

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 04/04/2024 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
1a	Name of plan ASSOCIATED SPRING UAW 629 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 04/04/2024
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) ASSOCIATED SPRING US, LLC 12877 EMERSON DRIVE BRIGHTON, MI 48116
2b	Employer Identification Number (EIN) 99-1101264
2c	Plan Sponsor's telephone number 414-510-8564
2d	Business code (see instructions) 332900

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	KELLY KLUEGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 101
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 101 6a(2) 101 6b 0 6c 0 6d 101 6e 0 6f 101 6g(1) 6g(2) 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

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/04/2024 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 ASSOCIATED SPRING UAW 629 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASSOCIATED SPRING US, LLC	D Employer Identification Number (EIN) 99-1101264
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 04 Day 04 Year 2024			
2	Assets:			
a	Market value	2a	6154138	
b	Actuarial value	2b	6154138	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	0	0	0
b	For terminated vested participants	0	0	0
c	For active participants	101	4676122	6403816
d	Total	101	4676122	6403816
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	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	209356	
b	Expected plan-related expenses	6b	20000	
c	Target normal cost	6c	229356	

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 KATHLEEN BROPHY Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 200 LIBERTY STREET NEW YORK, NY 10281 Address of the firm	10/10/2025 Date 23-08899 Most recent enrollment number 212-309-3965 Telephone number (including area code)
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Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a Segment rates:</td> <td style="width: 33%;">1st segment: 4.75 %</td> <td style="width: 33%;">2nd segment: 4.96 %</td> <td style="width: 33%;">3rd segment: 5.59 %</td> <td style="width: 33%;">☐ N/A, full yield curve used</td> </tr> </table>	a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used		
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used					
	b Applicable month (enter code)	21b	0						
22	Weighted average retirement age	22	62						
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute								

Part VI	Miscellaneous Items
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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
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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
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31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c)	31a	229356
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	767658	52036
	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 style="text-align: center;">281392
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	281392	281392
36	Additional cash requirement (line 34 minus line 35)		36 style="text-align: center;">0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 style="text-align: center;">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 style="text-align: center;">0
40	Unpaid minimum required contributions for all years		40 style="text-align: center;">0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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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
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 04/04/2024 and ending 12/31/2024		
A Name of plan ASSOCIATED SPRING UAW 629 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED SPRING US, LLC		D Employer Identification Number (EIN) 99-1101264

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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:	AMY AYRES	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	200 LIBERTY STREET FLOOR 6 NEW YORK, NY 10281	e Telephone:	212-915-8888

Explanation: CHANGE IN INTERNAL RESPONSIBILITIES WITHIN WILLIS TOWERS WATSON

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 04/04/2024 and ending 12/31/2024					
A Name of plan ASSOCIATED SPRING UAW 629 PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ASSOCIATED SPRING US, LLC				D Employer Identification Number (EIN) 99-1101264	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: DBGROWTH PORTFOLIO INSTITUTIONAL CL					
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY					
c EIN-PN 82-0737797-187		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2664546	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 04/04/2024 and ending 12/31/2024		
A Name of plan ASSOCIATED SPRING UAW 629 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED SPRING US, LLC		D Employer Identification Number (EIN) 99-1101264

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6039763	26052
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	2664546
(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)	0	3778638
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6039763	6469236
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	6039763	6469236

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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	111910	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		111910
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		158545
(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)		159018
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		429473

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
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)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		429473
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **COHNREZNICK LLP**

(2) EIN: **33-4144829**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 566218.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 04/04/2024 and ending 12/31/2024					
A Name of plan ASSOCIATED SPRING UAW 629 PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED SPRING US, LLC				D Employer Identification Number (EIN) 99-1101264	
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): _____ 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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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_____.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of April 4, 2024

Attained Age	Attained Years of Credited Service ¹												40 & Over	Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	5	0	0	0	0	0	0	0	5
30-34	0	0	0	0	0	12	3	0	0	0	0	0	0	15
35-39	0	0	0	0	0	8	6	0	0	0	0	0	0	14
40-44	0	0	0	0	0	0	2	0	0	1	0	0	0	3
45-49	0	0	0	0	0	4	3	0	5	2	0	0	0	14
50-54	0	0	0	0	0	8	1	0	5	9	0	0	0	23
55-59	0	0	0	1	0	3	1	1	6	9	0	1	0	22
60-64	0	0	0	0	0	1	0	0	1	1	0	0	0	3
65-69	0	0	0	0	0	0	0	0	0	2	0	0	0	2
70 & over	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	1	0	41	16	1	17	24	0	1	0	101

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

Plan Name: Associated Spring UAW 629 Pension Plan
 EIN / PN: 99-1101264/001
 Plan Sponsor: Associated Spring US LLC
 Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month January
- Interest rate basis Segment Rates from Month of Valuation Date

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	4.37%
• Second segment rate	4.96%	4.96%
• Third segment rate	5.59%	4.95%
• Effective interest rate	5.32%	4.95%

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases N/A

Plan-related expenses \$20,000 added to current year normal cost

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

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

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

Plan Name: Associated Spring UAW 629 Pension Plan
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Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Mortality

- **Healthy**
Combined rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.
- **Disabled**
Same for pre-1995 and post-1994 disabilities as described above for Healthy Mortality.

Termination

Rates varying by age and service

Representative Termination Rates

Percentage leaving during the year	
Ultimate	
Attained Age	Rates
20	8.9%
25	6.6%
30	4.6%
35	3.9%
40	3.6%
45	3.3%
50	2.9%
55	2.6%
60+	2.3%

Percentage leaving during the year	
Select	
Service	Rates
0	30.0%
1	15.0%
2	15.0%
3	15.0%
4	10.0%

Plan Name: Associated Spring UAW 629 Pension Plan
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SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
20	0.151%	0.089%
25	0.219%	0.150%
30	0.309%	0.252%
35	0.431%	0.388%
40	0.597%	0.547%
45	0.829%	0.777%
50	1.224%	1.201%
55	2.118%	1.962%
60	3.240%	2.326%
65	4.369%	2.718%
69	5.452%	3.331%
70	0.000%	0.000%

100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.

Retirement

Rates varying by age

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year		
Age	Rates	
	<30 years of service	30+ years of service
Under 55	0.0%	0.0%
55-61	5.0%	10.0%
62	10.0%	10.0%
63-64	20.0%	20.0%
65	40.0%	50.0%
66-68	40.0%	30.0%
69	40.0%	75.0%
70 and above	100.0%	100.0%

Unpredictable Contingent Event None assumed.
Benefit (UCEB) assumptions

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit Employee with five years of service and married one full year prior to death.
- Future vested deferred Future terminated vested participants are assumed to commence at the earlier of age 63 with 10 years of vesting service and age 65.
- Current vested deferred Terminated vested participants are assumed to commence at the earlier of age 63 with 10 years of vesting service and age 65.
- Disability benefit Employee with 10 years of credited service who is deemed totally and permanently disabled prior to attaining his/her 65th birthday.
- Retirement benefit The first day of the month coinciding with or next following the later of Participant's 65th birthday or 5th anniversary of date of employment.
- Supplementary medical insurance benefits (Part B Medicare) Any retiree, or surviving spouse of a retiree, or a surviving spouse of an employee who died before retirement who has provided satisfactory evidence that the participant is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare).

