

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="font-weight: bold; text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MAGNA U.S. CONSOLIDATED PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MAGNA INTERNATIONAL OF AMERICA, INC.</u></p> <p><u>C/O MAGNA TOTAL COMPENSATION DEPT.</u> <u>375 MAGNA DRIVE</u> <u>AURORA, ONTARIO L4G 7L6 CA</u></p>	<p>1c Effective date of plan <u>10/31/2001</u></p> <p>2b Employer Identification Number (EIN) <u>98-0095901</u></p> <p>2c Plan Sponsor's telephone number <u>905-726-7345</u></p> <p>2d Business code (see instructions) <u>336300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	ROBERT PARNIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4097
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	494
	6a(2)	339
	6b	1946
	6c	1158
	6d	3443
	6e	218
	6f	3661
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan MAGNA U.S. CONSOLIDATED PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MAGNA INTERNATIONAL OF AMERICA, INC.</p>	<p>D Employer Identification Number (EIN) 98-0095901</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	468180	3661	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2615926

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

A Name of plan MAGNA U.S. CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 MAGNA INTERNATIONAL OF AMERICA, INC.	D Employer Identification Number (EIN) 98-0095901

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	00000	3661	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	7772879

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>MAGNA U.S. CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MAGNA INTERNATIONAL OF AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>98-0095901</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>161893826</u>
	b Actuarial value	2b	<u>177200907</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>2111</u>	<u>106164270</u>
	b For terminated vested participants	<u>1404</u>	<u>37669440</u>
	c For active participants	<u>396</u>	<u>15948590</u>
	d Total	<u>3911</u>	<u>159782300</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.09 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>1498000</u>
	c Target normal cost	6c	<u>1498000</u>

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

SIGN HERE		
	Signature of actuary	<u>08/06/2025</u>
	<u>DAVID A. STOCKLAS</u>	Date
	Type or print name of actuary	<u>23-05460</u>
	<u>PRINCIPAL FINANCIAL GROUP</u>	Most recent enrollment number
	Firm name	<u>412-394-9380</u>
	<u>P.O. BOX 9394</u>	Telephone number (including area code)
	<u>DES MOINES, IA 50306-9394</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		43550288
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		4614999
9	Amount remaining (line 7 minus line 8)		38935289
10	Interest on line 9 using prior year's actual return of <u>10.73</u> %		4177757
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	43113046

Part III Funding Percentages			
14	Funding target attainment percentage	14	83.91 %
15	Adjusted funding target attainment percentage	15	110.62 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.37 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)		18(c)	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1498000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	25695219	2474051	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	3972051	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4466240	4466240
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MAGNA U.S. CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 MAGNA INTERNATIONAL OF AMERICA, INC.	D Employer Identification Number (EIN) 98-0095901	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
26 50	INVESTMENT ADVISOR	530866	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GOLDMAN SACHS ASSET MANAGEMENT

36-3177449

(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?
26 50	INVESTMENT ADVISOR	354478	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 52	TRUSTEE AND CUSTODIAN	98453	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

GJC CPA'S & ADVISORS

38-2029668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	25450	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)

BDO USA, P.A.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	25169	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)

DICKINSON WRIGHT PLLC

38-1364333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL COUNSIL	7383	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET RESEARCH & MANAGEMENT

13-3142135

(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?
26 50	INVESTMENT ADVISOR	5023	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MAGNA U.S. CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MAGNA INTERNATIONAL OF AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>98-0095901</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500 FLAGSHIP NON-LENDING FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12072712</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI EAFE 100% HEDGED INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-455</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7029597</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI EMERGING MARKETS INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>75-6661332-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1853882</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX NON-LENDING FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1794949</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI EAFE SMALL CAP INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-164</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1135411</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE DURATION CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS TRUST COMPANY</u>		
c EIN-PN <u>13-4166989-034</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39905490</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG DURATION CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS TRUST COMPANY</u>		
c EIN-PN <u>13-4166989-026</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48532595</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE CREDIT TRUST FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST COMPANY

c EIN-PN 06-1440627-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8297242
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIQUID ASSETS SEP. ACCT. Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-024	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2615926
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE PLACEMENT DEBT SEP. ACCT.

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-020	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7772879
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MAGNA U.S. CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 MAGNA INTERNATIONAL OF AMERICA, INC.	D Employer Identification Number (EIN) 98-0095901

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	72967 50325
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12602212 10263801
(2) U.S. Government securities	1c(2)	3446202 3112877
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	129160171 120621878
(10) Value of interest in pooled separate accounts	1c(10)	9513342 10388805
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6669101 6159080
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	429831 394563

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	161893826	150991329
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	199958	113330
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	199958	113330
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	161693868	150877999

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	83362	
(B) U.S. Government securities.....	2b(1)(B)	128611	
(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)		211973
(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)	398917	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		398917
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	-3753225	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1229979	
(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)	-1926793	
(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	2b(6)		7780999
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-68939
c Other income	2c		223667
d Total income. Add all income amounts in column (b) and enter total	2d		1636620

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11017004	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11017004
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	50619	
(5) Investment advisory and investment management fees	2i(5)	882907	
(6) Bank or trust company trustee/custodial fees	2i(6)	98453	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	7383	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	396123	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1435485
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12452489

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10815869
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GJC CPA'S & ADVISORS**

(2) EIN: **38-2029668**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560081.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MAGNA U.S. CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAGNA INTERNATIONAL OF AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>98-0095901</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

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): 36-1561860

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	17
---	----

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

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 17.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 81.2 %
 High-Yield Debt: 0.0 % Real Assets: 1.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

MAGNA U.S. CONSOLIDATED PENSION PLAN

FINANCIAL STATEMENTS
(With Supplementary Information)

December 31, 2024 and 2023



MAGNA U.S. CONSOLIDATED PENSION PLAN

CONTENTS

INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
NOTES TO FINANCIAL STATEMENTS	7
SUPPLEMENTARY INFORMATION:	
Schedule of Assets (Held at End of Year)	20
Schedule of Reportable Transactions	22
Schedule of Assets (Acquired and Disposed of Within Year)	Appendix

INDEPENDENT AUDITOR'S REPORT

October 7, 2025

To the Pension and Retirement Savings Committee
Magna International of America, Inc.

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

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

The Plan's 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").

The Plan's management has obtained certifications from a qualified institution as of, and for the years ended, December 31, 2024 and 2023, stating that the certified investment information, as described in Note D 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 Audit of the Financial Statements" section:

- The amounts and disclosures in the 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 ("U.S. GAAP").

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Tel: (513) 766-9415

1001 Woodward Avenue
Suite 850
Detroit, Michigan 48226
Tel: (313) 965-2655

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Opinion (continued)

- 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 ("U.S. GAAS"). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of 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.

Responsibilities of Management for the Financial Statements

The Plan's management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. 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 for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the "Scope and Nature of the ERISA Section 103(a)(3)(C) Audit" 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 an audit conducted in accordance with U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

In performing an audit in accordance with U.S. GAAS:

- We exercise professional judgment and maintain professional skepticism throughout the audit.
- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and we 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.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- We evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, and we evaluate the overall presentation of the financial statements.
- We 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 U.S GAAP.

Accordingly, the objective of an 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 U.S. GAAP.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024, and assets (acquired and disposed of within year) and reportable transactions for the year then ended, are presented for the purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Supplemental Schedules Required by ERISA (continued)

The information included in the supplemental schedules, other than that agreed to, or derived from, the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. 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).

GJC CPA's & Advisors

Detroit, Michigan

MAGNA U.S. CONSOLIDATED PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value (Note D):		
U. S. government securities	\$ 3,112,877	\$ 3,446,202
Registered investment companies	6,159,080	6,669,101
Cash and cash equivalents	5,342,306	811,778
Credit default swaps	394,563	429,831
	<u>15,008,826</u>	<u>11,356,912</u>
Investments measured at net asset value (Note D):		
Commingled funds	120,621,878	129,160,171
Pooled separate accounts	10,388,805	9,513,342
Short-term investment funds	4,921,495	11,790,434
	<u>135,932,178</u>	<u>150,463,947</u>
	150,941,004	161,820,859
Accrued interest and dividends receivable	50,325	72,967
	<u>150,991,329</u>	<u>161,893,826</u>
Liabilities:		
Accrued administrative expenses	113,330	199,958
	<u>113,330</u>	<u>199,958</u>
	\$ 150,877,999	\$ 161,693,868

See notes to financial statements.

