

<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 style="text-align: center;">▶ 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="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

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>CSP PENSION PLAN FOR HOURLY EMPLOYEES - CAREY</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</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>CSP INNOVATIONS OHIO PAYROLL CO., LLC.</u></p> <p><u>255 REX BOULEVARD</u> <u>AUBURN HILLS, MI 48326</u></p>	<p>1c Effective date of plan <u>01/07/1978</u></p> <p>2b Employer Identification Number (EIN) <u>04-3828336</u></p> <p>2c Plan Sponsor's telephone number <u>248-823-5654</u></p> <p>2d Business code (see instructions) <u>332110</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.	10/13/2025	JULIE BROOKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JULIE BROOKS
	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:		4b EIN 04-3828336	
a Sponsor's name TEIJIN AUTOMOTIVE TECHNOLOGIES		4d PN 003	
c Plan Name CSP PENSION PLAN FOR HOURLY EMPLOYEES - CAREY			
5 Total number of participants at the beginning of the plan year	5	507	
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	6a(1)	78	
a(2) Total number of active participants at the end of the plan year	6a(2)	68	
b Retired or separated participants receiving benefits	6b	237	
c Other retired or separated participants entitled to future benefits	6c	158	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	463	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	37	
f Total. Add lines 6d and 6e	6f	500	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 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 type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(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
(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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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 _____

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
---	--	--

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>CSP PENSION PLAN FOR HOURLY EMPLOYEES - CAREY</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CSP INNOVATIONS OHIO PAYROLL CO., LLC.</u>	D Employer Identification Number (EIN) <u>04-3828336</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>26894723</u>
	b Actuarial value	2b	<u>27853561</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>263</u>	<u>14629058</u>
	b For terminated vested participants	<u>166</u>	<u>5016292</u>
	c For active participants	<u>78</u>	<u>4168442</u>
	d Total	<u>507</u>	<u>23813792</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>5.06 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>0</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>10/10/2025</u>	Date
	<u>NATHAN HOELLMAN</u>	<u>23-08906</u>	Most recent enrollment number
	<u>ACRISURE</u>	<u>412-394-9330</u>	Telephone number (including area code)
	<u>FOUR GATEWAY CENTER, SUITE 605 444 LIBERTY AVENUE PITTSBURGH, PA 15222-1222</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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>14.46</u> %	0	0
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>5.20</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		
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	116.05 %
15	Adjusted funding target attainment percentage	15	116.05 %
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	108.93 %
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)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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		

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 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate 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..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes 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..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes 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	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
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. 2019 2020 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.
--	--	---

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

A Name of plan CSP PENSION PLAN FOR HOURLY EMPLOYEES - CAREY	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CSP INNOVATIONS OHIO PAYROLL CO., LLC.	D Employer Identification Number (EIN) 04-3828336	

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

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

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

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

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

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

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

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

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

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

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

(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)

FIFTH THIRD BANK RETIREMENT SERVICE

31-1051736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28	NONE	136854	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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"/>

(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 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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CSP PENSION PLAN FOR HOURLY EMPLOYEES - CAREY	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CSP INNOVATIONS OHIO PAYROLL CO., LLC.	D Employer Identification Number (EIN) 04-3828336

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3	4
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	42744	39868
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	386673	394952
(2) U.S. Government securities	1c(2)	1422049	2522255
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	741534	745545
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6272039	3754708
(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)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16730404	20699008
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1299277	315293

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	26894723	28471633
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26894723	28471633

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	22896	
(B) U.S. Government securities.....	2b(1)(B)	60123	
(C) Corporate debt instruments.....	2b(1)(C)	35240	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	15620	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		133879
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	79732	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		79732
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10308924	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10223458	
(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)	165607	
(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)		
(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)		2587520
c Other income	2c		37491
d Total income. Add all income amounts in column (b) and enter total	2d		3089695

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1379747	
(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)		1379747
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)		
(5) Investment advisory and investment management fees	2i(5)	-3816	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	136854	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		133038
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1512785

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1576910
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CUSMANO & CO., P.C.**

(2) EIN: **38-2227768**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554538.

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.
--	---	---

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

A Name of plan <u>CSP PENSION PLAN FOR HOURLY EMPLOYEES - CAREY</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CSP INNOVATIONS OHIO PAYROLL CO., LLC.</u>	D Employer Identification Number (EIN) <u>04-3828336</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		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-1051736

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		0
---	--	---

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

**THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO**

**FINANCIAL STATEMENTS
AND SCHEDULES
DECEMBER 31, 2024 AND 2023
AND YEAR ENDED DECEMBER 31, 2024
WITH
INDEPENDENT AUDITOR'S REPORT**

C O N T E N T S

INDEPENDENT AUDITOR'S REPORT	1 - 4
FINANCIAL STATEMENTS:	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7 - 14
SUPPLEMENTAL SCHEDULES :	
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	15 - 19
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS	20



CERTIFIED PUBLIC ACCOUNTANTS /
BUSINESS ADVISORS
3001 W. BIG BEAVER ROAD
SUITE 402
TROY, MICHIGAN 48084-3105

TEL 248.649.1166
FAX 248.649.0487
www.cusmanoandcompany.com

CUSMANO & CO., P.C.

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator
The CSP Pension Plan
for Hourly Rated Employees,
Carey, Ohio
Auburn Hills, Michigan

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

We have performed audits of the accompanying financial statements of the CSP Pension Plan for Hourly Rated Employees, Carey, Ohio (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note C 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 referred to above, 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.
- the information in the financial statements referred to above 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. 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

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

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

CUSMANO & CO., P.C.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from

CUSMANO & CO., P.C.

the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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, is presented in conformity with the Department of Labor'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 Department of Labor'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).

Cusmano & Co., P.C.

Cusmano & Co., P.C.
Troy, Michigan

October 7, 2025

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31</u>	
	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments at fair value	\$ 28,431,762	\$ 26,851,976
Accrued interest and dividends receivable	39,867	42,744
Cash	4	3
	<hr/>	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 28,471,633</u>	<u>\$ 26,894,723</u>

The accompanying notes are an integral part of these financial statements.