Form of payment

- Single Participants Assumed to elect single life annuity

- Males - Married

Form of Payment	Lump Sum	Single Life	55% J&S
Active Retirements	0%	35%	65%
Future Vested Deferred	0%	35%	65%
Future Disabilities	0%	35%	65%
Future Deaths	0%	0%	100%
Current vested deferred	0%	35%	65%

Plan Name: Associated Spring UAW 629 Pension Plan
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Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

- Females - Married

Form of Payment	Lump Sum	Single Life	55% J&S
Active Retirements	0%	50%	50%
Future Vested Deferred	0%	50%	50%
Future Disabilities	0%	50%	50%
Future Deaths	0%	0%	100%
Current vested deferred	0%	50%	50%

Percent married	80% of males; 60% of females. Used to value pre-retirement surviving spouse benefits and in determining the coverage level expected to be elected at commencement.
Spouse age	Wife three years younger than husband
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY ISSUE
COMPUTED ON A 02/29/24 VALUE OF \$0.00

TRADE DATE	SHARES/PV	PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
ALLSPRING CORE BD FD R6 TICKER: WTRIX					
4/18/24	138,992.537	PURCHASED 10.72	0.00	-1,490,000.00	1,490,000.00
4/30/24	205.084	PURCHASED 0.00	0.00	-2,194.40	2,194.40
5/31/24	527.321	PURCHASED 0.00	0.00	-5,721.43	5,721.43
6/28/24	522.014	PURCHASED 0.00	0.00	-5,700.39	5,700.39
7/31/24	518.775	PURCHASED 0.00	0.00	-5,773.97	5,773.97
8/ 5/24	3,102.837	SOLD 11.28	0.00	35,000.00	33,270.82
8/30/24	507.962	PURCHASED 0.00	0.00	-5,709.49	5,709.49
9/30/24	495.615	PURCHASED 0.00	0.00	-5,625.23	5,625.23
10/31/24	512.045	PURCHASED 0.00	0.00	-5,647.86	5,647.86
11/29/24	505.546	PURCHASED 0.00	0.00	-5,621.67	5,621.67
12/31/24	523.031	PURCHASED 0.00	0.00	-5,695.81	5,695.81
T			0.00	1,572,690.25	
DB GROWTH PORTFOLIO INSTITUTIONAL CL TICKER: 1871C					
5/ 3/24	69,200.671	PURCHASED 17.89	0.00	-1,238,000.00	1,238,000.00
5/ 7/24	71,357.341	PURCHASED 18.05	0.00	-1,288,000.00	1,288,000.00
8/ 5/24	1,118.687	SOLD 17.88	0.00	20,000.00	20,104.18
T			0.00	2,546,000.00	
FIDELITY ADV TOTAL BOND FD CL Z TICKER: FBKWX					
4/18/24	121,064.061	PURCHASED 9.21	0.00	-1,115,000.00	1,115,000.00
4/30/24	183.418	PURCHASED 0.00	0.00	-1,687.45	1,687.45
5/31/24	463.456	PURCHASED 0.00	0.00	-4,324.04	4,324.04
6/28/24	454.739	PURCHASED 0.00	0.00	-4,270.00	4,270.00
7/31/24	468.531	PURCHASED 0.00	0.00	-4,483.84	4,483.84
8/ 5/24	4,127.967	SOLD 9.69	0.00	40,000.00	38,028.82
8/30/24	431.014	PURCHASED 0.00	0.00	-4,167.91	4,167.91
9/30/24	419.150	PURCHASED 0.00	0.00	-4,095.10	4,095.10
10/31/24	444.248	PURCHASED 0.00	0.00	-4,229.24	4,229.24
11/29/24	429.136	PURCHASED 0.00	0.00	-4,119.71	4,119.71
12/18/24	178.496	PURCHASED 0.00	0.00	-1,683.22	1,683.22
12/31/24	444.978	PURCHASED 0.00	0.00	-4,178.34	4,178.34
T			0.00	1,192,238.85	
FIDELITY INTL INDEX FD TICKER: FSPSX					
4/18/24	18,052.057	PURCHASED 47.64	0.00	-860,000.00	860,000.00
5/ 3/24	8,803.886	SOLD 49.41	0.00	435,000.00	419,417.13
5/ 7/24	9,248.171	SOLD 49.86	0.00	461,113.81	440,582.87
T			0.00	1,756,113.81	

Associated Spring UAW 629 Pension Plan
EIN: 99-1101264 • PN: 001
Schedule H line 4j - Reportable Transactions
Plan Year Ending December 31, 2024

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY ISSUE
COMPUTED ON A 02/29/24 VALUE OF \$0.00

TRADE DATE	SHARES/PV	PURCHASE/SALE PRICE	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
-----	-----	-----	-----	-----	-----
FIDELITY TOTAL MKT INDEX FD					
TICKER: FSKAX					
=====					
4/18/24	11,636.364	PURCHASED 137.50	0.00	-1,600,000.00	1,600,000.00
5/ 3/24	5,693.017	SOLD 141.05	0.00	803,000.00	782,789.81
5/ 7/24	5,943.347	SOLD 142.71	0.00	848,175.05	817,210.19
T			0.00	3,251,175.05	
FIDELITY US BOND INDEX FD					
TICKER: FXNAX					
=====					
4/18/24	110,000.000	PURCHASED 10.00	0.00	-1,100,000.00	1,100,000.00
4/30/24	123.373	PURCHASED 0.00	0.00	-1,232.50	1,232.50
5/31/24	317.380	PURCHASED 0.00	0.00	-3,211.89	3,211.89
6/28/24	309.939	PURCHASED 0.00	0.00	-3,161.38	3,161.38
7/31/24	313.500	PURCHASED 0.00	0.00	-3,260.40	3,260.40
8/ 5/24	3,317.536	SOLD 10.55	0.00	35,000.00	33,182.06
8/30/24	304.906	PURCHASED 0.00	0.00	-3,207.61	3,207.61
9/30/24	294.713	PURCHASED 0.00	0.00	-3,135.75	3,135.75
10/31/24	313.988	PURCHASED 0.00	0.00	-3,246.64	3,246.64
11/29/24	305.762	PURCHASED 0.00	0.00	-3,186.04	3,186.04
12/31/24	326.637	PURCHASED 0.00	0.00	-3,338.23	3,338.23
T			0.00	1,161,980.44	

Associated Spring UAW 629 Pension Plan
EIN: 99-1101264 • PN: 001
Schedule H line 4j - Reportable Transactions
Plan Year Ending December 31, 2024