MAGNA U.S. CONSOLIDATED PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions:		
Net realized and unrealized appreciation in fair value of investments	\$ 330,942	\$ 15,070,567
Interest and dividend income	1,305,678	1,251,257
Total Additions	<u>1,636,620</u>	<u>16,321,824</u>
Deductions:		
Benefit payments to participants	11,017,004	10,631,060
Administrative expenses	1,435,485	1,775,493
Total Deductions	<u>12,452,489</u>	<u>12,406,553</u>
Change in Net Assets Available for Benefits	(10,815,869)	3,915,271
Net Assets Available for Benefits, Beginning of Year	<u>161,693,868</u>	<u>157,778,597</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 150,877,999</u></u>	<u><u>\$ 161,693,868</u></u>

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A — DESCRIPTION OF THE PLAN

The following description of the Magna U.S. Consolidated Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was adopted by Magna International of America, Inc. (the “Company”), effective October 31, 2001, and is a noncontributory defined benefit pension plan under Internal Revenue Code (“IRC”) section 401(a) designed to provide retirement income to U.S. employees of the Company and other companies that are members of the Company’s controlled group of corporations that have elected to participate in this Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

On December 31, 2004, the Company froze the Plan. As a result, no new members are allowed to join the Plan, and there will be no further change to the benefits that accrued to the date the Plan was frozen. Effective July 31, 2008, the Pension Plan for U.S. Employees of Decoma International and the Pension Plan for U.S. Employees of Intier Automotive were merged into the Plan. Effective June 29, 2018, the Company merged the Magna U.S. Combined Pension Plan into the Plan. There were no changes to the benefit structures for participants of the merged plans.

Funding Policy

The Plan’s funding policy is for the Company to contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants. The Plan has met the ERISA minimum funding requirements for 2024 and 2023.

Pension Benefits

The Plan consists of four separate benefit structures:

- Part A, “Pension Agreement between New Process Gear, Inc. and the UAW” (“Part A”)
- Part B, “New Process Gear, Inc. Contributory Retirement Plan” (“Part B”)
- Part C, “Donnelly Corporation Employees’ Retirement Plan” (“Part C”)
- Part D, “Pension Plan for U.S. Employees of Magna International Inc.” (“Part D”)

For benefit structures Part A and Part B, the Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement, disability, and death benefits. Retirement benefits are paid in monthly installments.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE A — DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (continued)

Part A benefits are based on age, length of service, and the basic pension rate, as defined in the Plan agreement. A special early retirement program was implemented in May 2009. Part B provides participants with a monthly benefit equal to five percent of the total amount that the participant contributed, for at least 120 months, under the normal form of benefit payment. Participants may also be entitled to a final average salary benefit, as defined in the Plan agreement.

For benefit structures Part C and Part D, the Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement, disability, and death benefits. Benefits under the Plan consist of a fixed monthly benefit that is determined based on the participant's date of retirement, years of credited service, and highest average compensation, as defined in the Plan agreement. Participants may elect to receive their pension benefits in various forms, including joint and survivor annuities, life only, term certain, or as a single lump-sum payment.

Vesting

Generally, participants become vested in the Plan when they have completed five years of continuous service as defined by the Plan agreement.

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and accumulated plan benefits, as well as disclosure of contingent assets and liabilities, at the date of the financial statements, and the reported amounts of changes in net assets and accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

Investments

The Plan's investments 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 (an exit price).

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments (continued)

The Plan's investments are valued as follows:

- U.S. government securities are valued using pricing models maximizing the use of observable inputs for similar securities.
- Shares of registered investment companies are valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The registered investment companies held by the Plan are deemed to be actively traded.
- Cash and cash equivalents are valued based on cost, which approximates fair value.
- The credit default swap is valued using the sum of discounted cash flows of protection fees and protection payments. These are weighted by the default probability as implied from credit default swap market quotes for a given entity. This is primarily driven by basis point spread and recovery rate assumption.
- Commingled funds are valued at the NAV of the units held by the Plan, which are based on the quoted market prices of the underlying securities of the fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The investment objectives and underlying investments of the funds vary, with some holding investments that primarily include domestic fixed income securities, diversified portfolios of domestic stocks, or a blend of various international stocks. The funds provide for daily redemptions by the Plan at reported NAV with no advance notice requirement, except for the Voya Private Credit Trust Fund, which provides for quarterly redemptions.
- Pooled separate accounts are valued at the NAV of units held. While the majority of the underlying assets' values are based on quoted prices, the NAV of the pooled separate accounts are not publicly quoted. The NAV, as provided by the insurance company, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The pooled separate accounts held by the Plan provide for daily redemptions by the Plan at reported NAV with no advance notice requirement. The Plan is permitted to redeem investment units at NAV on the measurement date.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investments (continued)

- Short-term investment funds are valued at the NAV of the units held by the Plan, which are based on high-grade money market instruments with short maturities and are valued using the amortized cost method, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation include the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Fair Value Measurements

The Plan uses fair value measurements in the preparation of its financial statements, which utilize various inputs, including those that can be readily observable, corroborated, or are generally unobservable. The Plan utilizes market-based data and valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Additionally, the Plan applies assumptions that market participants would use in pricing an asset or liability, including assumptions about risk.

The measurement of fair value includes a hierarchy based on the quality of inputs used to measure fair value. Financial assets and liabilities are categorized into this three-level fair value hierarchy based on the inputs to the valuation technique. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets and liabilities and the lowest priority to unobservable inputs.

The various levels of the fair value hierarchy are described as follows:

- Level 1 — Financial assets and liabilities whose values are based on unadjusted quoted market prices for identical assets and liabilities in an active market that the Plan has the ability to access
- Level 2 — Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable for substantially the full term of the asset or liability
- Level 3 — Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE B — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (continued)

The use of observable market data, when available, is required in making fair value measurements. When inputs used to measure fair value fall within different levels of the hierarchy, the level within which the fair value measurement is categorized is based on the lowest level input that is significant to the fair value measurement.

Payment of Benefits

Plan benefits are recorded when paid.

Administrative Expenses

All applicable administrative expenses, including trustee, actuary, and audit fees, are paid by the Plan. In addition, certain investment related expenses are included in net appreciation and depreciation in the fair value of investments presented in the accompanying financial statements.

Risks and Uncertainties

The Plan invests in various securities, including U.S. government securities, registered investment companies, credit default swaps, commingled funds, pooled separate accounts, and short-term investment funds. Investment securities in general are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the nature of these assumptions and the uncertainties inherent in setting these assumptions, it is at least reasonably possible that changes in the near term to these assumptions would be material to the financial statements.

Subsequent Events

The Plan's management has evaluated subsequent events through October 7, 2025, the date that the accompanying financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE C — ACCUMULATED PLAN BENEFITS

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 worked. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on average compensation, as defined in the Plan agreement, and years of credited service as of the date of retirement or termination. The accumulated plan benefits for active employees are based on average compensation, as defined in the Plan agreement, and years of credited service as of the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that 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 the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of December 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 99,670,567	\$ 106,907,040
Other participants	46,081,694	56,371,751
Total Vested Benefits	145,752,261	163,278,791
Nonvested benefits	9,398	4,437
Total Accumulated Plan Benefits	\$ 145,761,659	\$ 163,283,228

MAGNA U.S. CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE C — ACCUMULATED PLAN BENEFITS (CONTINUED)

Changes in the present value of accumulated plan benefits for the years ended December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Changes in Accumulated Plan Benefits Attributable to:		
Changes in actuarial assumptions	\$ (10,675,509)	\$ -0-
Benefits paid	(11,017,004)	(10,631,060)
Interest due to decrease in discount period	7,497,796	7,636,836
Benefits accumulated and plan experience	<u>(3,326,852)</u>	<u>248,084</u>
Change in Accumulated Plan Benefits	(17,521,569)	(2,746,140)
Accumulated Plan Benefits, Beginning of Year	<u>163,283,228</u>	<u>166,029,368</u>
Accumulated Plan Benefits, End of Year	<u>\$ 145,761,659</u>	<u>\$ 163,283,228</u>

The more significant assumptions underlying the actuarial computations are as follows:

Funding interest rate:	Three-segment rate as of the September before the valuation date effective rate, which is 5.35 percent and 5.09 percent in 2024 and 2023, respectively
Plan accounting interest rate:	5.50 percent and 5.00 percent in 2024 and 2023, respectively
Normal retirement age:	5 percent to 15 percent at age 60-64 25 percent at age 65 35 percent at age 66 Balance at age 67
Mortality basis:	Pri-2012 Blue Collar Mortality Table, using Scale MP-2021

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

MAGNA U.S. CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE D — INVESTMENTS AND FAIR VALUE

The following is a summary of information regarding the Plan, included in the Plan’s financial statements, that was obtained or derived from information provided to the Plan administrator, and was certified as complete and accurate, by The Northern Trust Company (“Northern Trust”), the custodian. Information included in the supplemental schedules of assets (held at end of year), assets (acquired and disposed of within year), and reportable transactions was also obtained from, and certified as complete and accurate by, Northern Trust.