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2024

<u>ADDITIONS:</u>	
Investment income (loss):	
Interest	\$ 133,879
Dividends	79,732
Net appreciation (depreciation) in fair value of investments	<u>2,876,084</u>
	3,089,695
Less investment expenses	<u>133,038</u>
Total additions	2,956,657
<u>DEDUCTIONS:</u>	
Benefits paid to participants	<u>1,379,747</u>
Total deductions	<u>1,379,747</u>
Net increase (decrease)	1,576,910
Net assets available for benefits:	
Beginning of the year	<u>26,894,723</u>
End of the year	<u><u>\$ 28,471,633</u></u>

The accompanying notes are an integral part of these financial statements.

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of Plan

The following description of the CSP Pension Plan for Hourly Rated Employees, Carey, Ohio (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan sponsored by Teijin Automotive Technologies, Inc. (Company). All full-time employees of the Carey, Ohio plant, who are compensated on an hourly rate basis and covered under the collective bargaining agreement, are eligible to participate in the plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective January 2011, no participants shall accrue benefits under the plan.

Funding Policy

The Company's funding policy is to make annual contributions to the Plan as determined by the Plan's independent actuary. No employee contributions are permitted. The Company's contributions for 2024 and 2023 comply with the minimum funding requirements of ERISA.

Pension Benefits

Eligible participants' accrued benefits vest following attainment of 5 years of vesting service. Normal retirement is permitted at the latter of age 65 or 5 years of continuous service. Early retirement is available for participants who have terminated employment with the Company and have attained age 60 with 10 years of credited service. Monthly benefits are based on years of credited service and the base wage-class applicable to the participant. The Plan also contains provisions for disability, deferred vesting, and surviving spouse benefits.

NOTE B - Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of the accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by its investment advisor and custodian. See Note D for discussion of fair value measurements.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Investment and Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan and investment management expenses charged by the trustee are paid by the Plan and are recorded as deduction in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 7, 2025, the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

NOTE C - Information Certified by the Trustee

Certain information related to the Plan's investments included in the financial statements and ERISA-required supplemental schedules, including investments held and the related accrued investment income on investments held at December 31, 2024 and 2023, the associated investment income (loss) for the year ended December 31, 2024, and transactions on the schedule of reportable transactions for the year ended December 31, 2024 was obtained by management and agreed to or derived from information certified as complete and accurate by Fifth Third Bank, the trustee of the Plan. This information has not been audited by the independent accountants.

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Registered investment funds: Valued at the daily closing price as reported by the fund. Registered investment funds 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 and to transact at that price. The registered investment funds held by the plan are deemed to be actively traded.

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
NOTES TO FINANCIAL STATEMENTS

NOTE D - Fair Value Measurements (continued)

Corporate stocks: Valued at the closing price reported on the active market on which the security is traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Certificates of deposit: Generally valued at original cost plus accrued interest, which approximates fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

	<u>Assets at Fair Value as of December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment funds	\$ 21,093,960	\$	\$	\$ 21,093,960
Corporate stocks	3,754,708			3,754,708
Corporate bonds		970,610		970,610
U.S. government securities		2,522,255		2,522,255
Certificates of deposit		90,229		90,229
Investments at fair value	<u>\$ 24,848,668</u>	<u>\$ 3,583,094</u>	<u>\$</u>	<u>\$ 28,431,762</u>

	<u>Assets at Fair Value as of December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment funds	\$ 17,117,077	\$	\$	\$ 17,117,077
Corporate stocks	6,272,039			6,272,039
Corporate bonds		1,145,991		1,145,991
U.S. government securities		1,422,049		1,422,049
Certificates of deposit		894,820		894,820
Investments at fair value	<u>\$ 23,389,116</u>	<u>\$ 3,462,860</u>	<u>\$</u>	<u>\$ 26,851,976</u>

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
NOTES TO FINANCIAL STATEMENTS

NOTE E - Actuarial Present Value of 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 rendered. Accumulated plan benefits include benefits expected to be paid to retired or vested terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits was 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 information included in the actuarial present value of accumulated plan benefits presented below is based on the actuarial valuation dated January 1, 2025. Had the valuations been performed as of December 31, 2024 there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2024, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 13,264,267
Other participants	<u>7,276,526</u>
	<u>\$ 20,540,793</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024 are as follows:

Actuarial present value of accumulated plan benefits at December 31, 2023	\$ 20,690,351
Increase (decrease) during the year attributable to:	
Benefits accumulated	(70,548)
Decrease in the discount period	1,300,737
Changes in actuarial assumptions	-
Benefits paid	<u>(1,379,747)</u>
Net increase (decrease)	<u>(149,558)</u>
Actuarial present value of accumulated plan benefits at December 31, 2024	<u>\$ 20,540,793</u>

THE CSP PENSION PLAN
 FOR HOURLY RATED EMPLOYEES,
 CAREY, OHIO
NOTES TO FINANCIAL STATEMENTS

NOTE E - Actuarial Present Value of Accumulated Plan Benefits (continued)

The following significant actuarial assumptions and methods were used in the December 31, 2024 actuarial calculations:

Actuarial cost method	Unit credit
Mortality rates	Society of Actuaries Pri-2012 amount-weighted mortality tables with blue collar adjustment, sex-distinct, separate pre- and post-commencement healthy and disabled (total dataset) participant rates and contingent survivor rates, and fully generational mortality improvement under Scale MP-2021.
Retirement	Rates of retirement were used at various ages.
Discount rate	6.50%

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

NOTE F - Party-in-Interest Transactions

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others.

Fifth Third Bank manages certain plan investments and charges investment expenses to the Plan. Since Fifth Third Bank is the Trustee, as defined by the Plan, its fees for management of the Plan's investments qualify as party-in-interest transactions (Note B).

Fifth Third Bank provides certain administrative services to the Plan pursuant to the plan agreement and receives revenue from registered investment fund service providers for services it provides to the funds. This revenue is used to offset certain amounts owed to Fifth Third Bank for its administrative services to the plan.