TRUST BANK

ASSOCIATED SPRING UAW 629 PP
ACCOUNT NUMBER: 114562
REPORTING PERIOD: 02/29/24 TO 12/31/24
PAGE : 17

SCHEDULE OF REPORTABLE 5% TRANSACTIONS
BY BROKER
COMPUTED ON A 02/29/24 VALUE OF \$0.00

TRADE DATE	SHARES/PV	DESCRIPTION	TRANSACTION EXPENSE	PURCHASE/SALE PROCEEDS	COST/ADJUSTED HISTORICAL COST
-----	-----	-----	-----	-----	-----
CHARLES SCHWAB & CO.					
=====					
4/18/24	18,052.057 B	FIDELITY INTL INDEX FD TICKER: FSPSX	0.00	-860,000.00	860,000.00
4/18/24	110,000.000 B	FIDELITY US BOND INDEX FD TICKER: FXNAX	0.00	-1,100,000.00	1,100,000.00
4/18/24	121,064.061 B	FIDELITY ADV TOTAL BOND FD CL Z TICKER: FBKWX	0.00	-1,115,000.00	1,115,000.00
4/18/24	138,992.537 B	ALLSPRING CORE BD FD R6 TICKER: WTRIX	0.00	-1,490,000.00	1,490,000.00
4/18/24	11,636.364 B	FIDELITY TOTAL MKT INDEX FD TICKER: FSKAX	0.00	-1,600,000.00	1,600,000.00
5/ 3/24	8,803.886 S	FIDELITY INTL INDEX FD TICKER: FSPSX	0.00	435,000.00	-419,417.13
5/ 3/24	5,693.017 S	FIDELITY TOTAL MKT INDEX FD TICKER: FSKAX	0.00	803,000.00	-782,789.81
5/ 7/24	9,248.171 S	FIDELITY INTL INDEX FD TICKER: FSPSX	0.00	461,113.81	-440,582.87
5/ 7/24	5,943.347 S	FIDELITY TOTAL MKT INDEX FD TICKER: FSKAX	0.00	848,175.05	-817,210.19
8/ 5/24	3,317.536 S	FIDELITY US BOND INDEX FD TICKER: FXNAX	0.00	35,000.00	-33,182.06
8/ 5/24	3,102.837 S	ALLSPRING CORE BD FD R6 TICKER: WTRIX	0.00	35,000.00	-33,270.82
8/ 5/24	4,127.967 S	FIDELITY ADV TOTAL BOND FD CL Z TICKER: FBKWX	0.00	40,000.00	-38,028.82

T

Associated Spring UAW 629 Pension Plan
EIN: 99-1101264 • PN: 001
Schedule H line 4j - Reportable Transactions
Plan Year Ending December 31, 2024

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/04/2024 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 Associated Spring UAW 629 Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Associated Spring US, LLC	D Employer Identification Number (EIN) 99-1101264
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 04 Day 04 Year 2024			
2	Assets:			
a	Market value	2a	6,154,138	
b	Actuarial value	2b	6,154,138	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	0	0	0
b	For terminated vested participants	0	0	0
c	For active participants	101	4,676,122	6,403,816
d	Total	101	4,676,122	6,403,816
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	5.32%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	209,356	
b	Expected plan-related expenses	6b	20,000	
c	Target normal cost	6c	229,356	

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 Kathleen Brophy KB Signature of actuary	10/10/2025 Date 2308899 Most recent enrollment number 212-309-3965 Telephone number (including area code)
Kathleen Brophy Type or print name of actuary Willis Towers Watson US LLC Firm name 200 Liberty Street New York NY 10281 Address of the firm	

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)	412,735	105,245
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9 Amount remaining (line 7 minus line 8)	412,735	105,245
10 Interest on line 9 using prior year's actual return of <u>0.00</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)		
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>0.00</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		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)	412,735	105,245

Part III Funding Percentages

14 Funding target attainment percentage	14	88.01 %
15 Adjusted funding target attainment percentage	15	88.01 %
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	109.66 %
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) style="text-align: right;">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
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21	Discount rate:				
	a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
	b Applicable month (enter code).....				21b 0
22	Weighted average retirement age				22 62
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI	Miscellaneous Items
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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
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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
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31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c).....	31a	229,356
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	767,658	52,036
	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)....		34 281,392
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	281,392	281,392
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)
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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
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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Associated Spring US LLC
EIN/PN	99-1101264/001
Plan Name	Associated Spring UAW 629 Pension Plan
Valuation Date	April 4, 2024
Enrolled Actuary	Kathleen Brophy
Enrollment Number	23-08899

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 7

Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance as of April 4, 2024

The Funding Standard Carryover Balance and Prefunding Balance are \$412,735 and \$105,245, respectively, on line 7 of the current year Schedule SB. The balance has been adjusted because the funding standard carryover balance and prefunding balance were allocated to the plan by the actuary for the predecessor plan.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of April 4, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month January
- Interest rate basis Segment Rates from Month of Valuation Date

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	4.37%
• Second segment rate	4.96%	4.96%
• Third segment rate	5.59%	4.95%
• Effective interest rate	5.32%	4.95%

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases N/A

Plan-related expenses \$20,000 added to current year normal cost

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

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

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

Plan Name: Associated Spring UAW 629 Pension Plan
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SCHEDULE SB ATTACHMENTS

Mortality

- **Healthy**
Combined rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.
- **Disabled**
Same for pre-1995 and post-1994 disabilities as described above for Healthy Mortality.

Termination

Rates varying by age and service

Representative Termination Rates

Percentage leaving during the year	
Ultimate	
Attained Age	Rates
20	8.9%
25	6.6%
30	4.6%
35	3.9%
40	3.6%
45	3.3%
50	2.9%
55	2.6%
60+	2.3%

Percentage leaving during the year	
Select	
Service	Rates
0	30.0%
1	15.0%
2	15.0%
3	15.0%
4	10.0%

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Plan Sponsor: Associated Spring US LLC
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SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
20	0.151%	0.089%
25	0.219%	0.150%
30	0.309%	0.252%
35	0.431%	0.388%
40	0.597%	0.547%
45	0.829%	0.777%
50	1.224%	1.201%
55	2.118%	1.962%
60	3.240%	2.326%
65	4.369%	2.718%
69	5.452%	3.331%
70	0.000%	0.000%

100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.

Retirement

Rates varying by age

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year		
Age	Rates	
	<30 years of service	30+ years of service
Under 55	0.0%	0.0%
55-61	5.0%	10.0%
62	10.0%	10.0%
63-64	20.0%	20.0%
65	40.0%	50.0%
66-68	40.0%	30.0%
69	40.0%	75.0%
70 and above	100.0%	100.0%

Unpredictable Contingent Event Benefit (UCEB) assumptions None assumed.

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Plan Sponsor: Associated Spring US LLC
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SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit Employee with five years of service and married one full year prior to death.
- Future vested deferred Future terminated vested participants are assumed to commence at the earlier of age 63 with 10 years of vesting service and age 65.
- Current vested deferred Terminated vested participants are assumed to commence at the earlier of age 63 with 10 years of vesting service and age 65.
- Disability benefit Employee with 10 years of credited service who is deemed totally and permanently disabled prior to attaining his/her 65th birthday.
- Retirement benefit The first day of the month coinciding with or next following the later of Participant's 65th birthday or 5th anniversary of date of employment.
- Supplementary medical insurance benefits (Part B Medicare) Any retiree, or surviving spouse of a retiree, or a surviving spouse of an employee who died before retirement who has provided satisfactory evidence that the participant is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare).