Assets certified by Northern Trust, as well as the Plan’s fair value hierarchy for those assets that are measured at fair value on a recurring basis, as of December 31, 2024 and 2023 are summarized as follows:

	<u>Fair Value Measurements</u>			<u>Total</u>
	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	
2024				
Certified Assets:				
Investments at fair value:				
U.S. government securities	\$ 3,112,877	\$ -0-	\$ -0-	\$ 3,112,877
Registered investment companies	6,159,080			6,159,080
Cash and cash equivalents	5,342,306			5,342,306
Credit default swaps		394,563		394,563
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total Investments at Fair Value	<u>\$ 14,614,263</u>	<u>\$ 394,563</u>	<u>\$ -0-</u>	<u>15,008,826</u>
Investments measured at NAV:				
Commingled funds				120,621,878
Pooled separate accounts				10,388,805
Short-term investment funds				4,921,495
				<u> </u>
Total Investments Measured at NAV				<u>135,932,178</u>
Total Investments				150,941,004
Accrued interest and dividends receivable				<u>50,325</u>
Total Certified Assets				<u>\$ 150,991,329</u>

MAGNA U.S. CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE D — INVESTMENTS AND FAIR VALUE (CONTINUED)

	<u>Fair Value Measurements</u>			<u>Total</u>
	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	
2023				
Certified Assets:				
Investments at fair value:				
U.S. government securities	\$ 3,446,202	\$ -0-	\$ -0-	\$ 3,446,202
Registered investment companies	6,669,101			6,669,101
Cash and cash equivalents	811,778			811,778
Credit default swaps		429,831		429,831
				<u>429,831</u>
Total Investments at Fair Value	<u>\$ 10,927,081</u>	<u>\$ 429,831</u>	<u>\$ -0-</u>	<u>11,356,912</u>
Investments measured at NAV:				
Commingled funds				129,160,171
Pooled separate accounts				9,513,342
Short-term investment funds				11,790,434
				<u>11,790,434</u>
Total Investments Measured at NAV				<u>150,463,947</u>
Total Investments				161,820,859
Accrued interest and dividends receivable				72,967
				<u>72,967</u>
Total Certified Assets				<u>\$ 161,893,826</u>

Net investment income certified by Northern Trust for the years ended December 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Net realized and unrealized appreciation in fair value of investments	\$ 330,942	\$ 15,070,567
Interest and dividend income	1,305,678	1,251,257
	<u>1,305,678</u>	<u>1,251,257</u>
	<u>\$ 1,636,620</u>	<u>\$ 16,321,824</u>

MAGNA U.S. CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE D — INVESTMENTS AND FAIR VALUE (CONTINUED)

Additional information as of December 31, 2024 and 2023 about the nature and risk of the Plan's investments that calculate NAV per share as a practical expedient is as follows:

	<u>Net Asset Value</u>		<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
	<u>2024</u>	<u>2023</u>		
Commingled Funds:				
State Street S&P 500 Flagship Non-Lending Fund	\$ 12,072,712	\$ 12,443,414	Daily	1 day
State Street MSCI EAFE 100 Percent Hedged Index Non-Lending Fund	7,029,597	7,373,639	Daily	1 day
State Street MSCI Emerging Markets Index Non-Lending Fund	1,853,882	2,036,804	Daily	1 day
State Street Russell 2000 Index Non-Lending Fund	1,794,949	1,884,596	Daily	1 day
State Street MSCI EAFE Small Cap Index Non-Lending Fund	1,135,411	1,347,326	Daily	1 day
Goldman Sachs Long Duration Credit Fund	48,532,595	56,394,422	Daily	None
Goldman Sachs Intermediate Duration Credit Fund	39,905,490	39,767,353	Daily	None
Voya Private Credit Trust Fund	8,297,242	7,912,617	Quarterly	None
	<u>120,621,878</u>	<u>129,160,171</u>		
Pooled Separate Accounts:				
The Prudential Private Placement Debt Separate Account	7,772,879	7,564,066	Daily	1 day
Principal Liquid Assets Separate Account Z	2,615,926	1,949,276	Daily	1 day
	<u>10,388,805</u>	<u>9,513,342</u>		
Short-Term Investment Fund:				
Northern Trust Collective Government Short-Term Investment Fund	4,921,495	11,790,434	Daily	1 day
	<u>\$ 135,932,178</u>	<u>\$ 150,463,947</u>		

There are no unfunded commitments to acquire additional units of these assets as of December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

NOTE D — INVESTMENTS AND FAIR VALUE (CONTINUED)

The Plan has entered into a credit default swap which is a derivative instrument. The Plan does not use the derivative instrument for hedging purposes. The investment manager uses the credit default swap to gain exposure and express views on certain positions. A credit default swap is a contract under which, for a fee, a protection seller agrees to pay a protection buyer an amount resulting from a credit event on a referent entity. If there is no credit default event or settlement trigger, as defined by the specific derivative contract, then the protection seller makes no payments to the protection buyer and receives only the contractually specified fee. However, if a credit event occurs, as defined in the specific derivative contract sold, the protection seller will be required to make a payment to the protection buyer. The notional amount of the credit default swap as of December 31, 2024 and 2023 totaled \$22,000,000. The gain (loss) recognized related to this derivative investment totaled \$(35,268) and \$192,306 for the years ended December 31, 2024 and 2023, respectively, and is included in net appreciation in the fair value of investments in the accompanying financial statements.

NOTE E — PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan, subject to the requirements of ERISA. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations and in accordance with the Plan agreement.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination, subject to a statutory ceiling on the amount of the individual’s monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan’s assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)**December 31, 2024 and 2023****NOTE F — INCOME TAX STATUS**

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated March 27, 2012 stating that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended and restated subsequent to the IRS ruling. The Plan administrator believes the Plan and the related trust are currently designed and operated in compliance with the applicable requirements of the IRC and continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

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

NOTE G — PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments include shares of investment funds that are managed by Northern Trust, the Plan’s custodian, and investment funds managed by Goldman Sachs & Company (“Goldman Sachs”) and State Street Bank and Trust Company (“State Street”), the Plan’s investment advisors. Certain Plan investments include units of a pooled separate account managed by Principal Life Insurance Company (“Principal”), the Plan’s third-party administrator. These transactions qualify as party-in-interest transactions. Fees paid to these entities during the years ended December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Northern Trust	\$ 98,453	\$ 96,023
Principal and State Street	524,639	498,708
Goldman Sachs	354,478	358,489

SUPPLEMENTARY INFORMATION

MAGNA U.S. CONSOLIDATED PENSION PLAN
(Federal Employer Identification Number: 98-0095901; Plan Number: 005)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Item 4i)

December 31, 2024

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	U.S. Government Securities:			
	U.S. Treasury bonds	Interest rate 4.25 percent, maturity date May 15, 2039	\$ 1,734,484	\$ 1,234,137
	U.S. Treasury bonds	Interest rate 1.625 percent, maturity date November 15, 2050	1,486,015	982,080
	U.S. Treasury bonds	Interest rate 4.75 percent, maturity date February 15, 2041	<u>1,163,640</u>	<u>896,660</u>
			<u>4,384,139</u>	<u>3,112,877</u>
	Registered Investment Companies:			
*	Goldman Sachs Core Fixed Income Fund, Class R6	Less than 1 share	4	4
*	Goldman Sachs Multi-Manager Non-Core Fixed Income Fund	617,152 shares	5,494,424	4,610,129
*	Goldman Sachs Multi-Manager Real Assets Strategy Fund	161,181 shares	<u>1,528,666</u>	<u>1,548,947</u>
			<u>7,023,094</u>	<u>6,159,080</u>
	Cash and Cash Equivalents:			
*	The Northern Trust Company	Cash	<u>5,342,306</u>	<u>5,342,306</u>
	Credit Default Swaps:			
	CDX BOFAGB2U, maturity date June 20, 2027	22,000,000 units	<u>235,001</u>	<u>394,563</u>
	Commingled Funds:			
*	State Street S&P 500 Flagship Non-Lending Fund	7,569 units	5,743,753	12,072,712
*	State Street MSCI EAFE 100 Percent Hedged Index Non-Lending Fund	315,597 units	4,453,307	7,029,597
*	State Street MSCI Emerging Markets Index Non-Lending Common Fund	56,536 units	1,698,051	1,853,882
*	State Street Russell 2000 Index Non-Lending Fund	10,505 units	1,231,141	1,794,949
*	State Street MSCI EAFE Small Cap Index Non-Lending Fund	56,810 units	953,602	1,135,411

MAGNA U.S. CONSOLIDATED PENSION PLAN
(Federal Employer Identification Number: 98-0095901; Plan Number: 005)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2024

Party-in- Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Commingled Funds			
	(continued):			
*	Goldman Sachs Long Duration Credit Fund	3,317,334 units	\$ 42,750,091	\$ 48,532,595
*	Goldman Sachs Intermediate Duration Credit Fund	3,601,579 units	38,935,007	39,905,490
	Voya Private Credit Trust Fund	7,300,000 units	<u>7,300,000</u>	<u>8,297,242</u>
			<u>103,064,952</u>	<u>120,621,878</u>
	Pooled Separate Accounts:			
	The Prudential Private Placement Debt Separate Account	191 units	7,238,091	7,772,879
*	Principal Liquid Assets Separate Account Z	40,126 units	<u>2,583,901</u>	<u>2,615,926</u>
			<u>9,821,992</u>	<u>10,388,805</u>
	Short-Term Investment Fund:			
*	Northern Trust Collective Government Short-Term Investment Fund	4,921,495 units	<u>4,921,495</u>	<u>4,921,495</u>
			<u>\$ 134,792,979</u>	<u>\$ 150,941,004</u>

* – Represents party-in-interest

MAGNA U.S. CONSOLIDATED PENSION PLAN
(Federal Employer Identification Number: 98-0095901; Plan Number: 005)

SCHEDULE OF REPORTABLE TRANSACTIONS
(Form 5500, Schedule H, Item 4j)

For the Year Ended December 31, 2024

<u>Identity of Party Involved</u>	<u>Description of Asset (Including Interest Rate and Maturity in Case of a Loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
<u>Category iii — A Series of Transactions Involving Securities of the Same Issue Which, When Aggregated, Involve an Amount in Excess of Five Percent of the Current Value of Plan Assets</u>								
Principal Life Insurance Company	Principal Liquid Assets Separate Account Z: 67 purchases 135 sales	\$ 12,207,861	\$ -0- 11,693,019	\$ -0-	\$ -0-	\$ 12,207,861 11,537,636	\$ 12,207,861 11,693,019	\$ -0- 155,383
The Northern Trust Company	Northern Trust Collective Government Short-Term Investment Fund: 222 purchases 171 sales	48,152,134	55,021,072			48,152,134 55,021,072	48,152,134 55,021,072	

There were no transactions reportable under categories i, ii, or iv.