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
NOTES TO FINANCIAL STATEMENTS

NOTE G - Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE H - Tax Status

The plan obtained a determination letter in which the IRS stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan's administrator and the Plan's trustee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE I - Risks and Uncertainties

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
NOTES TO FINANCIAL STATEMENTS

NOTE I - Risks and Uncertainties (continued)

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SUPPLEMENTAL SCHEDULES

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value
*	Fifth Third Bank			
		<u>Registered investment funds:</u>		
		AQR Diversified Arbitrage Fund	\$ 346,733	\$ 359,547
		American Century ETF	1,167,322	1,232,785
		Avantis International Equity ETF	291,615	284,695
		Blackrock Funds Strong Opportunity Instl	2,035,000	1,952,627
		Boston Partners Emrg Mkts	96,956	91,801
		Cohen & Steers PFD Securities & Income Fund	349,735	370,590
		Cohen & Steers Realty Shares	965,264	1,092,381
		Dodge & Cox Income Fund	949,179	812,202
		Federated Government Obligations Premier	394,952	394,952
		Goldman Sachs GQG Partners Intl Oppty	295,000	248,716
		Invesco Oppenheimer Steelpath Fund	412,994	580,473
		iShares S&P Global Infrs Index Fund	551,541	619,713
		iShares Core MSCI EAFE	2,323,907	2,262,735
		Manteio Managed Futures Strategy I	144,852	107,653
		Neuberger Berman Long Short Inst	474,160	531,417
		RBB FD Abbey Cap Str	334,279	277,925
		Schwab US Dividend Equity	812,728	874,923
		SPDR S&P 500 ETF	573,805	2,646,151
		Stone Ridge High Yield	276,974	297,847
		Vanguard Growth ETF	1,629,237	2,637,487
		Vanguard S&P 500 ETF	1,481,993	2,044,784
		Vanguard Value ETF	823,713	979,400
		Virtus Allianzgi Convertible Fund	341,448	393,155
		<u>Corporate stocks:</u>		
		ACV Auctions Inc	11,249	17,410
		Agilent Technologies Inc	14,704	48,094
		Air Lease Corp	53,591	59,491
		Akamai Technologies Inc	39,998	50,408
		Alarm Com Hldgs Inc	11,206	17,814
		Albemarle Corp	32,201	29,784
		Alkami Technology Inc	15,683	17,203
		Americold Rlty Tr	56,598	41,152
		Ansys Inc	17,208	63,418
		Applied Matls Inc	8,280	34,640
		Arrow Electrs Inc	33,708	42,081
		Bio-Rad Labs Inc	29,767	43,363
		Blackline Inc	12,648	19,139
		Broadridge Financial Solutio	41,010	51,549
		BXP Inc	52,929	46,698
		CBRE Group Inc	17,671	92,166
		CCC Intelligent Solutions Hldgs Inc	16,293	19,718
		Cencora, Inc	16,172	48,531
		Centene Corp	55,790	47,192
		Certara Inc	17,175	5,325
		ChampionX Corp	28,150	24,716
		Chemed Corp	4,143	21,192

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value
*	Fifth Third Bank			
		<u>Corporate stocks:</u>		
		Cognex Corp	\$ 16,554	\$ 12,372
		Coterra Energy Inc	23,118	42,320
		CSW Industrials Inc	12,214	10,937
		CSX Corp	18,791	43,403
		Cummins Inc	20,311	54,382
		Darden Restaurants Inc	18,961	68,515
		Dentsply Sirona Inc	40,500	17,651
		Descartes Sys Group Inc	10,402	29,877
		Doximity Inc	13,700	27,709
		Dover Corp	22,827	56,655
		Doubleverify Hldgs	17,591	13,140
		DR Horton Inc	8,674	59,424
		Eastman Chem Co	33,400	39,907
		Ensign Group Inc	10,610	29,362
		Entegris Inc	59,260	56,563
		Exponent Inc	4,581	13,632
		Five Below Inc	20,524	25,505
		Floor & Décor Hldgs Inc	9,277	16,650
		Freshpet Inc	14,137	41,471
		Gatx Corp	16,662	46,488
		General Dynamics Corp	17,900	37,152
		Glaukos Corp	10,523	20,392
		Global Pmts Inc	26,818	46,729
		Globant SA Com	11,435	36,880
		Gooshead Ins Inc	10,240	14,689
		Grand Canyon Ed Inc	17,327	40,786
		Grid Dynamics Hldgs Inc	10,910	14,145
		Guidewire Software Inc	8,620	20,230
		Helmerich & Payne Inc	32,432	22,446
		Hexcel Corp	33,200	36,115
		Hillman Solutions Corp	12,432	13,578
		Houlihan Lokey Inc	21,508	73,805
		Inspire Med Sys Inc	12,494	11,679
		Intercontinental Exchange Inc	18,205	65,564
		Iqvia Hldgs Inc	47,351	40,088
		Jamf Hldg Corp	12,954	9,329
		Kadant Inc	10,140	26,909
		Keycorp	33,824	44,530
		Keysight Technologies Inc	13,272	57,506
		Kinsale Cap Group Inc	15,913	26,512
		Kornit Digital Ltd Shs	17,382	15,258
		Labcorp Holdings Inc	26,794	44,488
		Masco Corp	27,054	71,627
		Medpace Hldgs	15,917	31,230
		Murphy Oil Corp	25,051	18,277
		Nebius Group	10,144	10,388

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value
*	Fifth Third Bank			
		<u>Corporate stocks:</u>		
		Neogen Corp	\$ 6,141	\$ 4,735
		Option Care Health Inc	14,378	9,860
		Orthopediatrics Corp	5,879	4,311
		Packaging Corp. of America	13,971	46,602
		Paycor HCM Inc	21,174	18,570
		Paylocity Hldg Corp	14,139	30,319
		Pennant Group Inc	19,217	12,358
		Phreesia Inc	13,820	7,875
		Power Integrations Inc	8,020	14,438
		PRIVIA Health Group Inc	28,701	21,916
		Progressive Corp Ohio	7,919	77,634
		Qiagen NV	43,491	44,619
		Raymond James Finl Inc	15,747	74,092
		RB Global Inc	8,183	22,733
		Reinsurance Group Amer Inc	29,862	70,925
		Renaissancere Holdings	26,271	55,236
		Repligen Corp	22,089	20,439
		Republic Svcs Inc	15,675	83,490
		Ross Stores Inc	49,225	49,314
		SBA Communications Corp	39,956	35,257
		Scotts Miracle-Gro Company	48,337	38,610
		Sealed Air Corp	30,100	28,823
		Sensata Technologies Hldg PLC	54,234	31,948
		Simpson Mfg Inc	14,502	13,432
		Skyworks Solutions Inc	41,757	40,349
		Snap On Inc	21,334	60,767
		SPS Commerce Inc	2,679	36,430
		Stevanato Group	14,020	10,220
		Stifel Finl Corp	19,766	69,270
		Synopsys Inc	2,489	32,519
		Sysco Corp	27,322	37,848
		TJX Cos Inc	9,063	36,605
		Transcat Inc	13,114	11,737
		Ulta Beauty, Inc	49,527	46,103
		US Physical Therapy	10,684	12,242
		WEC Energy Group Inc	29,848	47,490
		Willscot Holdings Corporation	5,607	15,153
		Woodward Inc	19,100	50,758
		Workiva Inc Com	8,360	32,303
		<u>U.S. government securities:</u>		
		US Treasury Note, 5.500, 8/15/28	104,758	104,185
		US Treasury Note, 1.250, 8/15/31	77,392	76,712
		US Treasury Note, 1.875, 2/15/32	54,566	52,989
		US Treasury Note, 1.875, 2/28/27	50,516	50,419
		US Treasury Note, 4.125, 10/31/27	39,397	39,842
		US Treasury Note, 3.875, 11/30/29	29,678	29,326