Form of payment

- Single Participants Assumed to elect single life annuity

- Males - Married

Form of Payment	Lump Sum	Single Life	55% J&S
Active Retirements	0%	35%	65%
Future Vested Deferred	0%	35%	65%
Future Disabilities	0%	35%	65%
Future Deaths	0%	0%	100%
Current vested deferred	0%	35%	65%

Plan Name: Associated Spring UAW 629 Pension Plan
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SCHEDULE SB ATTACHMENTS

- Females - Married

Form of Payment	Lump Sum	Single Life	55% J&S
Active Retirements	0%	50%	50%
Future Vested Deferred	0%	50%	50%
Future Disabilities	0%	50%	50%
Future Deaths	0%	0%	100%
Current vested deferred	0%	50%	50%

Percent married

80% of males; 60% of females. Used to value pre-retirement surviving spouse benefits and in determining the coverage level expected to be elected at commencement.

Spouse age

Wife three years younger than husband

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on September 1, 2021, reflecting amendments through December 31, 2021. Only provisions for employees covered under the transaction April 4, 2024 are listed.

Covered employees	Employee means any person who is a member of the collective bargaining unit represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW, and who is customarily employed by a participating division (Corry) on an hourly-rate basis (including hourly-rate persons on incentive pay plans).
Participation date	Immediately. No new participants will enter the plan after December 31, 2017.
Status of the plan	The plan has ongoing benefit accruals, however, effective January 1, 2018, the plan has been closed to new participants.

Definitions

Vesting service	All years of service with the employer from date of employment to termination, retirement or death. Used to determine vesting, early retirement, and eligibility for surviving spouse pension and surviving spouse income benefit.
------------------------	--

Hours of Service in Plan Year	Years of Vested Service Earned
Less than 86 hours	0 years
86-255 hours	1/10 year
256-425 hours	1/5 year
426-595 hours	3/10 year
596-765 hours	2/5 year
766-935 hours	1/2 year
936-999 hours	3/5 year
1000 or more hours	1 year

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SCHEDULE SB ATTACHMENTS

Credited service	All years of service with the employer from date of employment to termination, retirement or death. For purposes of Credited Service, 1,700 hours equals one year with pro-rated credit to the nearest 1/10th of a year. If an employee has fewer than 170 hours of service in any plan year, no service will be credited for such plan year.
Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65. All disabled employees are assumed to be eligible for Social Security benefits.
Normal retirement date (NRD)	First of month coinciding with or next following the later of participant's 65th birthday or 5th anniversary of date of employment. An active participant shall become 100% vested upon reaching Normal Retirement Date.
Monthly pension benefit	Monthly pension retirement benefit for each year of credited service is calculated based on the following schedule for participants hired prior to September 1, 2010:

Effective Dates	Monthly Benefit Multiplier
Retirement before July 1, 2022	Amounts vary by date but are not used for our valuations
Retirement on or after July 1, 2022 prior to April 1, 2024	\$45.50
Retirement on or after April 1, 2024 and prior to April 1, 2025	\$46.25
Retirement on or after April 1, 2025	Increase of \$0.50 if GP% for 2024 is equal to or greater than 18% Increase of \$0.75 if GP% for 2024 is equal or greater than 22%.

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Monthly benefit for each year of Credited Service is calculated based on the following schedule for participants hired on or after September 1, 2010:

Effective Dates	Monthly Benefit Multiplier
Retirement before January 1, 2022	Amounts vary by date but are not used for our valuations
Retirement on or after January 1, 2022 and prior to April 1, 2024	\$27.50
Retirement on or after April 1, 2024 and prior to April 1, 2025	\$28.25
Retirement on or after April 1, 2025	Increase of \$0.50 if GP% for 2024 is equal to or greater than 18% Increase of \$0.75 if GP% for 2024 is equal or greater than 22%.

Pre-retirement cost

The cost of the Pre-retirement Spouse benefit shall be borne by the plan.

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service

Deferred vested termination

Termination for reasons other than death or retirement after completing at least five years of vesting service

Disability (including additional disability benefit)

Employee with 10 years of Credited Service who is deemed totally and permanently disabled prior to attaining his/her 65th birthday. The plan administrator shall have the discretion to determine disability under the plan.

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EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Special disability benefit	Any employee who receives disability pension payments under the plan, who has received disability benefits under the Social Security Act for at least 24 consecutive months and who has provided satisfactory evidence that he/she is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare) under the federal Social Security Act.
Plant closing benefit	The closing of any of the plants of a participating division of Associated Spring on or after March 1, 1989, and the employee satisfies either of the following conditions: a) Attained age 50, but not age 55, with at least 15 years of seniority, or b) Attained age 45, but not age 55, with at least 20 years of seniority
Preretirement Surviving Spouse Benefit	Participant dies with a vested benefit who has been married to their surviving spouse at least one full year prior to death.
Surviving spouse income benefit	Upon the death of a Participant who has 10 or more years of Vesting Service, the surviving qualified spouse of the Participant will become eligible for a surviving spouse income benefit, provided that the Participant's death occurs before his/her seniority is broken. For purposes of this paragraph, a disabled pensioner's seniority is not deemed to be broken.
Special age 65 benefit	Any retiree, or surviving spouse of a retiree, or a surviving spouse of an employee who died before retirement who has provided satisfactory evidence that the Participant is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare). This benefit, in addition to his/her basic Normal Retirement benefit, will be payable on the first day of each month after his/her 65th birthday on which a pension is payable under the plan.

Plan Name:	Associated Spring UAW 629 Pension Plan
EIN / PN:	99-1101264/001
Plan Sponsor:	Associated Spring US LLC
Valuation Date:	April 4, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of NRD

Early retirement

Normal Retirement benefit accrued to early retirement, reduced based on the schedule below:

Retirement age	Credited service	Reduction
Less than age 62	Less than 30 years	0.5% per month prior to age 62
Less than age 58	30 years or more	0.5% per month prior to age 58
Age 58 or over	30 years or more	0%
Age 62 or over	Any years	0%

Any employee who retires with 30 or more years of Credited Service and prior to their 62nd birthday will receive, in addition to the early retirement benefit otherwise payable, a monthly early retirement supplement until age 62. This supplement is calculated as follows:

Effective Dates	Monthly Supplement
Retirement before September 1, 2021	Amounts vary by date but are not used for our valuations
Retirement on or after September 1, 2021	\$1,000

Deferred vested termination

The amount of benefit should be calculated as for Normal Retirement. An employee's deferred vested benefit shall commence in full on his/ her normal retirement date, or at the Participant's option, reduced by 0.6% for each month for the first 5 years and reduced by 0.3% for each month for the second five years by which benefit commencement precedes his/her normal retirement date, at any time after attaining age 55, provided the employee has 10 or more years of Service.