APPENDIX

SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

(Form 5500, Schedule H, Line 4i)

For the Year Ended December 31, 2024

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GH0	FUT DEC 24 CBT UL T-BONDS	Free Delivery	-112.00		
		Free Receipt	112.00	-14,981,978.08	
C999599GH0	FUT DEC 24 CBT UL T-BONDS	Free Delivery	-112.00		
		Free Receipt	112.00	-14,981,978.08	
C999599GH0	FUT DEC 24 CBT UL T-NOTE	Free Delivery	-108.00		
		Free Receipt	108.00	-12,782,211.78	
C999599GH0	FUT DEC 24 CBT UL T-NOTE	Free Delivery	-108.00		
		Free Receipt	108.00	-12,782,211.78	
C999599GH0	FUT DEC 24 CBT 5Y T-NOTE	Free Delivery	-40.00		
		Free Receipt	40.00	-4,389,777.89	
C999599GH0	FUT DEC 24 CBT 5Y T-NOTE	Free Delivery	-40.00		
		Free Receipt	40.00	-4,389,777.89	
C999599GH0	FUT DEC 24 U.S. T-BONDS	Free Delivery	-167.00		
		Free Receipt	167.00	-20,801,254.50	
C999599GH0	FUT DEC 24 U.S. T-BONDS	Free Delivery	-167.00		
		Free Receipt	167.00	-20,801,254.50	
C999599GH0	FUT DEC 24 US 2YR T-NOTE	Free Delivery	-31.00		
		Free Receipt	31.00	-6,429,921.95	
C999599GH0	FUT DEC 24 US 2YR T-NOTE	Free Delivery	-31.00		
		Free Receipt	31.00	-6,429,921.95	
C999599GH0	FUT DEC 24 10 YR T-NOTES	Free Delivery	-28.00		
		Free Receipt	28.00	-3,197,391.33	
C999599GH0	FUT DEC 24 10 YR T-NOTES	Free Delivery	-28.00		
		Free Receipt	28.00	-3,197,391.33	
C999599GH0	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-127.00		

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Free Receipt	127.00	-16,067,351.22	
C999599GH0	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-127.00		
		Free Receipt	127.00	-16,067,351.22	
C999599GH0	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-114.00		
		Free Receipt	114.00	-12,971,898.60	
C999599GH0	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-114.00		
		Free Receipt	114.00	-12,971,898.60	
C999599GH0	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-45.00		
		Free Receipt	45.00	-4,804,106.36	
C999599GH0	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-45.00		
		Free Receipt	45.00	-4,804,106.36	
C999599GH0	FUT JUN 24 U.S. T-BONDS	Free Delivery	-176.00		
		Free Receipt	176.00	-20,866,513.00	
C999599GH0	FUT JUN 24 U.S. T-BONDS	Free Delivery	-176.00		
		Free Receipt	176.00	-20,866,513.00	
C999599GH0	FUT JUN 24 US 2YR T-NOTE	Free Delivery	-27.00		
		Free Receipt	27.00	-5,523,354.31	
C999599GH0	FUT JUN 24 US 2YR T-NOTE	Free Delivery	-27.00		
		Free Receipt	27.00	-5,523,354.31	
C999599GH0	FUT JUN 24 10 YR T-NOTES	Free Delivery	-46.00		
		Free Receipt	46.00	-5,042,157.05	
C999599GH0	FUT JUN 24 10 YR T-NOTES	Free Delivery	-46.00		
		Free Receipt	46.00	-5,042,157.05	
C999599GH0	FUT MAR 24 CBT UL T-BONDS	Free Delivery	-131.00		
		Free Receipt	7.00	-889,134.11	
C999599GH0	FUT MAR 24 CBT UL T-BONDS				

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Free Delivery	-7.00		
		Free Receipt	131.00	-15,996,430.95	
C999599GH0	FUT MAR 24 US 2YR T-NOTE				
		Free Delivery	-9.00		
		Free Receipt	31.00	-6,331,550.76	
C999599GH0	FUT MAR 24 US 2YR T-NOTE				
		Free Delivery	-31.00		
		Free Receipt	9.00	-1,848,445.31	
C999599GH0	FUT SEP 24 CBT UL T-BONDS				
		Free Delivery	-115.00		
		Free Receipt	115.00	-14,252,642.86	
C999599GH0	FUT SEP 24 CBT UL T-BONDS				
		Free Delivery	-115.00		
		Free Receipt	115.00	-14,252,642.86	
C999599GH0	FUT SEP 24 CBT ULT TNOTE				
		Free Delivery	-109.00		
		Free Receipt	109.00	-12,257,181.58	
C999599GH0	FUT SEP 24 CBT ULT TNOTE				
		Free Delivery	-109.00		
		Free Receipt	109.00	-12,257,181.58	
C999599GH0	FUT SEP 24 CBT 5Y T-NOTE				
		Free Delivery	-42.00		
		Free Receipt	42.00	-4,446,351.23	
C999599GH0	FUT SEP 24 CBT 5Y T-NOTE				
		Free Delivery	-42.00		
		Free Receipt	42.00	-4,446,351.23	
C999599GH0	FUT SEP 24 U.S. T-BONDS				
		Free Delivery	-168.00		
		Free Receipt	168.00	-19,654,887.30	
C999599GH0	FUT SEP 24 U.S. T-BONDS				
		Free Delivery	-168.00		
		Free Receipt	168.00	-19,654,887.30	
C999599GH0	FUT SEP 24 US 2YR T-NOTE				
		Free Delivery	-23.00		
		Free Receipt	23.00	-4,684,700.12	
C999599GH0	FUT SEP 24 US 2YR T-NOTE				
		Free Delivery	-23.00		
		Free Receipt	23.00	-4,684,700.12	

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GH0	FUT SEP 24 10 YR T-NOTES	Free Delivery	-39.00		
		Free Receipt	39.00	-4,249,438.89	
C999599GH0	FUT SEP 24 10 YR T-NOTES	Free Delivery	-39.00		
		Free Receipt	39.00	-4,249,438.89	

Schedule SB, Part V - Summary of Plan Provisions
Magna U.S. Consolidated Pension Plan
EIN 98-0095901 Plan No. 005

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan signed 12/21/2016 including amendments signed up to 4/26/2023

U.S. Magna

Plan eligibility

Service	Six months of service.
Class	Any employee of the employer excluding the following: <ul style="list-style-type: none">Bargaining unless bargaining agreement provides coverageLeased employeesAny individual not on employer's payrollSeasonal or temporary employees Plan participation is frozen effective 12/31/2004.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount	The product of (a) and (b) below:
(accrued benefit)	(a) An amount equal to 1.50% of average compensation (b) Accrual service on such date
	Accrued benefits are frozen effective 12/31/2004.

Early retirement benefit

Age	Attained age 55.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 4% for each year that the early retirement date precedes age 60.

Bridge benefit (early retirement benefit)

Eligibility	Active participant who retires prior to normal retirement date.
Form	Monthly annuity payable from early retirement to earlier of the date of death or the participant's normal retirement date. This is provided in addition to their early retirement benefit.
Amount	<p>The product of (a), (b), and (c) below:</p> <ul style="list-style-type: none"> (a) An amount equal to 12.00% of average compensation up to the social security taxable wage base for year in which benefit commences (b) Accrual service on such date (not to exceed 30 years) divided by 30 (c) Early retirement reduction <p>Bridge benefits are frozen effective 12/31/2004 with respect to compensation and service.</p>

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	<p>Employed participants: Accrued benefit on late retirement date</p> <p>Other participants: The actuarial equivalent of the accrued benefit that would have been paid on later of normal retirement date or date of termination.</p>

Termination benefit

Vesting percentage 5 year graded schedule as follows:

Years of vesting service	Vesting percentage
1	30%
2	40%
3	60%
4	80%
5	100%

Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Death benefit

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable immediately to spouse.
Amount	The amount paid to the surviving spouse is equal to one the following: If death occurs after age 60, then accrued benefit without reduction If death occurs after age 55, then accrued benefit reduced by early retirement factor If death occurs prior to age 55, then accrued benefit reduced by actuarial equivalence The spouse may delay commencement of the death benefit.

