2024 Optional Combined Unisex Table.</li></ul> |
| <b>Change in methods since prior valuation</b>     | <p>There have been no method changes in the plan reporting valuation since the prior year.</p>  |

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was most recently amended and restated effective January 1, 2016.

**Covered Employees** An employee who was a participant in the prior plan prior to December 1st, 2007 shall become a participant on the effective date. Union employees of Port Huron shall become a participant on the first day of the month coincident with or next following the date an employee complete six full calendar months of service. All other union employees of Wauseon, Edinburg, Alma, and Iowa City shall become a participant on the January 1 following the date of hire

**Participation Date** Employees participate on the January 1 following date of hire.

### Definitions

**Service**

- Points Service – number of calendar months from date of hire to severance from service date
- Vesting Service – elapsed service from date of hire to severance from service

**Normal Retirement Date (NRD)** Normal Retirement Date is the first day of the month following attainment of age 65.

**Accrued benefit** A participants Accrued Benefit is equal to the actuarial equivalent of the participants account balance payable as a life annuity beginning at Normal Retirement Date.

### Eligibility for Benefits

**Normal retirement** Retirement on NRD (Age 65)

**Late retirement** A participant may continue in the employment of the employer after his Normal Retirement Date. In such event, he will receive the Accrued Benefit at the Late Retirement Date.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

- Vested termination** An employee who terminates employment after three or more years of vesting service, attains age 65, becomes disabled, dies or upon plan termination, shall have a vested interest in his accrued benefit that is payable at normal retirement date.
- Disability retirement** Participants continue to earn up to 60 months of benefit credits if eligible for workers compensation (up to 12 months for short-term disability)
- Preretirement death benefit** Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

## Benefits Paid Upon the Following Events

- Normal retirement** The actuarial equivalent of the participant's account balance payable at Normal Retirement Date.
- 1.) An account shall be established upon plan participation. Benefit credits and interest credits will be granted annually as of the last day of each calendar year.
- (a) Monthly benefit credits are credited to each participant's account for each month the participant is employed based on the table below:

Points at Beginning of Plan Year	Monthly Credit for Plan Year
Under 40	\$17.50
40 – 49.999	\$21.50
50 – 59.999	\$26.50
60 – 69.999	\$32.00
70 – 79.999	\$42.50
80 – 89.999	\$53.00
90 – 99.999	\$64.00
100 or more	\$75.00

- (b) Points means the participant's age plus Points Service (expressed in years and months) as of beginning of the plan year.

- (c) Applicable multiplier:

- (i) Port Huron

2.3 on and after December 1, 2007

2.4 on and after March 1, 2009

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

2.5 on and after July 1, 2013

2.6 on and after January 1, 2014

2.7 on and after January 1, 2015

(ii) Wauseon

2.2 on and after December 1, 2007

2.3 on and after January 1, 2009

(iii) Edinburgh

1.0 on and after December 1, 2007

(iv) Alma

1.7 on and after December 1, 2007

(v) Iowa City

1.0 on and after December 1, 2007

Interest credits - Interest is credited to each participant's account balance at the end of each calendar year based on the rate of 30-year Treasury bonds for the month of November preceding the plan year, subject to a minimum of 4.0% and a maximum of 10.0%

**Late retirement**

Accrued Benefit at the Late Retirement Date.

**Vested termination**

Benefit payable is the actuarial equivalent of the participant's account balance as of his normal retirement date. However, a participant may elect to commence benefits prior to his normal retirement date. The benefit payable will be the actuarial equivalent of his account balance as of the commencement date.

**Disability Retirement**

Vested benefit is payable upon separation of service

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Death benefit

- Death prior to benefit commencement
  - (a) For married participants, the surviving spouse is entitled to a benefit payable for life equal to the actuarial equivalent of the participant's account balance at date of benefit commencement. The surviving spouse may elect a single lump, in lieu of the life annuity benefit.
  - (b) For unmarried participants, the beneficiary is entitled to a single lump sum equal to 100% of the participants account as of the last date of the month prior to the participant's death.
  - (c) For Alma employees who die while employed, the beneficiary is entitled to an additional lump sum death benefit equal to the lesser of:
    - (i) \$2,000 or
    - (ii) \$0.05 times the total number of hours of service that has been credited to the participant in each plan year (i) through February 28, 2006 under the Prior Plan and (ii) under the United Technologies Corporation Representative Employees Retirement Plan.
- Death after benefit commencement
  - Benefit will be determined according to form of payment elected

## Other Plan Provisions

<b>Optional methods of settlement</b>	All optional methods of settlement are equivalent to the normal form of payment. Optional forms available include Life Annuity, 50% and 75% Joint & Survivor Annuity, annuity, and Lump Sum Option. In addition, for the Alma employees, the 10 Year Certain & Continuous Annuity and the 100% Joint & Survivor Annuity
<b>Pension Increases</b>	None.
<b>Plan Participants' Contributions</b>	None.
<b>Maximum on benefits and pay</b>	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements.