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Plan Sponsor: Associated Spring US LLC
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SCHEDULE SB ATTACHMENTS

Disability (including additional disability benefit)

Normal Retirement benefit plus an additional disability benefit, if not eligible for Social Security. This additional disability benefit for each year of Credited Service is calculated based on the following schedule:

Effective Dates	Monthly Benefit
Retirement before September 1, 2011	Amounts vary by date but are not used for our valuations
Retirement on or after September 1, 2011	\$37.50

Once eligible for a Social Security benefit, the disability benefit equals the Normal Retirement benefit.

Special disability benefit

The amount of the flat monthly benefit is calculated based on the following schedule:

This benefit will cease if the disabled person's coverage under Supplementary Medical Insurance Benefits (Part B Medicare) ends or if the disabled person's coverage under the Health Care Agreement is reduced to "cap level" coverage. If eligible and covered for retiree health care benefits, a surviving spouse is eligible to receive this benefit if the surviving spouse provides proof of enrollment in Supplementary Medical Insurance Benefits (Part B Medicare).

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SCHEDULE SB ATTACHMENTS

Plant closing benefit

- a) Normal Retirement benefit unreduced at age 62, or
- b) Normal Retirement benefit at age 55 reduced by 0.5% for each month by which benefit commencement precedes age 62.
- c) If the employee has completed at least 30 years of Credited Service at the date of closing, his/her benefit is the Normal Retirement benefit unreduced at age 58 or reduced by 0.5% for each month by which benefit commencement precedes age 58. Additionally, he/she shall receive the early retirement supplement described above.

With respect to plant closing which occurs on or after March 1, 1992:

- a) Any employee who is then employed at such division and has completed fewer than 30 years of Credited Service and elects option (b) above will receive, in addition to the plant closing benefit otherwise payable, a monthly special plant closing supplement.
- b) Employees who have completed at least 10 years of Credited Service, but less than 30 years of Credited Service and attained age 55 and elects option (b) above will receive, in addition to the plant closing benefit otherwise payable, a monthly special plant closing supplement.

The amount of the special plant closing supplement shall be \$18.33 per month per year of Credited Service. This benefit is payable until the earliest of death, attainment of age 62 and eligibility for Social Security.

Preretirement Surviving Spouse Pension

The amount of benefit shall equal the payments that would have been made to a spouse under the Joint & 55% Survivor option:

- a) in the case of an active Participant who dies after age 55 with at least 10 years of Service, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death, or
- b) in the case of an active Participant who dies after age 55 with fewer than 10 years of Service, if the Participant had:
 - i) separated from service on date of death

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SCHEDULE SB ATTACHMENTS

- ii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
 - iii) died on the day after such immediate pension payments had begun.
 - iv) Benefit will be reduced using deferred vested reduction factors.
- c) in the case of a Participant who dies prior to age 55, if the Participant had:
 - i) survived to age 55
 - ii) separated from service on the date of death (unless already separated from service, then the termination date will be used)
 - iii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
 - iv) died on the day after such immediate pension payments had begun.
 - v) Benefit will be reduced using deferred vested reduction factors.
- d) in the case of a Participant who dies after termination of employment after age 55, if the Participant had:
 - i) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
 - ii) died on the day after such immediate pension payments had begun.
 - iii) Benefit will be reduced based on age and years of service at termination.
- e) in the case of a Participant who dies prior to age 55 while receiving a Disability benefit, if the Participant had:
 - i) separated from service on the date of death
 - ii) elected to start receiving immediate pension payments (subject to a 54% reduction for early retirement)
 - iii) died on the day after such immediate pension payments had begun.
- f) in the case of a Participant who dies after age 55 but prior to age 62 with fewer than 30 years of Credited Service and while receiving a Disability benefit, if the Participant had

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retired with an immediate Joint & 55% Survivor option on the day before his/her death as adjusted for early retirement. If such a Participant dies after his/her 62nd birthday, no reduction for early retirement will apply.

- g) in the case of a Participant who dies after age 55 but prior to age 58 with 30 years or more of Credited Service and while receiving a Disability benefit, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death as adjusted for early retirement. If such a Participant dies after his/her 58th birthday, no reduction for early retirement will apply.

Surviving spouse income benefit The amount of the flat monthly benefit is calculated based on the following schedule:

Effective Dates	Monthly Benefit if Not Eligible for Social Security	Monthly Benefit if Eligible for Social Security
Retirement before March 1, 2024	Amounts vary by date but are not used for our valuations	
Retirement on or after March 1, 2004	\$700	\$500

The surviving spouse income benefit will be payable monthly to the spouse beginning on the first day of the month following the Participant's death and will continue until the earlier of the death of such spouse or the 24th monthly payment.

If the surviving spouse is eligible to receive both the preretirement surviving spouse benefit and the surviving spouse income benefit, the surviving spouse will receive the greater of the two benefits. If the surviving spouse income benefit initially becomes payable, the preretirement surviving spouse pension will become payable to the spouse if the spouse is still alive when the surviving spouse income benefit payments end.

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Special 65 Age benefit

The amount of the flat monthly benefit is calculated based on the following schedule:

Effective Dates	Monthly Benefit
Retirement before March 1, 2024	Amounts vary by date but are not used for our valuations
Retirement on or after March 1, 2004	\$32.00

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above.

Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects.

Otherwise, benefits are paid in the form of a 55% joint and survivor annuity option and will be the amount determined under the benefit formula multiplied by a factor generated using a 6% mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010, so long as the resulting amount is not less than the frozen benefit calculated at October 1, 2011 with the factors in effect at that date, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

The forms of benefit payment available to each Participant shall be the actuarial equivalent of his/her basic Normal Retirement benefit on a straight life annuity basis. The optional forms of benefit are as follows:

- Straight Life Annuity
- Surviving Spouse Option (55%, 75% or 100%)

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- Level Income Option

Optional form conversion factors

Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed as follows:

- a) For 55% contingent pensioner option: a 5% reduction plus/minus 1/2% for each year or part of the year where the spouse is more than 5 years younger/older than the participant.
- b) For other contingent pensioner options, the more generous of the following:
 1. A 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010
 2. The flat rate reductions in effect prior to October 1, 2011 applied to the frozen benefit accrued to September 30, 2011.
- c) Level Income Option: IRC §417(e) assumptions

Pension Increases

None

Plan participants' contributions

None

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. This limit is indexed annually. For 2023, the limit is \$265,000.

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Late retirement increases:

- Active participants The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
- Deferred vested participants Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

Shutdown benefits

We are not aware of any corporate actions that would create future shutdown benefits in the Corry location; therefore, they are excluded. No previous shutdown benefits affect the participants covered under this valuation.

Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method as of April 4, 2024

Due to the Plan being a spin-off as of April 4, 2024, as noted on the attachment for line 7, by nature of the transaction there is a change of funding method. Accordingly, a method-change filing was submitted to the IRS and awaits approval. The key provisions of the method change for plan year 2024 are outlined below.