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral <u>Par or Maturity Value</u>	Cost	Current Value
*	Fifth Third Bank			
		<u>U.S. government securities:</u>		
		US Treasury Note, 3.875, 11/30/27	\$ 49,683	\$ 49,435
		US Treasury Note, 4.000, 2/28/30	98,281	98,149
		US Treasury Note, 3.750, 5/31/30	48,766	48,394
		US Treasury Note, 5.000, 10/31/25	151,646	150,866
		US Treasury Note, 4.875, 10/31/28	112,162	111,978
		US Treasury Note, 4.875, 10/31/30	77,744	76,655
		US Treasury Note, 4.625, 11/15/26	101,779	100,652
		US Treasury Note, 4.375, 11/30/30	9,104	8,967
		US Treasury Note, 4.375, 11/30/28	50,462	50,021
		US Treasury Note, 4.250, 12/31/25	30,149	30,008
		US Treasury Note, 4.000, 1/31/29	29,084	28,603
		US Treasury Note, 4.250, 2/28/29	20,121	19,907
		US Treasury Note, 4.500, 3/31/26	70,700	70,190
		US Treasury Note, 4.500, 4/15/27	122,437	121,607
		US Treasury Note, 4.875, 4/30/26	24,940	25,194
		US Treasury Note, 4.500, 5/15/27	197,361	195,971
		US Treasury Note, 4.875, 5/31/26	35,495	35,290
		US Treasury Note, 4.250, 6/30/29	71,922	69,612
		US Treasury Note, 4.375, 7/31/26	52,295	52,086
		US Treasury Note, 4.000, 7/31/29	58,222	57,081
		US Treasury Note, 3.750, 8/31/26	100,168	99,209
		US Treasury Note, 3.625, 9/30/31	41,315	40,861
		US Treasury Note, 4.125, 10/31/29	29,971	29,654
		US Treasury Note, 4.125, 10/31/26	134,757	134,692
		US Treasury Note, 4.250, 11/30/26	10,021	9,998
		US Treasury Note, 4.125, 11/30/31	4,986	4,893
		Federal Home Loan Bank, 4.000, 6/10/33	119,348	117,986
		Federal Farm Cr Bks Cons, 2.900, 4/12/32	111,122	111,413
		Federal Farm Credit Bank, 4.375, 3/3/33	99,034	97,504
		Freddie Mac, 4.500, 8/8/33	124,741	121,906
		<u>Corporate bonds:</u>		
		Air Prods & Chems Inc, 4.850, 2/08/34	52,233	51,746
		Alleghany Corp, 3.625, 5/15/30	59,392	60,195
		Astrazeneca Fin LLC, 4.875, 3/3/28	49,588	50,294
		Caterpillar Finl Svcs Corp, 4.850, 2/27/29	33,954	34,180
		Coca Cola Co, 5.000, 5/13/34	65,800	66,016
		Cummins Inc, 4.900, 2/20/29	34,881	35,218
		Honeywell Intl Inc, 4.875, 9/1/29	33,000	33,199
		Mastercard Inc, 4.875, 5/9/34	35,474	35,442
		Precision Castparts Corp, 3.250, 6/25/25	72,525	72,580
		Public Storage, 5.100, 8/1/33	69,993	69,687
		Suntrust Bank, 4.050, 11/3/25	48,459	49,774
		Toronto Dominion Bank, 4.980, 4/5/27	48,000	48,159
		Toyota Mtr Corp, 5.100, 3/21/31	32,990	33,110
		Toyota Mtr Corp, 5.050, 5/16/29	51,889	52,375
		Unitedhealth Group Inc, 2.300, 5/15/31	53,591	53,570

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or <u>Similar Party</u>	Description of Investment, Maturity Date, Rate of Interest, Collateral <u>Par or Maturity Value</u>	Cost	Current Value
*	Fifth Third Bank			
		<u>Corporate bonds:</u>		
		Honda Motor Co, 2.271, 3/10/25	\$ 35,800	\$ 35,832
		National Australia Bank, 4.900, 6/13/28	70,159	70,363
		Royal Bk Cda, 1.600, 1/21/25	47,392	49,920
		Westpac Bkg Corp, 5.535, 11/17/28	69,018	68,950
		<u>Certificates of deposit:</u>		
		Flagstar Bank CD, 4.750, 7/7/25	89,878	90,229
			<u>\$ 22,975,335</u>	<u>\$ 28,431,762</u>

The above information has been certified by Fifth Third Bank, the Trustee, as complete and accurate.

(a) An asterisk in this column identifies an entity known to be a party-in-interest.

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

(a) Identity of <u>Party Involved</u>	(b) Description of Asset (Include Interest Rate and <u>Maturity in Case of a Loan</u>)	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Lease <u>Rental</u>	(f) Expense Incurred with <u>Transaction</u>	(g) Cost of <u>Asset</u>	(h) Current Value of Asset on Transaction <u>Date</u>	(i) Net Gain or <u>(Loss)</u>
Single Transactions Exceed 5%								
Fifth Third Bank	iShares Core MSCI EAFE	\$ 2,322,941	\$ -	\$ -	\$ 966	\$ 2,323,907	\$ 2,322,941	\$ -
Series of Transactions Exceed 5%								
Fifth Third Bank	Federated Government Obligations Premier							
	53 Purchases	\$ 724,785	\$ -	\$ -	\$ -	\$ 724,785	\$ 724,785	\$ -
	29 Sales	-	716,506	-	-	716,506	716,506	-
	iShares Core MSCI EAFE							
	1 Purchase	2,322,941	-	-	966	2,323,907	2,322,941	-
Series of Transactions with a Single Broker Exceed 5%								
Fifth Third Bank	Mischler Financial Grp, Inc							
	2 Purchases	\$ 2,614,417	\$ -	\$ -	\$ 1,105	\$ 2,615,522	\$ 2,614,417	\$ -
	27 Sales	-	1,472,315	-	1,918	1,054,225	1,472,315	416,172

The above information has been certified by Fifth Third Bank, the Trustee, as complete and accurate.