Lump sum death benefit (a nonvested benefit)

Eligibility	Qualified participant fully or partially vested in an accrued benefit.
Form	Lump sum
Amount	Present value of the accrued benefit at participant's age 65.

Definitions

Accrual service	Period of service expressed as whole years and fractional parts of a year, where a partial month is counted as a full month. Accrual service is frozen effective 12/31/2004.
Vesting service	One year of vesting service is earned for each plan year on or after date of hire during which the employee works 1,000 or more hours.
Average compensation	The greater of the following: The monthly average of pay received for the highest 3 consecutive compensation years out of all compensation years, or The monthly average of pay received for the last 36 consecutive months Average compensation is frozen effective 12/31/2004.

Optional forms of
benefit payments

The optional forms of benefit payments are:

- Monthly annuity payable for life.
- Monthly annuity payable for 5 or 10 years certain and life.
- Monthly annuity payable as a survivorship life annuity with survivorship percentages of 60 or 75.
- Single sum payment equal to the present value of the accrued benefit at participant's age 65.

The optional form conversion basis is 7.0% interest and the 1983 group annuity mortality table, unisex blended 60% male and 40% female for payments other than lump sums and survivorship options.

The optional form conversion basis is based on plan factors for survivorship options.

The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.

Donnelly Corporation

Plan eligibility

Service One year of service in which at least 1,000 hours worked.

Class Any employee of the employer excluding the following:
 Bargaining unless bargaining agreement provides coverage
 Leased employees
 Any individual who is not a U.S. citizen
 Any employee who is employed by the Mt. Sterling, Kentucky facility
 Plan participation is frozen effective 12/31/2004.

Normal retirement benefit

Age The older of age as of date 5 years after the 1st day of the plan year in which entry occurred or attained age based on the following:

Year of birth	Plan entry date prior to 07/01/1998	Plan entry date after 06/30/1998
Born 1937 and earlier ¹	62	65
Born between 1938 to 1954 ¹	63	66
Born 1955 and later	64	67

¹ The prior to 07/01/1998 normal retirement age applies if the employee was both a participant and at least age 50 on 06/30/1998.

Form Monthly annuity payable for life (optional forms may be elected in advance of retirement).

Amount (accrued benefit) The sum of (a) and (b) below:
 (a) An amount equal to 1.00% of average compensation multiplied by accrual service
 (b) An amount equal to 0.55% of average compensation in excess of covered compensation multiplied by accrual service (not to exceed 35 years)

Accrued benefits are frozen effective 12/31/2004.

Early retirement benefit

Age	Attained age 55.
Service	Completed 5 years of vesting service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced as follows: 0.6% for each month for first 24 months that early retirement date precedes normal retirement date, and 0.3% for each month for next 60 months that early retirement date precedes normal retirement date, and 0.425% for each month for the remaining months that early retirement date precedes normal retirement date

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on late retirement date or accrued benefit on normal retirement date actuarially increased to late retirement date. retirement age.

Termination benefit

Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 100% survivor annuity in effect, then died the next day.

Definitions

Accrual service	<p>One year of vesting service is earned for each plan year on or after date of entry during which the employee works 1,000 or more hours.</p> <p>Accrual service is frozen effective 12/31/2004.</p>
Vesting service	<p>One year of vesting service is earned for each plan year on or after date of hire during which the employee works 1,000 or more hours.</p>
Average compensation	<p>The greater of the following:</p> <ul style="list-style-type: none">The monthly average of pay received for the highest 5 consecutive compensation years out of latest 10 compensation years, orThe monthly average of pay received for the last 60 consecutive months <p>Average compensation is frozen effective 12/31/2004.</p>
Covered compensation	<p>The monthly average of the social security taxable wage bases in effect under section 230 of the Social Security Act for each year in the 35 year period ending with the year in which the employee attains social security retirement age.</p>
Optional forms of benefit payments	<p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none">Monthly annuity payable for life.Monthly annuity payable for 10 years certain and life.Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50 or 100. <p>The optional form conversion basis is 8.0% interest and the 1971 group annuity male mortality table with 2 year setback for participants and 4 year setback for contingent annuitants for payments other than lump sums.</p> <p>The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.</p>

New Process Gear (Part A)

Plan eligibility

Class Any employee of the employer who is represent by Local 624 and 2149 excluding leased employees.
Plan participation is frozen effective 09/30/2004.

Normal retirement benefit

Age Attained age 65.
Service 1 year of vesting service.
Form Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount The monthly benefit is the rate shown below multiplied by accrual service:

(accrued benefit)	Benefit class code	10/01/2007 thru 09/01/2008	10/01/2008 thru 09/01/2009	10/01/2009 thru 09/01/2010	10/01/2010 and after
	A	\$52.90	\$53.10	\$53.30	\$53.55
	B	\$53.15	\$53.35	\$53.55	\$53.80
	C	\$53.40	\$53.60	\$53.80	\$54.05
	D	\$53.65	\$53.85	\$54.05	\$54.30

Accrued benefits are frozen effective 09/14/2011.

Early retirement benefit

Age and service Active participants:
30 years of vesting service if younger than attained age 55, or
Attained age 60 and 10 years of vesting service, or
Attained age 55 where age plus vesting service is 85 or more
Participants who termed prior to meeting the above:
Attained age 60, or
Attained age 55 where age plus vesting service is 85 or more
Form Same as normal retirement benefit.

Schedule SB, Part V - Summary of Plan Provisions
Magna U.S. Consolidated Pension Plan
EIN 98-0095901 Plan No. 005

Amount Active participants whose accrued benefit on early retirement date reduced by the table below:

Age	Percentage	Age	Percentage
42	21.0%	53	48.9%
43	22.6%	54	53.2%
44	24.3%	55	57.9%
45	26.1%	56	63.5%
46	28.2%	57	69.4%
47	30.4%	58	75.2%
48	32.8%	59	80.8%
49	35.4%	60	86.7%
50	38.3%	61	93.3%
51	41.5%	62 and over	100.0%
52	45.0%		

Participants who termed prior to meeting early retirement under active requirements whose accrued benefit on early retirement date reduced by the table below:

Age	Percentage	Age	Percentage
55	42.5%	61	73.3%
56	46.4%	62	80.0%
57	50.6%	63	86.7%
58	55.4%	64	93.3%
59	60.7%	65	100.0%
60	66.7%		

Late retirement benefit

Age No maximum age.
Form Same as normal retirement benefit.
Amount Employed participants: Accrued benefit on late retirement date
Other participants: Accrued benefit required to begin on normal retirement date, otherwise the actuarial equivalent of the accrued benefit that would have been paid on later of normal retirement date or date of termination.

Termination benefit

Vesting percentage 100% after five years of vesting service.
Form Same as normal retirement benefit with income deferred until normal retirement date.
Amount Accrued benefit on date of termination multiplied by the vesting percentage.

Disability benefit

Eligibility	Participant becomes totally and permanently disabled at least 5 months and before age 65.
Service	10 years of vesting service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on date of disability plus a monthly temporary benefit of \$51.40 x accrual service (not to exceed 30 years). The temporary benefit is payable until age 62 and not paid if participant is entitled to receive social security benefits. Disability benefit must be entitled prior to 09/14/2011.

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day. If the participant was eligible for early retirement under the active requirements, then the benefit would be a qualified joint and 65% survivor annuity.

Definitions

Accrual service	One year of vesting service is earned for each plan year on or after date of entry during which the employee works 1,700 or more hours. Partial service is accrued 1 month for every 142 hours worked rounded to nearest month. Accrual service is frozen effective 09/14/2011.
Vesting service	One year of vesting service is earned for each plan year on or after date of hire during which the employee works 1,700 or more hours. Partial service is accrued 1 month for every 142 hours worked.
Benefit class code	The benefit class code is based on salary grade as follows:

Benefit class code	Salary grade
A	1 and 2
B	3
C	4
D	5 and over

Optional forms of
benefit payments

The optional forms of benefit payments are:

- Monthly annuity payable for life.
- Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 75, or 100.
- Monthly annuity payable as a survivorship life annuity with survivorship percentages of 65 with pop-up feature.

The optional form conversion basis is 6.0% interest and the 1994 UP male mortality table for participants and 1994 UP female mortality table for contingent annuitants for payments other than pop-up survivorship and lump sums.

The optional form conversion basis is based on plan factors for the pop-up survivorship option.

The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.

