

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [X] the first return/report [] the final return/report [] an amended return/report [X] 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: [X] 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: INNOMOTICS PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/2024
2a Plan sponsor's name (employer, if for a single-employer plan): INNOMOTICS LLC
2b Employer Identification Number (EIN): 38-4207664
2c Plan Sponsor's telephone number: 470-905-9507
2d Business code (see instructions): 551112

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	473
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)	167
	6a(2)	166
	6b	192
	6c	69
	6d	427
	6e	45
	6f	472
	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:
1A 1H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 12/31/2024

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

A Name of plan <u>INNOMOTICS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INNOMOTICS LLC</u>	D Employer Identification Number (EIN) <u>38-4207664</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>22530265</u>
	b Actuarial value	2b	<u>22530265</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>237</u>	<u>8732744</u>
	b For terminated vested participants	<u>69</u>	<u>3282439</u>
	c For active participants	<u>167</u>	<u>9052620</u>
	d Total	<u>473</u>	<u>21067803</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.30 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>100000</u>
	c Target normal cost	6c	<u>100000</u>

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

SIGN HERE			
	Signature of actuary	<u>10/06/2025</u>	Date
	<u>ANDREW WEIS</u>	<u>23-08469</u>	Most recent enrollment number
	<u>AON CONSULTING, INC</u>	<u>314-725-9966</u>	Telephone number (including area code)
	<u>4220 DUNCAN AVE. SUITE 401 ST. LOUIS, MO 63110</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>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)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>0.00</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	106.90 %
15	Adjusted funding target attainment percentage	15	106.90 %
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	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	100000
b Excess assets, if applicable, but not greater than line 31a	31b	100000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 12/31/2024	
A Name of plan INNOMOTICS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INNOMOTICS LLC	D Employer Identification Number (EIN) 38-4207664

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	0 8213
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0 2746978
(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)	
(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 19289416
(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	0	22044607
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	0	22044607

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)	44259	
(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)		44259
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		
(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)		-80574
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-36315

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	205976	
(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)		205976
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)	1855	
(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)		1855
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		207831

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-244146
l Transfers of assets:			
(1) To this plan.....	2l(1)		22288753
(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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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 584260.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **10/01/2024** and ending **12/31/2024**

A Name of plan INNOMOTICS PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 INNOMOTICS LLC	D Employer Identification Number (EIN) 38-4207664	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1** **0**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-0841368

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3** **0**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Schedule SB Attachment (Form 5500)—October 1, 2024 Plan Year
 Innomotics Pension Plan
 EIN: 38-4207664 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of October 1, 2024

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					3					
40-44					7	2				
45-49				1	9		3			
50-54					28	4	6			
55-59					29	6	3	4	1	
60-64					18	2	2	7	6	1
65-69					13		1		1	6
70+					2	2				

N-167

Schedule SB Attachment (Form 5500)—October 1, 2024 Plan Year
 Innomotics Pension Plan
 EIN: 38-4207664 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of June 2024), each adjusted as needed to fall within the 25-year average interest rate corridor under interest rate stabilization.
1st Segment Rate	4.93%
2nd Segment Rate	5.27%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	4.93%
2nd Segment Rate	5.27%
3rd Segment Rate	5.26%
Cash Balance Interest Crediting Rate	4.06%
Cash Balance Annuity Conversion Rate	Same as Interest Rates for Minimum Funding Purposes above
Salary Increase	N/A
Social Security Wage Base	N/A
Benefits and Compensation Limits	N/A
Social Security COLA Increases	N/A
Retirement Rates	
Active Participants	See Table 1
Terminated Vested Participants (Salaried)	For cash balance participants the later of age 62 or termination of employment. For all other participants, the later of age 65 or termination of employment
Terminated Vested Participants (Union)	The later of age 61 or termination of employment
Mortality Rates	
Healthy	Based on Pri-2012 table with MP-2021 Generational Mortality Scale
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—October 1, 2024 Plan Year
Innomotics Pension Plan
EIN: 38-4207664 PN: 001

Marital Status

It is assumed that 80 percent of participants are married, and that males are three years older than their spouse.