Participants moving to the Plan are allocated the portion of Target Normal Cost (TNC) related to benefits expected to be earned during the period April 4, 2024 through December 31, 2024. The Predecessor is allocated 100% of the benefit accrual for those remaining in the Predecessor Plan, and, for participants moving to the Plan, the portion of target normal cost related to benefits expected to be earned during the period January 1, 2024 through April 3, 2024.

The administrative expenses assumption used to calculate the TNC were assumed to be \$20,000 for the period April 4, 2024 – December 31, 2024 based on the input of the Predecessor Plan actuary regarding expenses expected to be paid from the spun-off plan during the period April 4, 2024-December 31, 2024.

Shortfall Amortization Installments allocated to the Plan reflect the amounts allocated to the spun-off plan based on the April 4th spinoff date (8.9 months/12 months).

Actuarial value of assets for the Plan is the market value of assets as of April 4, 2024. Asset smoothing over 24 months with a three-point average will be applied in future valuations.

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for further description of the methods for interest rates, mortality assumptions, and actuarial value of assets 2024.

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Valuation Date:	April 4, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of April 4, 2024

Attained Age	Attained Years of Credited Service ¹											40 & Over	Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	5	0	0	0	0	0	0	5
30-34	0	0	0	0	0	12	3	0	0	0	0	0	15
35-39	0	0	0	0	0	8	6	0	0	0	0	0	14
40-44	0	0	0	0	0	0	2	0	0	1	0	0	3
45-49	0	0	0	0	0	4	3	0	5	2	0	0	14
50-54	0	0	0	0	0	8	1	0	5	9	0	0	23
55-59	0	0	0	1	0	3	1	1	6	9	0	1	22
60-64	0	0	0	0	0	1	0	0	1	1	0	0	3
65-69	0	0	0	0	0	0	0	0	0	2	0	0	2
70 & over	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	1	0	41	16	1	17	24	0	1	101

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

Plan Name: Associated Spring UAW 629 Pension Plan

EIN / PN: 99-1101264/001

Plan Sponsor: Associated Spring US LLC

Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of April 4, 2024

Schedule of Allocated Shortfall Amortization Installments

Type of Base	Date Established	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	15.00000	767,658	70,161
Total			767,658	70,161

Schedule of Allocated Shortfall Amortization Installments for the Period from April 4, 2024 – December 31, 2024

Type of Base	Date Established	Amortization Payment
Shortfall	01/01/2024	52,036
Total		52,036

There were no predecessor plan shortfall amortization installments as of January 1, 2024. A new shortfall amortization was set up at January 1, 2024 so that the present value of the shortfall amortization installments equals the funding shortfall in the January 1, 2024 valuation of the plan.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Associated Spring US LLC
EIN/PN	99-1101264/001
Plan Name	Associated Spring UAW 629 Pension Plan
Valuation Date	April 4, 2024
Enrolled Actuary	Kathleen Brophy
Enrollment Number	23-08899

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of April 4, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Associated Spring UAW 629 Pension Plan
EIN / PN:	99-1101264/001
Plan Sponsor:	Associated Spring US LLC
Valuation Date:	April 4, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 7
Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance
or Prefunding Balance
as of April 4, 2024

The Funding Standard Carryover Balance and Prefunding Balance are \$412,735 and \$105,245, respectively, on line 7 of the current year Schedule SB. The balance has been adjusted because the funding standard carryover balance and prefunding balance were allocated to the plan by the actuary for the predecessor plan.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

Memo

Date:	October 15, 2025
To:	Department of Labor Department of the Treasury Internal Revenue Service
From:	Kelly Klueger
Re:	Annual Return/Report of Employee Benefit Plan – Form 5500 Plan Year Ending December 31, 2024 Associated Spring UAW 629 Pension Plan EIN: 99-1101264 • PN: 001

Dear Sir/Madam:

The Plan's audited financial statements have not been attached to the 2024 Form 5500 as our independent auditor has informed us that they have not obtained sufficient audit evidence to render an opinion on the Plan's financial statements as of the date of this filing.

The Plan will submit an amended Form 5500 filing promptly upon receipt of the finalized audited financial statements.

Sincerely,
Kelly Klueger
SVP, People & Talent

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on September 1, 2021, reflecting amendments through December 31, 2021. Only provisions for employees covered under the transaction April 4, 2024 are listed.

Covered employees

Employee means any person who is a member of the collective bargaining unit represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW, and who is customarily employed by a participating division (Corry) on an hourly-rate basis (including hourly-rate persons on incentive pay plans).

Participation date

Immediately. No new participants will enter the plan after December 31, 2017.

Status of the plan

The plan has ongoing benefit accruals, however, effective January 1, 2018, the plan has been closed to new participants.

Definitions

Vesting service

All years of service with the employer from date of employment to termination, retirement or death. Used to determine vesting, early retirement, and eligibility for surviving spouse pension and surviving spouse income benefit.

Hours of Service in Plan Year	Years of Vested Service Earned
Less than 86 hours	0 years
86-255 hours	1/10 year
256-425 hours	1/5 year
426-595 hours	3/10 year
596-765 hours	2/5 year
766-935 hours	1/2 year
936-999 hours	3/5 year
1000 or more hours	1 year

Plan Name: Associated Spring UAW 629 Pension Plan
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Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Credited service All years of service with the employer from date of employment to termination, retirement or death. For purposes of Credited Service, 1,700 hours equals one year with pro-rated credit to the nearest 1/10th of a year. If an employee has fewer than 170 hours of service in any plan year, no service will be credited for such plan year.

Social Security benefit The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65. All disabled employees are assumed to be eligible for Social Security benefits.

Normal retirement date (NRD) First of month coinciding with or next following the later of participant's 65th birthday or 5th anniversary of date of employment. An active participant shall become 100% vested upon reaching Normal Retirement Date.

Monthly pension benefit Monthly pension retirement benefit for each year of credited service is calculated based on the following schedule for participants hired prior to September 1, 2010:

Effective Dates	Monthly Benefit Multiplier
Retirement before July 1, 2022	Amounts vary by date but are not used for our valuations
Retirement on or after July 1, 2022 prior to April 1, 2024	\$45.50
Retirement on or after April 1, 2024 and prior to April 1, 2025	\$46.25
Retirement on or after April 1, 2025	Increase of \$0.50 if GP% for 2024 is equal to or greater than 18% Increase of \$0.75 if GP% for 2024 is equal or greater than 22%.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Monthly benefit for each year of Credited Service is calculated based on the following schedule for participants hired on or after September 1, 2010:

Effective Dates	Monthly Benefit Multiplier
Retirement before January 1, 2022	Amounts vary by date but are not used for our valuations
Retirement on or after January 1, 2022 and prior to April 1, 2024	\$27.50
Retirement on or after April 1, 2024 and prior to April 1, 2025	\$28.25
Retirement on or after April 1, 2025	Increase of \$0.50 if GP% for 2024 is equal to or greater than 18% Increase of \$0.75 if GP% for 2024 is equal or greater than 22%.