CSP Pension Plan for Hourly Employees - Carey
 EIN: 04-3828336 / PN: 003
 2024 Schedule SB (Form 5500)
 Line 26a - Schedule of Active Participant Data

Attained Age	Years of credited service:										Total	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	2	3	0	0	0	0	5
45 to 49	0	0	0	0	0	0	2	0	0	0	0	2
50 to 54	0	0	0	0	0	1	3	0	0	0	0	4
55 to 59	0	0	0	0	0	2	7	0	6	8	0	23
60 to 64	0	0	0	0	0	3	4	0	12	13	0	32
65 to 69	0	0	0	1	0	0	1	0	2	7	0	11
70 & up	0	0	0	0	0	0	0	0	0	1	0	1
Total	0	0	0	1	0	8	20	0	20	29	0	78

Average compensation is not shown since there are fewer than 1,000 active participants in this plan.

CSP Pension Plan for Hourly Employees – Carey

EIN: 04-3828336 / PN: 003

2024 Schedule SB (Form 5500)

Part V- Statement of Actuarial Assumptions and Methods

Actuarial Methods and Assumptions (continued)

Retirement Rates: Rates at selected ages are as follows:

<u>Age*</u>	<u>Prior Year</u>	<u>Current Year</u>	
		<u>Active</u>	<u>Term Vested</u>
60-61	5%	5%	8%
62	20%	15%	10%
63	20%	20%	6%
64	20%	30%	6%
65	50%	45%	25%
66	50%	30%	100%
67	100%	30%	100%
68	100%	40%	100%
69	100%	40%	100%
70 or older	100%	100%	100%

*Rate is applied before age 65 only if participant has 10 years of service: (a) projected to decrement age for active participants, or (b) as of termination date for terminated vested participants.

Late Retirement Increases: Applied to Terminated Vested participants only if assumed to retire beyond Normal Retirement Age. For current Active participants working beyond NRA, it is assumed that Suspension of Benefits Notices are being sent out in a timely manner so that no increase is applicable.

Disability Rate: Rates at selected ages are as follows:

<u>Age</u>	<u>Current Year</u>			
	<u>Prior Year</u>		<u>2022 SSA Trustees Report Ultimate Rates</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
30	0.1200%	0.1800%	0.1900%	0.1900%
35	0.1275%	0.1915%	0.2600%	0.2800%
40	0.1470%	0.2205%	0.3500%	0.4100%
45	0.1975%	0.2965%	0.4900%	0.5600%
50	0.3565%	0.5350%	0.8300%	0.8900%
55	0.6810%	1.0215%	1.4300%	1.3800%
60	1.3800%	2.0700%	1.8000%	1.5300%
65	0.0000%	0.0000%	1.0100%	0.8600%

CSP Pension Plan for Hourly Employees – Carey

EIN: 04-3828336 / PN: 003

2024 Schedule SB (Form 5500)

Part V- Statement of Actuarial Assumptions and Methods

Actuarial Methods and Assumptions (continued)

Payment Form Election: Assumed percentage electing at retirement or disability:

Single life annuity	75%
50% J&S annuity	25%

*Actuarial Equivalent Basis: 7% interest, SOA RP-2000 Combined Mortality – blended 50%

Marital Status: 100% Married, female spouse 3 years younger than male participant and male spouse same age as female participant. (Previously assumed 80% Married, female is 3 years younger than male.)

Expenses: There are no future recurring administrative expenses expected to be paid from Plan assets, therefore the liability expense load is zero (\$0).

Salary Increases: N/A – plan is not pay related.

Qualified Plan Compensation Limit under IRC Section 401(a)(17) and Benefit Limits under IRC Section 415 Increases: 0.00% annually.

Pre-Retirement Death Coverage: It is assumed that no terminated participants will waive the death benefit coverage, since there is no longer a charge for the coverage.

Actuarial Cost Method: Unit Credit. A method under which the projected benefits of each individual included in an actuarial valuation are allocated by a consistent formula to valuation years. The actuarial present value of benefits allocated to a valuation year is the normal cost. The actuarial present value of benefits allocated to all periods prior to valuation year is called actuarial accrued liability. Under this method, the Actuarial Gains (losses), as they occur, generally reduce (increase) the unfunded Actuarial Accrued Liability.

For minimum required funding, the Traditional Unit Credit method is used. The actuarial accrued liability, also called the funding target liability, is the present value of the benefit accrued as of the valuation date. The normal cost is the present value of the additional benefit amount expected to be earned during the plan year.

Asset Valuation Method: Averaged Value described in IRS regulation §1.430(g)-1(c)(2) with a 24-month averaging period and intervals of one year.

Significant Benefits Not Recognized: None

CSP Pension Plan for Hourly Employees – Carey

EIN: 04-3828336 / PN: 003

2024 Schedule SB (Form 5500)

Part V- Statement of Actuarial Assumptions and Methods

Actuarial Methods and Assumptions (continued)

Prescribed Assumption or Method Set by Law or Legally Binding Authority:

Note that all references to the Pension Protection Act of 2006 (PPA) include subsequent amendments to that Act, and associated regulations.

- Mortality for Healthy and Disabled Lives – Minimum/Maximum Funding²
- Mortality Improvements – Minimum/Maximum Funding²
- Interest Rate – Minimum Funding (including lookback month)²
- Interest Rate – Maximum Funding (including lookback month)²
- Expenses (explicit assumption required by PPA)
- Asset Valuation Method²
- Funding Method (required by PPA)

Assumption or Method Set by Another Party:

- Mortality and Mortality Improvements – ASC 960 (selected by the plan sponsor)
- Interest Rate – ASC 960 (selected by the plan sponsor)

Models Used in Preparing Results: Cowden Associates, Inc. uses valuation and projection software to model benefit cash flows, present values, and attribution to various periods based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The software model also supports comparisons between periods to measure gains and losses and compile plan experience data to support or modify demographic and certain economic assumptions.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation and have relied on the expertise of the software vendor for underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

² Default under the Pension Protection Act (PPA) of 2006 unless the plan sponsor made a written election of a permitted alternative.