New Process Gear (Part B)

Plan eligibility

Age	Attained age 21.
Service	One year of service in which at least 1,000 hours worked. The service requirement does not need to be met if participant has attained age 35.
Class	Any employee of the employer who is a salaried employee and a participant in the collective bargaining unit represented by UAW New Process Gear Local 2149 excluding the following: <ul style="list-style-type: none">Leased employeesAny individual who is not a U.S. citizenSupplemental workforce employees Plan participation is frozen effective 09/30/2004.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for ten years certain and life thereafter (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	The sum of (a) and (b) below: <ul style="list-style-type: none">(a) Contributory retirement benefit of 5% of total contributions(b) Final average salary benefit is equal to sum of i and ii, reduced by iii below:<ul style="list-style-type: none">i. 0.1875% of average compensation multiplied by accrual service (not to exceed 20 years)ii. 0.16667% of average compensation multiplied by accrual service (in excess of 20 years, but not to exceed 28.5 years)iii. Deductions The deductions in the final average salary benefit are as follows: <ul style="list-style-type: none">50% of primary social security benefit multiplied by a fraction where numerator is accrual service after 09/30/2004 and denominator is the sum of vesting service100% of foreign social security benefitWorker's compensation payments and public benefits for total and permanent disability (other than social security disability)Benefits under any other pension plan the employer contributes to Accrued benefits are frozen effective 09/14/2011.

Early retirement benefit

Age and service	All participants: Attained age 55 and 10 years of vesting service, or Attained age 55 (but not yet age 60) where age plus vesting service is 85 or more
Form	Same as normal retirement benefit.
Amount	All participants whose accrued benefit on early retirement date reduced by the table below:

Age	Percentage
55	57.9%
56	63.5%
57	69.4%
58	75.2%
59	80.8%
60	86.7%
61	93.3%
62 and over	100.0%

Actuarial equivalent is used for ages prior to attained age 55 which is based on 1975 group annuity male mortality table blended 70% male and 30% female.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Employed participants: Accrued benefit on late retirement date Other participants: Accrued benefit required to begin on normal retirement date, otherwise the actuarial equivalent of the accrued benefit that would have been paid on later of normal retirement date or date of termination.

Termination benefit

Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Death benefit

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Lump sum death benefit (a nonvested benefit)

Eligibility	Qualified participant fully or partially vested in an accrued benefit.
Form	Lump sum
Amount	The sum of (a) and (b) below: <ul style="list-style-type: none">(a) 100 multiplied by contributory retirement benefit (based on contributions made after age 35)(b) The value of 120 months of final average salary benefit if the participant would have received and elected normal form on date of death

Definitions

Accrual service	<p>One year of vesting service is earned for each plan year on or after date of entry during which the employee works 1,700 or more hours. Partial service is accrued 1 month for every 142 hours worked rounded to nearest month.</p> <p>Accrual service is frozen effective 09/14/2011.</p>
Vesting service	<p>One year of vesting service is earned for each plan year on or after date of hire during which the employee works 1,700 or more hours. Partial service is accrued 1 month for every 142 hours worked.</p>
Average compensation	<p>The monthly average of pay received for the highest 60 consecutive months out of the latest 180 months.</p> <p>Average compensation is frozen effective 09/14/2011.</p>
Participant's contribution account	<p>Participant's contributions accumulated to date of determination with interest. Contributions were required at 2.5% in excess of contribution base salary.</p> <p>Required contributions ceased on 09/14/2011.</p>
Optional forms of benefit payments	<p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none">• Monthly annuity payable for life.• Monthly annuity payable as a survivorship life annuity with survivorship percentages of 60.• Monthly annuity payable as a ten year certain and life annuity thereafter with survivorship percentages of 60 and 75 with pop-up feature. <p>The optional form conversion basis is 9.0% interest and the 1983 group annuity mortality table blended 80% male and 20% female with 4 year set forward for participants and 2 year setback for contingent annuitants for payments other than pop-up survivorship and lump sums.</p> <p>The optional form conversion basis is based on plan factors for the 60% with ten year certain pop-up survivorship option.</p> <p>The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments and 75% with ten year certain pop-up survivorship option. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.</p>

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

MAGNA U.S. CONSOLIDATED PENSION PLAN
(Federal Employer Identification Number: 98-0095901; Plan Number: 005)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Form 5500, Schedule H, Item 4i)

December 31, 2024

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	U.S. Government Securities:			
	U.S. Treasury bonds	Interest rate 4.25 percent, maturity date May 15, 2039	\$ 1,734,484	\$ 1,234,137
	U.S. Treasury bonds	Interest rate 1.625 percent, maturity date November 15, 2050	1,486,015	982,080
	U.S. Treasury bonds	Interest rate 4.75 percent, maturity date February 15, 2041	<u>1,163,640</u>	<u>896,660</u>
			<u>4,384,139</u>	<u>3,112,877</u>
	Registered Investment Companies:			
*	Goldman Sachs Core Fixed Income Fund, Class R6	Less than 1 share	4	4
*	Goldman Sachs Multi-Manager Non-Core Fixed Income Fund	617,152 shares	5,494,424	4,610,129
*	Goldman Sachs Multi-Manager Real Assets Strategy Fund	161,181 shares	<u>1,528,666</u>	<u>1,548,947</u>
			<u>7,023,094</u>	<u>6,159,080</u>
	Cash and Cash Equivalents:			
*	The Northern Trust Company	Cash	<u>5,342,306</u>	<u>5,342,306</u>
	Credit Default Swaps:			
	CDX BOFAGB2U, maturity date June 20, 2027	22,000,000 units	<u>235,001</u>	<u>394,563</u>
	Commingled Funds:			
*	State Street S&P 500 Flagship Non-Lending Fund	7,569 units	5,743,753	12,072,712
*	State Street MSCI EAFE 100 Percent Hedged Index Non-Lending Fund	315,597 units	4,453,307	7,029,597
*	State Street MSCI Emerging Markets Index Non-Lending Common Fund	56,536 units	1,698,051	1,853,882
*	State Street Russell 2000 Index Non-Lending Fund	10,505 units	1,231,141	1,794,949
*	State Street MSCI EAFE Small Cap Index Non-Lending Fund	56,810 units	953,602	1,135,411

MAGNA U.S. CONSOLIDATED PENSION PLAN
(Federal Employer Identification Number: 98-0095901; Plan Number: 005)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
(Form 5500, Schedule H, Item 4i)

December 31, 2024

Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value)	Cost	Current Value
	Commingled Funds			
	(continued):			
*	Goldman Sachs Long Duration Credit Fund	3,317,334 units	\$ 42,750,091	\$ 48,532,595
*	Goldman Sachs Intermediate Duration Credit Fund	3,601,579 units	38,935,007	39,905,490
	Voya Private Credit Trust Fund	7,300,000 units	<u>7,300,000</u>	<u>8,297,242</u>
			<u>103,064,952</u>	<u>120,621,878</u>
	Pooled Separate Accounts:			
	The Prudential Private Placement Debt Separate Account	191 units	7,238,091	7,772,879
*	Principal Liquid Assets Separate Account Z	40,126 units	<u>2,583,901</u>	<u>2,615,926</u>
			<u>9,821,992</u>	<u>10,388,805</u>
	Short-Term Investment Fund:			
*	Northern Trust Collective Government Short-Term Investment Fund	4,921,495 units	<u>4,921,495</u>	<u>4,921,495</u>
			<u>\$ 134,792,979</u>	<u>\$ 150,941,004</u>

* – Represents party-in-interest

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024
	This Form is Open to Public Inspection	

Name of Plan	MAGNA U.S. CONSOLIDATED PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	98-0095901	PN	005

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	15	0	0
45 to 49	1	0	0	18	0	0
50 to 54	2	0	0	22	0	0
55 to 59	3	0	0	20	0	0
60 to 64	2	0	0	32	0	0
65 to 69	1	0	0	6	0	0
70 & Up	0	0	0	0	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	4	0	0	0	0	0
45 to 49	34	0	0	0	0	0
50 to 54	24	0	0	13	0	0
55 to 59	36	0	0	17	0	0
60 to 64	25	0	0	9	0	0
65 to 69	1	0	0	2	0	0
70 & Up	0	0	0	0	0	0

Name of Plan	MAGNA U.S. CONSOLIDATED PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	98-0095901	PN	005

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	9	0	0	0	0	0
55 to 59	29	0	0	7	0	0
60 to 64	34	0	0	22	0	0
65 to 69	3	0	0	3	0	0
70 & Up	1	0	0	0	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	1	0	0	0	0	0

Name of Plan	MAGNA U.S. CONSOLIDATED PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	98-0095901	PN	005

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0

Assumptions prescribed by law

Mortality	<p>Before benefit payment period</p> <p>IRS Prescribed Mortality - Generational Non-annuitant, male and female.</p> <p>During benefit payment period</p> <p>IRS Prescribed Mortality - Generational Annuitant, male and female.</p>
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Assumptions selected by actuary