Pre-retirement cost The cost of the Pre-retirement Spouse benefit shall be borne by the plan.

Eligibility for Benefits	
Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service
Deferred vested termination	Termination for reasons other than death or retirement after completing at least five years of vesting service
Disability (including additional disability benefit)	Employee with 10 years of Credited Service who is deemed totally and permanently disabled prior to attaining his/her 65th birthday. The plan administrator shall have the discretion to determine disability under the plan.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
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SCHEDULE SB ATTACHMENTS

Special disability benefit	Any employee who receives disability pension payments under the plan, who has received disability benefits under the Social Security Act for at least 24 consecutive months and who has provided satisfactory evidence that he/she is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare) under the federal Social Security Act.
Plant closing benefit	The closing of any of the plants of a participating division of Associated Spring on or after March 1, 1989, and the employee satisfies either of the following conditions: a) Attained age 50, but not age 55, with at least 15 years of seniority, or b) Attained age 45, but not age 55, with at least 20 years of seniority
Preretirement Surviving Spouse Benefit	Participant dies with a vested benefit who has been married to their surviving spouse at least one full year prior to death.
Surviving spouse income benefit	Upon the death of a Participant who has 10 or more years of Vesting Service, the surviving qualified spouse of the Participant will become eligible for a surviving spouse income benefit, provided that the Participant's death occurs before his/her seniority is broken. For purposes of this paragraph, a disabled pensioner's seniority is not deemed to be broken.
Special age 65 benefit	Any retiree, or surviving spouse of a retiree, or a surviving spouse of an employee who died before retirement who has provided satisfactory evidence that the Participant is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare). This benefit, in addition to his/her basic Normal Retirement benefit, will be payable on the first day of each month after his/her 65th birthday on which a pension is payable under the plan.

Plan Name:	Associated Spring UAW 629 Pension Plan
EIN / PN:	99-1101264/001
Plan Sponsor:	Associated Spring US LLC
Valuation Date:	April 4, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of NRD

Early retirement

Normal Retirement benefit accrued to early retirement, reduced based on the schedule below:

Retirement age	Credited service	Reduction
Less than age 62	Less than 30 years	0.5% per month prior to age 62
Less than age 58	30 years or more	0.5% per month prior to age 58
Age 58 or over	30 years or more	0%
Age 62 or over	Any years	0%

Any employee who retires with 30 or more years of Credited Service and prior to their 62nd birthday will receive, in addition to the early retirement benefit otherwise payable, a monthly early retirement supplement until age 62. This supplement is calculated as follows:

Effective Dates	Monthly Supplement
Retirement before September 1, 2021	Amounts vary by date but are not used for our valuations
Retirement on or after September 1, 2021	\$1,000

Deferred vested termination

The amount of benefit should be calculated as for Normal Retirement. An employee's deferred vested benefit shall commence in full on his/ her normal retirement date, or at the Participant's option, reduced by 0.6% for each month for the first 5 years and reduced by 0.3% for each month for the second five years by which benefit commencement precedes his/her normal retirement date, at any time after attaining age 55, provided the employee has 10 or more years of Service.

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Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Disability (including additional disability benefit)

Normal Retirement benefit plus an additional disability benefit, if not eligible for Social Security. This additional disability benefit for each year of Credited Service is calculated based on the following schedule:

Effective Dates	Monthly Benefit
Retirement before September 1, 2011	Amounts vary by date but are not used for our valuations
Retirement on or after September 1, 2011	\$37.50

Once eligible for a Social Security benefit, the disability benefit equals the Normal Retirement benefit.

Special disability benefit

The amount of the flat monthly benefit is calculated based on the following schedule:

This benefit will cease if the disabled person’s coverage under Supplementary Medical Insurance Benefits (Part B Medicare) ends or if the disabled person’s coverage under the Health Care Agreement is reduced to “cap level” coverage. If eligible and covered for retiree health care benefits, a surviving spouse is eligible to receive this benefit if the surviving spouse provides proof of enrollment in Supplementary Medical Insurance Benefits (Part B Medicare).

Plan Name: Associated Spring UAW 629 Pension Plan
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Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

SCHEDULE SB ATTACHMENTS

Plant closing benefit

- a) Normal Retirement benefit unreduced at age 62, or
- b) Normal Retirement benefit at age 55 reduced by 0.5% for each month by which benefit commencement precedes age 62.
- c) If the employee has completed at least 30 years of Credited Service at the date of closing, his/her benefit is the Normal Retirement benefit unreduced at age 58 or reduced by 0.5% for each month by which benefit commencement precedes age 58. Additionally, he/she shall receive the early retirement supplement described above.

With respect to plant closing which occurs on or after March 1, 1992:

- a) Any employee who is then employed at such division and has completed fewer than 30 years of Credited Service and elects option (b) above will receive, in addition to the plant closing benefit otherwise payable, a monthly special plant closing supplement.
- b) Employees who have completed at least 10 years of Credited Service, but less than 30 years of Credited Service and attained age 55 and elects option (b) above will receive, in addition to the plant closing benefit otherwise payable, a monthly special plant closing supplement.

The amount of the special plant closing supplement shall be \$18.33 per month per year of Credited Service. This benefit is payable until the earliest of death, attainment of age 62 and eligibility for Social Security.

Preretirement Surviving Spouse Pension

The amount of benefit shall equal the payments that would have been made to a spouse under the Joint & 55% Survivor option:

- a) in the case of an active Participant who dies after age 55 with at least 10 years of Service, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death, or
- b) in the case of an active Participant who dies after age 55 with fewer than 10 years of Service, if the Participant had:
 - i) separated from service on date of death

Plan Name: Associated Spring UAW 629 Pension Plan
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Plan Sponsor: Associated Spring US LLC
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SCHEDULE SB ATTACHMENTS

- ii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
 - iii) died on the day after such immediate pension payments had begun.
 - iv) Benefit will be reduced using deferred vested reduction factors.
- c) in the case of a Participant who dies prior to age 55, if the Participant had:
 - i) survived to age 55
 - ii) separated from service on the date of death (unless already separated from service, then the termination date will be used)
 - iii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
 - iv) died on the day after such immediate pension payments had begun.
 - v) Benefit will be reduced using deferred vested reduction factors.
- d) in the case of a Participant who dies after termination of employment after age 55, if the Participant had:
 - i) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
 - ii) died on the day after such immediate pension payments had begun.
 - iii) Benefit will be reduced based on age and years of service at termination.
- e) in the case of a Participant who dies prior to age 55 while receiving a Disability benefit, if the Participant had:
 - i) separated from service on the date of death
 - ii) elected to start receiving immediate pension payments (subject to a 54% reduction for early retirement)
 - iii) died on the day after such immediate pension payments had begun.
- f) in the case of a Participant who dies after age 55 but prior to age 62 with fewer than 30 years of Credited Service and while receiving a Disability benefit, if the Participant had

Plan Name: Associated Spring UAW 629 Pension Plan
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retired with an immediate Joint & 55% Survivor option on the day before his/her death as adjusted for early retirement. If such a Participant dies after his/her 62nd birthday, no reduction for early retirement will apply.