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

(a) Identity of <u>Party Involved</u>	(b) Description of Asset (Include Interest Rate and <u>Maturity in Case of a Loan</u>)	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Lease <u>Rental</u>	(f) Expense Incurred with <u>Transaction</u>	(g) Cost of <u>Asset</u>	(h) Current Value of Asset on Transaction <u>Date</u>	(i) Net Gain or <u>(Loss)</u>
Single Transactions Exceed 5%								
Fifth Third Bank	iShares Core MSCI EAFE	\$ 2,322,941	\$ -	\$ -	\$ 966	\$ 2,323,907	\$ 2,322,941	\$ -
Series of Transactions Exceed 5%								
Fifth Third Bank	Federated Government Obligations Premier							
	53 Purchases	\$ 724,785	\$ -	\$ -	\$ -	\$ 724,785	\$ 724,785	\$ -
	29 Sales	-	716,506	-	-	716,506	716,506	-
	iShares Core MSCI EAFE							
	1 Purchase	2,322,941	-	-	966	2,323,907	2,322,941	-
Series of Transactions with a Single Broker Exceed 5%								
Fifth Third Bank	Mischler Financial Grp, Inc							
	2 Purchases	\$ 2,614,417	\$ -	\$ -	\$ 1,105	\$ 2,615,522	\$ 2,614,417	\$ -
	27 Sales	-	1,472,315	-	1,918	1,054,225	1,472,315	416,172

The above information has been certified by Fifth Third Bank, the Trustee, as complete and accurate.

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
---	--	--

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 CSP PENSION PLAN FOR HOURLY EMPLOYEES - CAREY	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CSP Innovations Ohio Payroll Co., LLC.	D Employer Identification Number (EIN) 04-3828336	
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	26,894,723
	b Actuarial value	2b	27,853,561
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	263	14,629,058
	b For terminated vested participants	166	5,016,292
	c For active participants	78	4,168,442
	d Total	507	23,813,792
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.06%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	0

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	Nathan Hoellman Signature of actuary	<u>10/10/2025</u> Date
	<u>Nathan Hoellman</u> Type or print name of actuary	<u>2308906</u> Most recent enrollment number
	<u>Acrisure</u> Firm name	<u>412-394-9330</u> Telephone number (including area code)
	<u>Four Gateway Center, Suite 605 444 Liberty Avenue Pittsburgh PA 15222-1222</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)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.46%</u>	0	0
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>5.20%</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		
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	0

Part III	Funding Percentages	
14 Funding target attainment percentage	14	116.05%
15 Adjusted funding target attainment percentage	15	116.05%
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	108.93%
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)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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 type="checkbox"/> Yes <input checked="" 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 0
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
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 type="checkbox"/> 2021				

CSP Pension Plan for Hourly Employees - Carey
 EIN: 04-3828336 / PN: 003
 2024 Schedule SB (Form 5500)
 Line 22 - Description of Weighted Average Retirement Age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements (2)*(3)	Weighted Age (1)*(4)
(1)	(2)	(3)	(4)	(5)
60	35.5834	4.9500%	1.7607	105.6431
61	41.1041	4.9500%	2.0333	124.0337
62	44.2195	14.8300%	6.5597	406.7017
63	41.7586	19.7700%	8.2560	520.1299
64	37.6433	29.6500%	11.1609	714.2966
65	31.7356	44.6200%	14.1609	920.4583
66	18.1618	29.7300%	5.4003	356.4230
67	14.4890	29.7200%	4.3066	288.5409
68	10.9556	39.6100%	4.3395	295.0887
69	8.4457	39.5900%	3.3432	230.6819
70	5.9626	100.0000%	5.9626	417.3831
Total			67.2839	4379.3809
Average				65.09

CSP Pension Plan for Hourly Employees – Carey

EIN: 04-3828336 / PN: 003

2024 Schedule SB (Form 5500)

Part V- Summary of Plan Provisions

Plan Provisions

The following is a summary of the major provisions of the plan as of January 1, 2024. Please refer to the plan document for a more complete description of the most recent plan provisions.

General Information

- Effective Date: July 1, 1980; last amended effective January 1, 2011
- Plan Year: January 1 to December 31

Participation: Date of hire.

Plan Freeze: Effective January 1, 2011, the plan is completely frozen.

Eligibility for Benefits

- Normal: The first of the month coincident with or next following age sixty-five and five years from date of participation.
- Early: Age 60 and at least ten Years of Service.
- Late: If the participant retires after Normal Retirement Date, the first day of the month coincident with or next following his actual retirement date (Late Retirement Date).
- Disability: Total and permanent following completion of ten years of credited service.
- Vesting: Participants will vest in their Accrued Benefits upon completion of five year of vesting service.
- Surviving Spouse: Life annuity provided to the surviving spouse if employee was married at time of death and had satisfied the vesting requirement.

Retirement Benefits

- Normal: A monthly benefit equal to \$24.00 for each year of credited service. The accrued benefit is reduced for pre-retirement death benefit coverage, if not waived.
- Accrued Benefit: Calculated as Normal Retirement Benefit but based upon years of credited service completed at date of termination.
- Early: Accrued benefit at early retirement date deferred until Normal Retirement Date, or if beginning immediately, reduced by 7.2% for each year that benefits commence early.

CSP Pension Plan for Hourly Employees – Carey

EIN: 04-3828336 / PN: 003

2024 Schedule SB (Form 5500)

Part V- Summary of Plan Provisions

Plan Provisions (continued)

Retirement Benefits (continued)

- Vesting: Participant's vested portion of Accrued Benefit deferred to age 65. Reduced benefit payable as early as age 55 if eligible.
- Disability: The Normal Retirement Benefit based on the date credited service ceases, without reduction for commencement before his Normal Retirement Age.
- Postponed: Continuous Service is credited to actual termination of employment.
- Pre-Retirement Death Benefit: For married participants with vested benefits at date of death, spouse receives half the benefit available to participant if he had terminated at his date of death and elected 50% Joint and Survivor Annuity at his earliest retirement date.