Schedule SB Attachment (Form 5500)—October 1, 2024 Plan Year
Innomotics Pension Plan
EIN: 38-4207664 PN: 001

Decrement Timing

Middle of year decrements

**Form of Payment for Active Participants
(Salaried)**

For Cash Balance participants who terminate after retirement age eligibility, 40% are assumed to elect an immediate lump sum payment, 25% elect an immediate life annuity, 25% elect a lump sum payable at age 62 and 10% elect a life annuity payable at age 65. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.

For Cash Balance participants who terminate prior to retirement age eligibility, 25% are assumed to elect an immediate lump sum payment, 55% elect a lump sum payment at age 62 and 20% elect a life annuity payable at age 65. All other participants are assumed to elect a single life annuity. Annuities were calculated from the cash balance accounts using the required methodology in IRS regulation §1.430(d)-1(f)(5).

**Form of Payment for Active Participants
(Union)**

For Cash Balance participants who terminate after retirement age eligibility, 25% are assumed to elect an immediate lump sum payment, 20% elect an immediate life annuity and 55% elect a lump sum payment payable at age 61.

For Cash balance participants who terminate prior to retirement age eligibility, 20% are assumed to elect an immediate lump sum payment and 80% elect a lump sum payment at age 61. All other participants are assumed to elect a single life annuity.

**Form of Payment for Terminated Vested
Participants (Salaried)**

For Cash Balance participants, 45% of those who terminated within two years of the valuation date are assumed to elect an immediate lump sum payment, 40% elect a lump sum payable at age 62 and 15% elect a life annuity payable at age 65.

For all other Cash Balance participants, it is assumed that 73% elect a lump sum payment at age 62 and the remaining 27% elect a life annuity payable at age 65.

All other participants are assumed to elect a life annuity payable at age 65.

**Form of Payment for Terminated Vested
Participants (Union)**

For Cash Balance participants, 80% of those who terminated within two years of the valuation date are assumed to elect an immediate lump sum payment and 20% elect a lump sum payment payable at age 61.

Schedule SB Attachment (Form 5500)—October 1, 2024 Plan Year
Innomotics Pension Plan
EIN: 38-4207664 PN: 001

For all other Cash balance participants, it is assumed that 100% elect a lump sum payment at age 61.

All other participants are assumed to elect a life annuity payable at age 61.

Trust Expenses Included In Target Normal Cost

Plan-related expenses expected to be paid from plan assets during the plan year

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.

Actuarial Cost Method

Unit credit cost method

New or Rehired Employees

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

Valuation of Plan Assets

Market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year.

Census Date

October 1, 2024

Valuation Date

October 1, 2024

Schedule SB Attachment (Form 5500)—October 1, 2024 Plan Year
 Innomotics Pension Plan
 EIN: 38-4207664 PN: 001

Table 1

Retirement Rates

Salaried Employees

Average age 64

Percentage retiring during the year	
Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	10.00%
63	10.00%
64	10.00%
65	17.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70	100.00%

Union Employees

Average age 62

Percentage retiring during the year	
Age	Rate
55	5.00%
56	5.00%
57	8.00%
58	8.00%
59	10.00%
60	10.00%
61	15.00%
62	30.00%
63	20.00%
64	10.00%
65	25.00%
66	30.00%
67	25.00%
68	15.00%
69	15.00%
70	100.00%

Schedule SB Attachment (Form 5500)—October 1, 2024 Plan Year
 Innomotics Pension Plan
 EIN: 38-4207664 PN: 001

Table 2

Withdrawal Rates

Salaried Employees

Representative Termination Rates

Percentage leaving during the year	
Attained Age	Rate
25	6.0%
30	6.0%
35	6.0%
40	5.0%
45	5.0%
50	4.0%

Union Employees

Representative Termination Rates

Percentage leaving during the year	
Attained Age	Rate
25	16.0%
30	11.6%
35	8.4%
40	6.0%
45	4.4%
50	4.0%