- g) in the case of a Participant who dies after age 55 but prior to age 58 with 30 years or more of Credited Service and while receiving a Disability benefit, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death as adjusted for early retirement. If such a Participant dies after his/her 58th birthday, no reduction for early retirement will apply.

Surviving spouse income benefit The amount of the flat monthly benefit is calculated based on the following schedule:

Effective Dates	Monthly Benefit if Not Eligible for Social Security	Monthly Benefit if Eligible for Social Security
Retirement before March 1, 2024	Amounts vary by date but are not used for our valuations	
Retirement on or after March 1, 2004	\$700	\$500

The surviving spouse income benefit will be payable monthly to the spouse beginning on the first day of the month following the Participant's death and will continue until the earlier of the death of such spouse or the 24th monthly payment.

If the surviving spouse is eligible to receive both the preretirement surviving spouse benefit and the surviving spouse income benefit, the surviving spouse will receive the greater of the two benefits. If the surviving spouse income benefit initially becomes payable, the preretirement surviving spouse pension will become payable to the spouse if the spouse is still alive when the surviving spouse income benefit payments end.

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Plan Sponsor: Associated Spring US LLC
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SCHEDULE SB ATTACHMENTS

Special 65 Age benefit

The amount of the flat monthly benefit is calculated based on the following schedule:

Effective Dates	Monthly Benefit
Retirement before March 1, 2024	Amounts vary by date but are not used for our valuations
Retirement on or after March 1, 2004	\$32.00

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above.

Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects.

Otherwise, benefits are paid in the form of a 55% joint and survivor annuity option and will be the amount determined under the benefit formula multiplied by a factor generated using a 6% mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010, so long as the resulting amount is not less than the frozen benefit calculated at October 1, 2011 with the factors in effect at that date, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

The forms of benefit payment available to each Participant shall be the actuarial equivalent of his/her basic Normal Retirement benefit on a straight life annuity basis. The optional forms of benefit are as follows:

- Straight Life Annuity
- Surviving Spouse Option (55%, 75% or 100%)

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SCHEDULE SB ATTACHMENTS

- Level Income Option

Optional form conversion factors

Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed as follows:

- a) For 55% contingent pensioner option: a 5% reduction plus/minus 1/2% for each year or part of the year where the spouse is more than 5 years younger/older than the participant.
- b) For other contingent pensioner options, the more generous of the following:
 1. A 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010
 2. The flat rate reductions in effect prior to October 1, 2011 applied to the frozen benefit accrued to September 30, 2011.
- c) Level Income Option: IRC §417(e) assumptions

Pension Increases

None

Plan participants' contributions

None

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. This limit is indexed annually. For 2023, the limit is \$265,000.

Plan Name: Associated Spring UAW 629 Pension Plan
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Plan Sponsor: Associated Spring US LLC
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Late retirement increases:

- Active participants The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.

- Deferred vested participants Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

Shutdown benefits We are not aware of any corporate actions that would create future shutdown benefits in the Corry location; therefore, they are excluded. No previous shutdown benefits affect the participants covered under this valuation.

Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: April 4, 2024

ASSET DETAIL

SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
-----	-----	-----	-----	----	-----
	MUTUAL FUNDS				
140,207.093	ALLSPRING CORE BD FD R6 TICKER: WTRIX MONTH END PRICE 10.8900	0.00	1,526,855.24	1,504,419.43	22,435.81
120,853.260	FIDELITY ADV TOTAL BOND FD CL Z TICKER: FBKWX MONTH END PRICE 9.3900	0.00	1,134,812.11	1,114,210.03	20,602.08
109,292.662	FIDELITY US BOND INDEX FD TICKER: FXNAX MONTH END PRICE 10.2200	0.00	1,116,971.01	1,093,798.38	23,172.63
		0.00	3,778,638.36	3,712,427.84	66,210.52
	COLLECTIVE INVESTMENT TRUSTS				
139,439.325	DB GROWTH PORTFOLIO INSTITUTIONAL CL TICKER: 1871C MONTH END PRICE 19.1090	0.00	2,664,546.06	2,505,895.82	158,650.24
		0.00	2,664,546.06	2,505,895.82	158,650.24
	TOTAL	0.00	6,443,184.42	6,218,323.66	224,860.76
	CASH	0.00	26,051.86		
	NET ASSETS	0.00	6,469,236.28		
		=====	=====		

Associated Spring UAW 629 Pension Plan
EIN: 99-1101264 • PN: 001
Schedule H line 4j - Reportable Transactions
Plan Year Ending December 31, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of April 4, 2024

Schedule of Allocated Shortfall Amortization Installments

Type of Base	Date Established	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	15.00000	767,658	70,161
Total			767,658	70,161

Schedule of Allocated Shortfall Amortization Installments for the Period from April 4, 2024 – December 31, 2024

Type of Base	Date Established	Amortization Payment
Shortfall	01/01/2024	52,036
Total		52,036

There were no predecessor plan shortfall amortization installments as of January 1, 2024. A new shortfall amortization was set up at January 1, 2024 so that the present value of the shortfall amortization installments equals the funding shortfall in the January 1, 2024 valuation of the plan.

Plan Name:	Associated Spring UAW 629 Pension Plan
EIN / PN:	99-1101264/001
Plan Sponsor:	Associated Spring US LLC
Valuation Date:	April 4, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method as of April 4, 2024

Due to the Plan being a spin-off as of April 4, 2024, as noted on the attachment for line 7, by nature of the transaction there is a change of funding method. Accordingly, a method-change filing was submitted to the IRS and awaits approval. The key provisions of the method change for plan year 2024 are outlined below.

Participants moving to the Plan are allocated the portion of Target Normal Cost (TNC) related to benefits expected to be earned during the period April 4, 2024 through December 31, 2024. The Predecessor is allocated 100% of the benefit accrual for those remaining in the Predecessor Plan, and, for participants moving to the Plan, the portion of target normal cost related to benefits expected to be earned during the period January 1, 2024 through April 3, 2024.

The administrative expenses assumption used to calculate the TNC were assumed to be \$20,000 for the period April 4, 2024 – December 31, 2024 based on the input of the Predecessor Plan actuary regarding expenses expected to be paid from the spun-off plan during the period April 4, 2024-December 31, 2024.

Shortfall Amortization Installments allocated to the Plan reflect the amounts allocated to the spun-off plan based on the April 4th spinoff date (8.9 months/12 months).

Actuarial value of assets for the Plan is the market value of assets as of April 4, 2024. Asset smoothing over 24 months with a three-point average will be applied in future valuations.

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for further description of the methods for interest rates, mortality assumptions, and actuarial value of assets 2024.

Plan Name:	Associated Spring UAW 629 Pension Plan
EIN / PN:	99-1101264/001
Plan Sponsor:	Associated Spring US LLC
Valuation Date:	April 4, 2024