Definitions

- Normal Form of Payment: Life Annuity for single participants and Joint & 50% Survivor Annuity for married participants.
- Years of Credited Service: Full credit for 1,800 hours in a plan year. Partial credit for hours up to 1,800.
- Years of Vesting Service: Full credit for 1,000 hours in a plan year. No partial credit. (Prior to July 1, 1980, partial credit was granted.)

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value
*	Fifth Third Bank			
		<u>Registered investment funds:</u>		
		AQR Diversified Arbitrage Fund	\$ 346,733	\$ 359,547
		American Century ETF	1,167,322	1,232,785
		Avantis International Equity ETF	291,615	284,695
		Blackrock Funds Strong Opportunity Instl	2,035,000	1,952,627
		Boston Partners Emrg Mkts	96,956	91,801
		Cohen & Steers PFD Securities & Income Fund	349,735	370,590
		Cohen & Steers Realty Shares	965,264	1,092,381
		Dodge & Cox Income Fund	949,179	812,202
		Federated Government Obligations Premier	394,952	394,952
		Goldman Sachs GQG Partners Intl Oppty	295,000	248,716
		Invesco Oppenheimer Steelpath Fund	412,994	580,473
		iShares S&P Global Infrs Index Fund	551,541	619,713
		iShares Core MSCI EAFE	2,323,907	2,262,735
		Manteio Managed Futures Strategy I	144,852	107,653
		Neuberger Berman Long Short Inst	474,160	531,417
		RBB FD Abbey Cap Str	334,279	277,925
		Schwab US Dividend Equity	812,728	874,923
		SPDR S&P 500 ETF	573,805	2,646,151
		Stone Ridge High Yield	276,974	297,847
		Vanguard Growth ETF	1,629,237	2,637,487
		Vanguard S&P 500 ETF	1,481,993	2,044,784
		Vanguard Value ETF	823,713	979,400
		Virtus Allianzgi Convertible Fund	341,448	393,155
		<u>Corporate stocks:</u>		
		ACV Auctions Inc	11,249	17,410
		Agilent Technologies Inc	14,704	48,094
		Air Lease Corp	53,591	59,491
		Akamai Technologies Inc	39,998	50,408
		Alarm Com Hldgs Inc	11,206	17,814
		Albemarle Corp	32,201	29,784
		Alkami Technology Inc	15,683	17,203
		Americold Rlty Tr	56,598	41,152
		Ansys Inc	17,208	63,418
		Applied Matls Inc	8,280	34,640
		Arrow Electrs Inc	33,708	42,081
		Bio-Rad Labs Inc	29,767	43,363
		Blackline Inc	12,648	19,139
		Broadridge Financial Solutio	41,010	51,549
		BXP Inc	52,929	46,698
		CBRE Group Inc	17,671	92,166
		CCC Intelligent Solutions Hldgs Inc	16,293	19,718
		Cencora, Inc	16,172	48,531
		Centene Corp	55,790	47,192
		Certara Inc	17,175	5,325
		ChampionX Corp	28,150	24,716
		Chemed Corp	4,143	21,192

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value
*	Fifth Third Bank			
		<u>Corporate stocks:</u>		
		Cognex Corp	\$ 16,554	\$ 12,372
		Coterra Energy Inc	23,118	42,320
		CSW Industrials Inc	12,214	10,937
		CSX Corp	18,791	43,403
		Cummins Inc	20,311	54,382
		Darden Restaurants Inc	18,961	68,515
		Dentsply Sirona Inc	40,500	17,651
		Descartes Sys Group Inc	10,402	29,877
		Doximity Inc	13,700	27,709
		Dover Corp	22,827	56,655
		Doubleverify Hldgs	17,591	13,140
		DR Horton Inc	8,674	59,424
		Eastman Chem Co	33,400	39,907
		Ensign Group Inc	10,610	29,362
		Entegris Inc	59,260	56,563
		Exponent Inc	4,581	13,632
		Five Below Inc	20,524	25,505
		Floor & Décor Hldgs Inc	9,277	16,650
		Freshpet Inc	14,137	41,471
		Gatx Corp	16,662	46,488
		General Dynamics Corp	17,900	37,152
		Glaukos Corp	10,523	20,392
		Global Pmts Inc	26,818	46,729
		Globant SA Com	11,435	36,880
		Goosehead Ins Inc	10,240	14,689
		Grand Canyon Ed Inc	17,327	40,786
		Grid Dynamics Hldgs Inc	10,910	14,145
		Guidewire Software Inc	8,620	20,230
		Helmerich & Payne Inc	32,432	22,446
		Hexcel Corp	33,200	36,115
		Hillman Solutions Corp	12,432	13,578
		Houlihan Lokey Inc	21,508	73,805
		Inspire Med Sys Inc	12,494	11,679
		Intercontinental Exchange Inc	18,205	65,564
		Iqvia Hldgs Inc	47,351	40,088
		Jamf Hldg Corp	12,954	9,329
		Kadant Inc	10,140	26,909
		Keycorp	33,824	44,530
		Keysight Technologies Inc	13,272	57,506
		Kinsale Cap Group Inc	15,913	26,512
		Kornit Digital Ltd Shs	17,382	15,258
		Labcorp Holdings Inc	26,794	44,488
		Masco Corp	27,054	71,627
		Medpace Hldgs	15,917	31,230
		Murphy Oil Corp	25,051	18,277
		Nebius Group	10,144	10,388