## Changes in Benefits Valued Since Prior Year

None.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	10	7	0	0	0	0	0	0	0	0	17
25-29	16	5	2	0	0	0	0	0	0	0	23
30-34	10	8	7	10	1	0	0	0	0	0	36
35-39	15	7	6	10	9	1	0	0	0	0	48
40-44	7	6	10	11	13	14	0	0	0	0	61
45-49	8	4	5	6	14	26	10	0	0	0	73
50-54	4	2	6	6	6	18	16	6	0	0	64
55-59	3	1	3	11	12	12	15	6	4	0	67
60-64	0	2	2	6	11	24	15	13	6	6	85
65-69	0	0	3	7	4	6	1	8	4	4	37
70 & over	0	0	0	0	4	0	2	0	0	1	7
Total	73	42	44	67	74	101	59	33	14	11	518

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

Plan Name: IACNA Portable Pension Plan  
 EIN / PN: 20-8306510 / 003  
 Plan Sponsor: International Automotive Components Group North America, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	990,843	1,108,871	68,052	2,167,766
2025	785,174	184,976	66,704	1,036,854
2026	659,118	167,028	65,262	891,408
2027	584,601	313,942	63,734	962,277
2028	569,429	197,833	61,834	829,096
2029	468,463	115,221	59,796	643,480
2030	420,914	184,926	57,923	663,763
2031	351,869	124,252	55,992	532,113
2032	316,794	106,275	53,965	477,034
2033	324,906	118,850	51,838	495,594
2034	273,702	186,698	49,612	510,012
2035	272,030	253,395	47,292	572,717
2036	280,582	190,186	44,883	515,651
2037	233,066	166,170	42,393	441,629
2038	227,263	162,025	39,832	429,120
2039	248,367	177,233	37,213	462,813
2040	220,155	137,681	34,547	392,383
2041	200,410	191,466	31,851	423,727
2042	174,695	288,101	29,142	491,938
2043	133,260	404,358	26,441	564,059
2044	158,415	111,043	23,774	293,232
2045	125,950	171,907	21,167	319,024
2046	101,636	171,072	18,651	291,359
2047	80,297	171,468	16,252	268,017
2048	79,414	183,407	13,996	276,817
2049	75,047	166,889	11,905	253,841
2050	47,452	156,090	9,997	213,539

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	55,965	190,759	8,283	255,007
2052	41,499	238,506	6,769	286,774
2053	47,859	153,367	5,454	206,680
2054	46,811	236,312	4,332	287,455
2055	26,949	169,182	3,391	199,522
2056	24,604	193,113	2,617	220,334
2057	16,448	198,209	1,992	216,649
2058	11,266	263,189	1,496	275,951
2059	6,174	166,812	1,110	174,096
2060	5,224	123,968	815	130,007
2061	5,370	96,271	594	102,235
2062	1,747	26,396	431	28,574
2063	1,850	0	312	2,162
2064	1,486	0	227	1,713
2065	824	0	166	990
2066	748	0	122	870
2067	737	0	91	828
2068	93	0	69	162
2069	66	0	53	119
2070	30	0	40	70
2071	18	0	31	49
2072	14	0	24	38
2073	0	0	18	18

Plan Name: IACNA Portable Pension Plan  
 EIN / PN: 20-8306510 / 003  
 Plan Sponsor: International Automotive Components Group North America, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	(311,068)	15.00000	(311,068)	(28,301)
Shortfall	01/01/2023	985,156	14.00000	945,289	90,221
Total				634,221	61,920

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	International Automotive Components Group North America, Inc.
<b>EIN/PN</b>	20-8306510 / 003
<b>Plan Name</b>	IACNA Portable Pension Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Damion Gooden
<b>Enrollment Number</b>	23-07436