Inflation	<p>2.40% increase per year.</p> <p>Our long-term inflation assumption considered the current economic environment, recent and historical data, and forecasts from Federal Reserve Bank FOMC, Congressional Budget Office, and Survey of Professional Forecasters. See Long-Term Capital Market Assumptions link.</p>																								
Asset return	<p>5.00% for the current plan year.</p> <p>The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.</p>																								
Expected expense	<p>The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.</p>																								
Retirement	<p>Active participants are assumed to retire at the following rates:</p> <table border="1" data-bbox="597 1165 1177 1438"> <thead> <tr> <th>Age</th> <th>Probability of retirement</th> <th>Age</th> <th>Probability of retirement</th> </tr> </thead> <tbody> <tr> <td>58</td> <td>5%</td> <td>63</td> <td>15%</td> </tr> <tr> <td>59</td> <td>5%</td> <td>64</td> <td>15%</td> </tr> <tr> <td>60</td> <td>5%</td> <td>65</td> <td>25%</td> </tr> <tr> <td>61</td> <td>10%</td> <td>66</td> <td>35%</td> </tr> <tr> <td>62</td> <td>15%</td> <td>67</td> <td>100%</td> </tr> </tbody> </table> <p>Inactive participants are assumed to retire at normal retirement age.</p> <p>This assumption is based on the results of recent experience analysis and anticipated future experience.</p>	Age	Probability of retirement	Age	Probability of retirement	58	5%	63	15%	59	5%	64	15%	60	5%	65	25%	61	10%	66	35%	62	15%	67	100%
Age	Probability of retirement	Age	Probability of retirement																						
58	5%	63	15%																						
59	5%	64	15%																						
60	5%	65	25%																						
61	10%	66	35%																						
62	15%	67	100%																						
Disability	<p>None. This plan does not offer a subsidized disability benefit therefore the disability assumption is built into the withdrawal assumption.</p>																								
Marriage	<p>75% married; husbands are 3 years older than wives.</p> <p>This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.</p>																								

Withdrawal	<p>2003 Society of Actuaries Small Plan Age Table, multiplied by 0.75.</p> <p>We rely on a publicly published table due to the limited size of the plan. The SOA Small Plan Age Table is the most recent withdrawal experience table published by the Society of Actuaries. A multiplier of 0.75 is applied to this table to reflect the results of the most recent experience analysis and anticipated future experience.</p>
Form of benefit and basis	<p>U.S. Magna International participants:</p> <p>80% of participants will elect a benefit paid in a lump sum at the assumed retirement ages. The remaining participants will elect a monthly annuity on the normal form at the assumed retirement age.</p> <p>Active participants who terminate before the earliest assumed retirement age are assumed to receive a single sum paid immediately.</p> <p>The single sum benefit is based on the Applicable Mortality and the plan's funding target interest rates, as prescribed.</p> <p>Donnelly and New Process Gear participants:</p> <p>Participants are assumed to receive their benefits on the normal form at the assumed retirement ages.</p> <p>This assumption is based on the results of recent experience analysis and anticipated future experience.</p>
Methods prescribed by law	
Liability measure	<p>Funding target is the present value of the benefits accrued on the valuation date. Included in Funding Target is the value of any missed required minimum distributions (defined in IRC §401(a)(9) and Treasury Regulation §1.401(a)(9)) and missed payments for participants required to start at normal retirement date, equal to back payments with interest at 8.00%.</p> <p>Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.</p>
Lump sum payments	<p>Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.</p>

Methods selected by plan sponsor

Asset method The asset valuation method is prescribed by law for plans that elect to use a value other than market value.

For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.

The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.

When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.

Segment rates 24-month average with no weighting to prior law basis. Use rates where August is the last month included in the average.

PBGC premium basis Variable rate premiums are calculated using census, market value of assets and the one-month average of corporate bond rates in effect on the valuation date. You elected this Standard interest method for the 01/01/2017 plan year and the method must be used for five years before a change can be made.

Segment 1 years 0-5	Segment 2 years 5-20	Segment 3 years 20+
5.01%	5.13%	5.15%

Methods elected by actuary

Retirees Assets and liabilities for current and future retirees are included.

Vested benefits A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.

The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality

Based on Pri-2012 Blue collar base rate mortality table projected generationally using MP-2021.

Mortality base rates

Before benefit payment period

Employee amount-weighted, male and female

During benefit payment period

Retirees and disabled retirees - Retiree amount-weighted, male and female

Contingent survivors - Contingent survivor amount-weighted, male and female after the original participant's death. Participants in pay status who cannot be identified as survivors use the same table as retirees.

The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Blue collar base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4, provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 2" is reasonable for this plan.

Mortality improvement

MP-2021 is the most recent improvement scale published by the SOA in October 2021.

In selecting this assumption, we considered the other parameters available in the MIM-2021-v4 application tool issued by the SOA in October 2023 and consider the selections in MP-2021 reasonable.

Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

Interest rate used to value liabilities

4.75%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception - contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Basis for lump sums

Interest rate

Based on the three segment yield curve: 3.55%/3.95%/4.95%

The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 3.55%/3.95%/4.95%. For details, see Corporate AA yield in Table 3 of Long-Term Capital Market Assumptions link.

Mortality

We have selected the same mortality assumption for lump sum payments, but with a 50/50 blend of male and female total dataset base rates and mortality improvement scales. This reflects the IRS practice of defining lump sum mortality on a unisex basis.

Schedule SB, Line 32 - Schedule of Amortization Bases
Magna U.S. Consolidated Pension Plan
EIN 98-0095901 Plan No. 005

[Details of shortfall charges](#)

The historical information used to determine the total shortfall charge.

Date created	Present value	Remaining years	Shortfall charge
01/01/2024	\$(4,846,631)	15	\$(440,948)
01/01/2023	30,541,850	14	2,914,999
Total	\$25,695,219		\$2,474,051

Last year's total shortfall annual charge was \$2,914,999.

The total annual charge used in calculating your annual cost can't be less than zero.

Schedule SB, Line 2a - Explanation of Assets
Magna U.S. Consolidated Pension Plan
EIN 98-0095901 Plan No. 005

Line 2a includes \$159,944,009 in assets held by Northern Trust Company.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
Magna U.S. Consolidated Pension Plan
EIN 98-0095901 Plan No. 005

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) * (3)	(5) Weighted Age (1) * (4)
58	186.2498	0.0500	9.3125	540.1244
59	198.4684	0.0500	9.9234	585.4818
60	219.9980	0.0500	10.9999	659.9941
61	236.3298	0.1000	23.6330	1,441.6120
62	247.9187	0.1500	37.1878	2,305.6440
63	233.8415	0.1500	35.0762	2,209.8020
64	213.8596	0.1500	32.0789	2,053.0522
65	189.8850	0.2500	47.4712	3,085.6311
66	147.5621	0.3500	51.6467	3,408.6844
67	96.1935	1.0000	96.1935	6,444.9661
68	1.0000	1.0000	1.0000	68.0000
69	1.0000	1.0000	1.0000	69.0000
70	4.0000	1.0000	4.0000	280.0000
71	0.0000	1.0000	0.0000	0.0000
72	1.0000	1.0000	1.0000	72.0000
Total			360.5233	23,223.9919
Average				64.42

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected
Benefit Payments**2024****This Form is Open to**
Public Inspection

Name of Plan	MAGNA U.S. CONSOLIDATED PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	98-0095901	PN	005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	266279	592378	10026223	10884880
2025	405773	561588	9822080	10789441
2026	550431	727524	9607583	10885538
2027	685213	937462	9369674	10992349
2028	811241	1275408	9114294	11200943
2029	947177	1587617	8836412	11371206
2030	1045017	1929473	8538339	11512829
2031	1129437	2245077	8226334	11600848
2032	1185231	2542737	7894725	11622693
2033	1228212	2792605	7546592	11567409
2034	1270251	3018684	7185247	11474182
2035	1293216	3208966	6815817	11317999
2036	1310870	3309086	6437471	11057427
2037	1322015	3423476	6052796	10798287
2038	1322981	3488346	5664421	10475748
2039	1312138	3514812	5274967	10101917
2040	1298088	3512505	4886994	9697587
2041	1275297	3484449	4502976	9262722
2042	1254619	3446794	4125297	8826710
2043	1224122	3393011	3756251	8373384
2044	1189141	3341682	3398041	7928864
2045	1148152	3260530	3052772	7461454
2046	1100662	3152165	2722464	6975291
2047	1053296	3029040	2409005	6491341
2048	999687	2891897	2114123	6005707

Name of Plan	MAGNA U.S. CONSOLIDATED PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	98-0095901	PN	005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	945089	2742894	1839330	5527313
2050	886249	2587300	1585820	5059369
2051	826738	2427289	1354430	4608457
2052	766079	2263925	1145600	4175604
2053	705233	2098477	959351	3763061
2054	644773	1932396	795263	3372432
2055	585298	1767269	652515	3005082
2056	527415	1604747	529926	2662088
2057	471689	1446477	426020	2344186
2058	418627	1294026	339112	2051765
2059	368661	1148800	267381	1784842
2060	322121	1011991	208947	1543059
2061	279247	884540	161959	1325746
2062	240172	767099	124648	1131919
2063	204929	660032	95384	960345
2064	173468	563444	72700	809612
2065	145661	477190	55310	678161
2066	121320	400906	42110	564336
2067	100213	334067	32179	466459
2068	82078	276026	24761	382865
2069	66637	226065	19246	311948
2070	53611	183443	15152	252206
2071	42721	147412	12104	202237
2072	33705	117235	9818	160758
2073	26313	92210	8078	126601