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value
*	Fifth Third Bank			
		<u>Corporate stocks:</u>		
		Neogen Corp	\$ 6,141	\$ 4,735
		Option Care Health Inc	14,378	9,860
		Orthopediatrics Corp	5,879	4,311
		Packaging Corp. of America	13,971	46,602
		Paycor HCM Inc	21,174	18,570
		Paylocity Hldg Corp	14,139	30,319
		Pennant Group Inc	19,217	12,358
		Phreesia Inc	13,820	7,875
		Power Integrations Inc	8,020	14,438
		PRIVIA Health Group Inc	28,701	21,916
		Progressive Corp Ohio	7,919	77,634
		Qiagen NV	43,491	44,619
		Raymond James Finl Inc	15,747	74,092
		RB Global Inc	8,183	22,733
		Reinsurance Group Amer Inc	29,862	70,925
		Renaissancere Holdings	26,271	55,236
		Repligen Corp	22,089	20,439
		Republic Svcs Inc	15,675	83,490
		Ross Stores Inc	49,225	49,314
		SBA Communications Corp	39,956	35,257
		Scotts Miracle-Gro Company	48,337	38,610
		Sealed Air Corp	30,100	28,823
		Sensata Technologies Hldg PLC	54,234	31,948
		Simpson Mfg Inc	14,502	13,432
		Skyworks Solutions Inc	41,757	40,349
		Snap On Inc	21,334	60,767
		SPS Commerce Inc	2,679	36,430
		Stevanato Group	14,020	10,220
		Stifel Finl Corp	19,766	69,270
		Synopsys Inc	2,489	32,519
		Sysco Corp	27,322	37,848
		TJX Cos Inc	9,063	36,605
		Transcat Inc	13,114	11,737
		Ulta Beauty, Inc	49,527	46,103
		US Physical Therapy	10,684	12,242
		WEC Energy Group Inc	29,848	47,490
		Willscot Holdings Corporation	5,607	15,153
		Woodward Inc	19,100	50,758
		Workiva Inc Com	8,360	32,303
		<u>U.S. government securities:</u>		
		US Treasury Note, 5.500, 8/15/28	104,758	104,185
		US Treasury Note, 1.250, 8/15/31	77,392	76,712
		US Treasury Note, 1.875, 2/15/32	54,566	52,989
		US Treasury Note, 1.875, 2/28/27	50,516	50,419
		US Treasury Note, 4.125, 10/31/27	39,397	39,842
		US Treasury Note, 3.875, 11/30/29	29,678	29,326

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issue Borrower, Lessor or Similar Party	Description of Investment, Maturity Date, Rate of Interest, Collateral <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Fifth Third Bank			
		<u>U.S. government securities:</u>		
		US Treasury Note, 3.875, 11/30/27	\$ 49,683	\$ 49,435
		US Treasury Note, 4.000, 2/28/30	98,281	98,149
		US Treasury Note, 3.750, 5/31/30	48,766	48,394
		US Treasury Note, 5.000, 10/31/25	151,646	150,866
		US Treasury Note, 4.875, 10/31/28	112,162	111,978
		US Treasury Note, 4.875, 10/31/30	77,744	76,655
		US Treasury Note, 4.625, 11/15/26	101,779	100,652
		US Treasury Note, 4.375, 11/30/30	9,104	8,967
		US Treasury Note, 4.375, 11/30/28	50,462	50,021
		US Treasury Note, 4.250, 12/31/25	30,149	30,008
		US Treasury Note, 4.000, 1/31/29	29,084	28,603
		US Treasury Note, 4.250, 2/28/29	20,121	19,907
		US Treasury Note, 4.500, 3/31/26	70,700	70,190
		US Treasury Note, 4.500, 4/15/27	122,437	121,607
		US Treasury Note, 4.875, 4/30/26	24,940	25,194
		US Treasury Note, 4.500, 5/15/27	197,361	195,971
		US Treasury Note, 4.875, 5/31/26	35,495	35,290
		US Treasury Note, 4.250, 6/30/29	71,922	69,612
		US Treasury Note, 4.375, 7/31/26	52,295	52,086
		US Treasury Note, 4.000, 7/31/29	58,222	57,081
		US Treasury Note, 3.750, 8/31/26	100,168	99,209
		US Treasury Note, 3.625, 9/30/31	41,315	40,861
		US Treasury Note, 4.125, 10/31/29	29,971	29,654
		US Treasury Note, 4.125, 10/31/26	134,757	134,692
		US Treasury Note, 4.250, 11/30/26	10,021	9,998
		US Treasury Note, 4.125, 11/30/31	4,986	4,893
		Federal Home Loan Bank, 4.000, 6/10/33	119,348	117,986
		Federal Farm Cr Bks Cons, 2.900, 4/12/32	111,122	111,413
		Federal Farm Credit Bank, 4.375, 3/3/33	99,034	97,504
		Freddie Mac, 4.500, 8/8/33	124,741	121,906
		<u>Corporate bonds:</u>		
		Air Prods & Chems Inc, 4.850, 2/08/34	52,233	51,746
		Alleghany Corp, 3.625, 5/15/30	59,392	60,195
		Astrazeneca Fin LLC, 4.875, 3/3/28	49,588	50,294
		Caterpillar Finl Svcs Corp, 4.850, 2/27/29	33,954	34,180
		Coca Cola Co, 5.000, 5/13/34	65,800	66,016
		Cummins Inc, 4.900, 2/20/29	34,881	35,218
		Honeywell Intl Inc, 4.875, 9/1/29	33,000	33,199
		Mastercard Inc, 4.875, 5/9/34	35,474	35,442
		Precision Castparts Corp, 3.250, 6/25/25	72,525	72,580
		Public Storage, 5.100, 8/1/33	69,993	69,687
		Suntrust Bank, 4.050, 11/3/25	48,459	49,774
		Toronto Dominion Bank, 4.980, 4/5/27	48,000	48,159
		Toyota Mtr Corp, 5.100, 3/21/31	32,990	33,110
		Toyota Mtr Corp, 5.050, 5/16/29	51,889	52,375
		Unitedhealth Group Inc, 2.300, 5/15/31	53,591	53,570

THE CSP PENSION PLAN
FOR HOURLY RATED EMPLOYEES,
CAREY, OHIO
EIN: 04-3828336
Plan Number 003

SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor or <u>Similar Party</u>	Description of Investment, Maturity Date, Rate of Interest, Collateral <u>Par or Maturity Value</u>	Cost	Current Value
*	Fifth Third Bank			
		<u>Corporate bonds:</u>		
		Honda Motor Co, 2.271, 3/10/25	\$ 35,800	\$ 35,832
		National Australia Bank, 4.900, 6/13/28	70,159	70,363
		Royal Bk Cda, 1.600, 1/21/25	47,392	49,920
		Westpac Bkg Corp, 5.535, 11/17/28	69,018	68,950
		<u>Certificates of deposit:</u>		
		Flagstar Bank CD, 4.750, 7/7/25	89,878	90,229
			<u>\$ 22,975,335</u>	<u>\$ 28,431,762</u>

The above information has been certified by Fifth Third Bank, the Trustee, as complete and accurate.

(a) An asterisk in this column identifies an entity known to be a party-in-interest.