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

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

# SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	$q_x^r$	$l_x$	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.04	1,000	1.000000	0.040000	2.200000
56	0.04	960	0.960000	0.038400	2.150400
57	0.04	922	0.921600	0.036864	2.101248
58	0.04	885	0.884736	0.035389	2.052588
59	0.04	849	0.849347	0.033974	2.004458
60	0.04	815	0.815373	0.032615	1.956894
61	0.07	783	0.782758	0.054793	3.342376
62	0.20	728	0.727965	0.145593	9.026763
63	0.10	582	0.582372	0.058237	3.668942
64	0.15	524	0.524135	0.078620	5.031692
65	0.40	446	0.445514	0.178206	11.583375
66	0.30	267	0.267309	0.080193	5.292711
67	0.30	187	0.187116	0.056135	3.761033
68	0.30	131	0.130981	0.039294	2.672017
69	0.30	92	0.091687	0.027506	1.897918
70	1.00	64	0.064181	0.064181	4.492657
Average age at retirement					63.235072
Rounded for Schedule SB item 22					63

Plan Name: IACNA Portable Pension Plan  
 EIN / PN: 20-8306510 / 003  
 Plan Sponsor: International Automotive Components Group North America, Inc.  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	990,843	1,108,871	68,052	2,167,766
2025	785,174	184,976	66,704	1,036,854
2026	659,118	167,028	65,262	891,408
2027	584,601	313,942	63,734	962,277
2028	569,429	197,833	61,834	829,096
2029	468,463	115,221	59,796	643,480
2030	420,914	184,926	57,923	663,763
2031	351,869	124,252	55,992	532,113
2032	316,794	106,275	53,965	477,034
2033	324,906	118,850	51,838	495,594
2034	273,702	186,698	49,612	510,012
2035	272,030	253,395	47,292	572,717
2036	280,582	190,186	44,883	515,651
2037	233,066	166,170	42,393	441,629
2038	227,263	162,025	39,832	429,120
2039	248,367	177,233	37,213	462,813
2040	220,155	137,681	34,547	392,383
2041	200,410	191,466	31,851	423,727
2042	174,695	288,101	29,142	491,938
2043	133,260	404,358	26,441	564,059
2044	158,415	111,043	23,774	293,232
2045	125,950	171,907	21,167	319,024
2046	101,636	171,072	18,651	291,359
2047	80,297	171,468	16,252	268,017
2048	79,414	183,407	13,996	276,817
2049	75,047	166,889	11,905	253,841
2050	47,452	156,090	9,997	213,539

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

---

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	55,965	190,759	8,283	255,007
2052	41,499	238,506	6,769	286,774
2053	47,859	153,367	5,454	206,680
2054	46,811	236,312	4,332	287,455
2055	26,949	169,182	3,391	199,522
2056	24,604	193,113	2,617	220,334
2057	16,448	198,209	1,992	216,649
2058	11,266	263,189	1,496	275,951
2059	6,174	166,812	1,110	174,096
2060	5,224	123,968	815	130,007
2061	5,370	96,271	594	102,235
2062	1,747	26,396	431	28,574
2063	1,850	0	312	2,162
2064	1,486	0	227	1,713
2065	824	0	166	990
2066	748	0	122	870
2067	737	0	91	828
2068	93	0	69	162
2069	66	0	53	119
2070	30	0	40	70
2071	18	0	31	49
2072	14	0	24	38
2073	0	0	18	18

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was most recently amended and restated effective January 1, 2016.

**Covered Employees** An employee who was a participant in the prior plan prior to December 1st, 2007 shall become a participant on the effective date. Union employees of Port Huron shall become a participant on the first day of the month coincident with or next following the date an employee complete six full calendar months of service. All other union employees of Wauseon, Edinburg, Alma, and Iowa City shall become a participant on the January 1 following the date of hire

**Participation Date** Employees participate on the January 1 following date of hire.

### Definitions

**Service**

- Points Service – number of calendar months from date of hire to severance from service date
- Vesting Service – elapsed service from date of hire to severance from service

**Normal Retirement Date (NRD)** Normal Retirement Date is the first day of the month following attainment of age 65.

**Accrued benefit** A participants Accrued Benefit is equal to the actuarial equivalent of the participants account balance payable as a life annuity beginning at Normal Retirement Date.