Schedule SB Attachment (Form 5500)—October 1, 2024 Plan Year
Innomotics Pension Plan
EIN: 38-4207664 PN: 001

Table 3

Representative Disability Rates

Percentage becoming disabled during the year		
Age	Males	Females
25	0.03%	0.03%
30	0.03%	0.04%
35	0.04%	0.07%
40	0.08%	0.13%
45	0.16%	0.24%
50	0.33%	0.40%
55	0.69%	0.64%
60	1.15%	0.90%
65	0.00%	0.00%

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify)
B This return/report is: [X] the first return/report [] the final return/report [] an amended return/report [X] 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: [X] 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: Innomotics Pension Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/2024
2a Plan sponsor's name (employer, if for a single-employer plan): Innomotics LLC
Mailing address: 100 Technology Drive, Alpharetta, GA 30005
2b Employer Identification Number (EIN): 38-4207664
2c Plan Sponsor's telephone number: 470-905-9507
2d Business code (see instructions): 551112

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature and date 10/14/2025 for KURT JUSTICE.

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

Form 5500 (2024) v. 240311

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 12/31/2024

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

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

A Name of plan Innomotics 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 Innomotics LLC	D Employer Identification Number (EIN) 38-4207664	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....	2a		22,530,265
b Actuarial value.....	2b		22,530,265
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.....	237	8,732,744	8,732,744
b For terminated vested participants.....	69	3,282,439	3,282,439
c For active participants.....	167	9,052,620	9,060,731
d Total.....	473	21,067,803	21,075,914
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5		5.30%
6 Target normal cost			
a Present value of current plan year accruals.....	6a		0
b Expected plan-related expenses.....	6b		100,000
c Target normal cost.....	6c		100,000

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	Andrew Weis A.W.	
	Signature of actuary	Date 10/06/2025
	Andrew Weis	2308469
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc	314-725-9966
	Firm name	Telephone number (including area code)
	4220 Duncan Ave. Suite 401 St. Louis MO 63110	
	Address of the firm	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	100,000	
b Excess assets, if applicable, but not greater than line 31a	31b	100,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—October 1, 2024 Plan Year
Innomotics Pension Plan
EIN: 38-4207664 PN: 001

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

Retirement ages assumed can be found in the attachment of actuarial assumptions. The weighted average retirement age shown in line 22 is the arithmetic average of the retirement ages weighted by expected exposures at each retirement age for an employee who will attain the earliest retirement age and who is expected to retire under the plan.

Schedule SB Attachment (Form 5500)—October 1, 2024 Plan Year
Innomotics Pension Plan
EIN: 38-4207664 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

The Innomotics Pension Plan became effective October 1, 2024 in connection with the sale of Innomotics LLC to KPS Capital Partners, effective October 1, 2024, Innomotics LLC ceased being a member of the Siemens controlled group. As a result of that corporate transaction, the Siemens Pension Plan spun off certain assets and liabilities related to current and former employees of the business operated by Innomotics LLC into a separate pension plan, the Innomotics Pension Plan, which is sponsored by Innomotics LLC and is intended to retain the same terms and benefit provisions.

Siemens Pension Plan

The Siemens Pension Plan became effective October 1, 1965. Effective December 31, 2010, all benefits accrued under the plan (final average pay and cash balance) were frozen for all participants.

Eligibility

January 1st or July 1st coincident with or following completion of six months of employment. Employees hired or rehired after April 1, 2006 are not eligible for the Plan.

Definitions

Vesting Service

Elapsed time from date of hire.

Benefit Service

Years and completed months from participation date. Benefit service is frozen as of December 31, 2010.

Compensation

All cash compensation including base pay, bonuses, overtime, shift differential, commissions, salary continuation payments, tax-deferred contributions to the Siemens Savings Plan.

Compensation earned after December 31, 2010 is not included since the plan is frozen.