APPENDIX

SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

(Form 5500, Schedule H, Line 4i)

For the Year Ended December 31, 2024

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GH0	FUT DEC 24 CBT UL T-BONDS	Free Delivery	-112.00		
		Free Receipt	112.00	-14,981,978.08	
C999599GH0	FUT DEC 24 CBT UL T-BONDS	Free Delivery	-112.00		
		Free Receipt	112.00	-14,981,978.08	
C999599GH0	FUT DEC 24 CBT ULT TNOTE	Free Delivery	-108.00		
		Free Receipt	108.00	-12,782,211.78	
C999599GH0	FUT DEC 24 CBT ULT TNOTE	Free Delivery	-108.00		
		Free Receipt	108.00	-12,782,211.78	
C999599GH0	FUT DEC 24 CBT 5Y T-NOTE	Free Delivery	-40.00		
		Free Receipt	40.00	-4,389,777.89	
C999599GH0	FUT DEC 24 CBT 5Y T-NOTE	Free Delivery	-40.00		
		Free Receipt	40.00	-4,389,777.89	
C999599GH0	FUT DEC 24 U.S. T-BONDS	Free Delivery	-167.00		
		Free Receipt	167.00	-20,801,254.50	
C999599GH0	FUT DEC 24 U.S. T-BONDS	Free Delivery	-167.00		
		Free Receipt	167.00	-20,801,254.50	
C999599GH0	FUT DEC 24 US 2YR T-NOTE	Free Delivery	-31.00		
		Free Receipt	31.00	-6,429,921.95	
C999599GH0	FUT DEC 24 US 2YR T-NOTE	Free Delivery	-31.00		
		Free Receipt	31.00	-6,429,921.95	
C999599GH0	FUT DEC 24 10 YR T-NOTES	Free Delivery	-28.00		
		Free Receipt	28.00	-3,197,391.33	
C999599GH0	FUT DEC 24 10 YR T-NOTES	Free Delivery	-28.00		
		Free Receipt	28.00	-3,197,391.33	
C999599GH0	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-127.00		

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Free Receipt	127.00	-16,067,351.22	
C999599GH0	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-127.00		
		Free Receipt	127.00	-16,067,351.22	
C999599GH0	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-114.00		
		Free Receipt	114.00	-12,971,898.60	
C999599GH0	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-114.00		
		Free Receipt	114.00	-12,971,898.60	
C999599GH0	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-45.00		
		Free Receipt	45.00	-4,804,106.36	
C999599GH0	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-45.00		
		Free Receipt	45.00	-4,804,106.36	
C999599GH0	FUT JUN 24 U.S. T-BONDS	Free Delivery	-176.00		
		Free Receipt	176.00	-20,866,513.00	
C999599GH0	FUT JUN 24 U.S. T-BONDS	Free Delivery	-176.00		
		Free Receipt	176.00	-20,866,513.00	
C999599GH0	FUT JUN 24 US 2YR T-NOTE	Free Delivery	-27.00		
		Free Receipt	27.00	-5,523,354.31	
C999599GH0	FUT JUN 24 US 2YR T-NOTE	Free Delivery	-27.00		
		Free Receipt	27.00	-5,523,354.31	
C999599GH0	FUT JUN 24 10 YR T-NOTES	Free Delivery	-46.00		
		Free Receipt	46.00	-5,042,157.05	
C999599GH0	FUT JUN 24 10 YR T-NOTES	Free Delivery	-46.00		
		Free Receipt	46.00	-5,042,157.05	
C999599GH0	FUT MAR 24 CBT UL T-BONDS	Free Delivery	-131.00		
		Free Receipt	7.00	-889,134.11	
C999599GH0	FUT MAR 24 CBT UL T-BONDS				

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Free Delivery	-7.00		
		Free Receipt	131.00	-15,996,430.95	
C999599GH0	FUT MAR 24 US 2YR T-NOTE				
		Free Delivery	-9.00		
		Free Receipt	31.00	-6,331,550.76	
C999599GH0	FUT MAR 24 US 2YR T-NOTE				
		Free Delivery	-31.00		
		Free Receipt	9.00	-1,848,445.31	
C999599GH0	FUT SEP 24 CBT UL T-BONDS				
		Free Delivery	-115.00		
		Free Receipt	115.00	-14,252,642.86	
C999599GH0	FUT SEP 24 CBT UL T-BONDS				
		Free Delivery	-115.00		
		Free Receipt	115.00	-14,252,642.86	
C999599GH0	FUT SEP 24 CBT ULT TNOTE				
		Free Delivery	-109.00		
		Free Receipt	109.00	-12,257,181.58	
C999599GH0	FUT SEP 24 CBT ULT TNOTE				
		Free Delivery	-109.00		
		Free Receipt	109.00	-12,257,181.58	
C999599GH0	FUT SEP 24 CBT 5Y T-NOTE				
		Free Delivery	-42.00		
		Free Receipt	42.00	-4,446,351.23	
C999599GH0	FUT SEP 24 CBT 5Y T-NOTE				
		Free Delivery	-42.00		
		Free Receipt	42.00	-4,446,351.23	
C999599GH0	FUT SEP 24 U.S. T-BONDS				
		Free Delivery	-168.00		
		Free Receipt	168.00	-19,654,887.30	
C999599GH0	FUT SEP 24 U.S. T-BONDS				
		Free Delivery	-168.00		
		Free Receipt	168.00	-19,654,887.30	
C999599GH0	FUT SEP 24 US 2YR T-NOTE				
		Free Delivery	-23.00		
		Free Receipt	23.00	-4,684,700.12	
C999599GH0	FUT SEP 24 US 2YR T-NOTE				
		Free Delivery	-23.00		
		Free Receipt	23.00	-4,684,700.12	

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GH0	FUT SEP 24 10 YR T-NOTES	Free Delivery	-39.00		
		Free Receipt	39.00	-4,249,438.89	
C999599GH0	FUT SEP 24 10 YR T-NOTES	Free Delivery	-39.00		
		Free Receipt	39.00	-4,249,438.89	

MAGNA U.S. CONSOLIDATED PENSION PLAN
(Federal Employer Identification Number: 98-0095901; Plan Number: 005)

SCHEDULE OF REPORTABLE TRANSACTIONS
(Form 5500, Schedule H, Item 4j)

For the Year Ended December 31, 2024

<u>Identity of Party Involved</u>	<u>Description of Asset (Including Interest Rate and Maturity in Case of a Loan)</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
<u>Category iii — A Series of Transactions Involving Securities of the Same Issue Which, When Aggregated, Involve an Amount in Excess of Five Percent of the Current Value of Plan Assets</u>								
Principal Life Insurance Company	Principal Liquid Assets Separate Account Z: 67 purchases 135 sales	\$ 12,207,861	\$ -0- 11,693,019	\$ -0-	\$ -0-	\$ 12,207,861 11,537,636	\$ 12,207,861 11,693,019	\$ -0- 155,383
The Northern Trust Company	Northern Trust Collective Government Short-Term Investment Fund: 222 purchases 171 sales	48,152,134	55,021,072			48,152,134 55,021,072	48,152,134 55,021,072	

There were no transactions reportable under categories i, ii, or iv.

**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.


A Name of plan <u>MAGNA U.S. CONSOLIDATED PENSION PLAN</u>		B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Magna International of America, Inc.</u>		D Employer Identification Number (EIN) <u>98-0095901</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	<u>161893826</u>	
b Actuarial value	2b	<u>177200907</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>2111</u>	<u>106164270</u>	<u>106164270</u>
b For terminated vested participants	<u>1404</u>	<u>37669440</u>	<u>37669440</u>
c For active participants	<u>396</u>	<u>15948590</u>	<u>15949370</u>
d Total	<u>3911</u>	<u>159782300</u>	<u>159783080</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.09 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>1498000</u>	
c Target normal cost	6c	<u>1498000</u>	

Statement by Enrolled Actuary

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

SIGN HERE		<u>08/06/2025</u>
	Signature of actuary	Date
<u>David A. Stockias</u>	Type or print name of actuary	<u>2305460</u>
		Most recent enrollment number
<u>Principal Financial Group</u>	Firm name	<u>412-394-9380</u>
		Telephone number (including area code)
<u>PO Box 9394 Des Moines, IA 50306-9394</u>	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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	43550288
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4614999
9	Amount remaining (line 7 minus line 8)	0	38935289
10	Interest on line 9 using prior year's actual return of <u>10.73</u> %	0	4177757
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	43113046

Part III	Funding Percentages		
14	Funding target attainment percentage	14	83.91 %
15	Adjusted funding target attainment percentage	15	110.62 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.37 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls		
18	Contributions made to the plan for the plan year by employer(s) and employees:		
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	Totals ▶	18(b)	18(c)

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1498000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	25695219	2474051	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	3972051	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4466240	4466240
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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