### Eligibility for Benefits

**Normal retirement** Retirement on NRD (Age 65)

**Late retirement** A participant may continue in the employment of the employer after his Normal Retirement Date. In such event, he will receive the Accrued Benefit at the Late Retirement Date.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

<b>Vested termination</b>	An employee who terminates employment after three or more years of vesting service, attains age 65, becomes disabled, dies or upon plan termination, shall have a vested interest in his accrued benefit that is payable at normal retirement date.
<b>Disability retirement</b>	Participants continue to earn up to 60 months of benefit credits if eligible for workers compensation (up to 12 months for short-term disability)
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	The actuarial equivalent of the participant's account balance payable at Normal Retirement Date.  1.) An account shall be established upon plan participation. Benefit credits and interest credits will be granted annually as of the last day of each calendar year.  (a) Monthly benefit credits are credited to each participant's account for each month the participant is employed based on the table below:
--------------------------	---

Points at Beginning of Plan Year	Monthly Credit for Plan Year
Under 40	\$17.50
40 – 49.999	\$21.50
50 – 59.999	\$26.50
60 – 69.999	\$32.00
70 – 79.999	\$42.50
80 – 89.999	\$53.00
90 – 99.999	\$64.00
100 or more	\$75.00

(b) Points means the participant's age plus Points Service (expressed in years and months) as of beginning of the plan year.

(c) Applicable multiplier:

(i) Port Huron

2.3 on and after December 1, 2007

2.4 on and after March 1, 2009

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

2.5 on and after July 1, 2013

2.6 on and after January 1, 2014

2.7 on and after January 1, 2015

(ii) Wauseon

2.2 on and after December 1, 2007

2.3 on and after January 1, 2009

(iii) Edinburgh

1.0 on and after December 1, 2007

(iv) Alma

1.7 on and after December 1, 2007

(v) Iowa City

1.0 on and after December 1, 2007

Interest credits - Interest is credited to each participant's account balance at the end of each calendar year based on the rate of 30-year Treasury bonds for the month of November preceding the plan year, subject to a minimum of 4.0% and a maximum of 10.0%

## **Late retirement**

Accrued Benefit at the Late Retirement Date.

## **Vested termination**

Benefit payable is the actuarial equivalent of the participant's account balance as of his normal retirement date. However, a participant may elect to commence benefits prior to his normal retirement date. The benefit payable will be the actuarial equivalent of his account balance as of the commencement date.

## **Disability Retirement**

Vested benefit is payable upon separation of service

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Death benefit

- Death prior to benefit commencement
  - (a) For married participants, the surviving spouse is entitled to a benefit payable for life equal to the actuarial equivalent of the participant's account balance at date of benefit commencement. The surviving spouse may elect a single lump, in lieu of the life annuity benefit.
  - (b) For unmarried participants, the beneficiary is entitled to a single lump sum equal to 100% of the participants account as of the last date of the month prior to the participant's death.
  - (c) For Alma employees who die while employed, the beneficiary is entitled to an additional lump sum death benefit equal to the lesser of:
    - (i) \$2,000 or
    - (ii) \$0.05 times the total number of hours of service that has been credited to the participant in each plan year (i) through February 28, 2006 under the Prior Plan and (ii) under the United Technologies Corporation Representative Employees Retirement Plan.
- Death after benefit commencement
  - Benefit will be determined according to form of payment elected

## Other Plan Provisions

<b>Optional methods of settlement</b>	All optional methods of settlement are equivalent to the normal form of payment. Optional forms available include Life Annuity, 50% and 75% Joint & Survivor Annuity, annuity, and Lump Sum Option. In addition, for the Alma employees, the 10 Year Certain & Continuous Annuity and the 100% Joint & Survivor Annuity
<b>Pension Increases</b>	None.
<b>Plan Participants' Contributions</b>	None.
<b>Maximum on benefits and pay</b>	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

---

## Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements.

## Changes in Benefits Valued Since Prior Year

None.

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024

<b>Plan Name</b>	<b>IACNA Portable Pension Plan</b>
<b>Plan Sponsor EIN</b>	<b>20-8306510</b>
<b>ERISA Plan #</b>	<b>003</b>
<b>Plan Year Ending</b>	<b>12/31/2024</b>

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

# SCHEDULE SB ATTACHMENTS

---

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	(311,068)	15.00000	(311,068)	(28,301)
Shortfall	01/01/2023	985,156	14.00000	945,289	90,221
Total				634,221	61,920

Plan Name: IACNA Portable Pension Plan  
EIN / PN: 20-8306510 / 003  
Plan Sponsor: International Automotive Components Group North America, Inc.  
Valuation Date: January 1, 2024