Average Final Compensation (AFC)

The average of the highest four consecutive plan years of compensation during the ten-year period preceding the participant's termination or retirement date

Normal Retirement Date (NRD)

First of month coinciding with or next following the attainment of age 65 with three years of vesting service.

Average Final Compensation Benefit

1.125% of AFC up to \$12,000 plus 1.50% of AFC in excess of \$12,000, multiplied by Benefit Service.

Subject to a minimum benefit for participants as of October 2, 1987, as summarized in Appendix XXV of the Siemens Pension Plan document.

All benefits are frozen as of December 31, 2010.

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Cash Balance Benefit

Account balance established at the later of January 1, 2001 and participation date. Account balance is increased monthly with Pay and Interest Credits.

Interest Credits are based on the 30-year Treasury rate for August immediately preceding the calendar year, but no less than 4.06%.

Pay Credits are based on the contribution level of each operating company and vesting service, as follows:

Service	Low	Middle	High
< 5	2.00%	3.00%	4.00%
5 – 9	2.50%	3.75%	5.00%
10 – 14	3.00%	4.50%	6.00%
15 – 19	4.00%	6.00%	8.00%
20 – 24	5.00%	7.50%	10.00%
25 – 29	6.00%	9.00%	12.00%
30 +	7.50%	11.25%	15.00%

If a participant was a member of the Plan prior to January 1, 2001, then the participant will not receive a benefit less than the minimum benefit accrued under the Final Average Pay formula or any other grandfathered prior plan as of December 31, 2000.

Effective December 31, 2010, Pay Credits will no longer be credited to the account balances. Interest Credits will continue to be earned.

Eligibility for Benefits

Normal Retirement

Retirement on NRD.

Early Retirement

Age 55 with 10 years of vesting service for average final compensation benefits. Vested cash balance benefits are immediately payable.

Postponed Retirement

Retirement after NRD.

Deferred Vested Termination

100% vested with three years of vesting service.

Disability

Ten years of vesting service for average final compensation benefits. Cash balance benefits, if not already vested, are vested after 12 months of disability.

Preretirement Death Benefit

Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse. Cash balance benefits are immediately vested upon death of an active participant.

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Benefits Paid Upon the Following Events

Normal Retirement	The average final compensation benefit or cash balance benefit, whichever is applicable.
Early Retirement	<p>For average final compensation benefits, the accrued benefit is reduced by 5/12% for each of the first 24 months by which the early retirement date precedes age 62 and by 1/2% for each additional month in excess of 24 months. There is no reduction for payments commencing on or after age 62.</p> <p>For cash balance benefits, an actuarially equivalent annuity is payable.</p>
Postponed Retirement	The monthly pension benefit determined as of the actual retirement date.
Deferred Vested Termination	<p>For average final compensation benefits, the benefit paid at NRD, but actuarially reduced if payments begin after age 55 but before age 65.</p> <p>For cash balance benefits, account balance or actuarially equivalent annuity.</p>
Disablement	<p>For average final compensation benefits, the annual pension that is deferred to age 65 is the accrued benefit (based on benefit paid at NRD). The participant shall be credited with Vesting and Benefit Service during the period of disability until the earliest of commencement of retirement benefits, death or recovery from disability. The disability benefit is payable from age 55 until the earlier of the date on which the participant recovers from disability or the date of the participant's death.</p> <p>For cash balance benefits, account balance is fully vested after 12 months of disability. Interest Credits granted until the account is paid out or an annuity payment is elected. No Pay Credits granted unless pay is received.</p>
Preretirement Death	For average final compensation benefits, return of accumulated employee contributions (if any); or if vested, annual pension payable for life to spouse is 50% of reduced joint and 50% survivor benefit, but not less than \$360. If spouse is more than 15 years younger than the member, the minimum is reduced by 1% for each year or fraction thereof, by which the difference in age exceeds 15 years.

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For cash balance benefits, return of accumulated employee contributions (if any) or account balance or actuarially equivalent annuity payable to beneficiary. Paid regardless of Vesting Service accrued by the participant.

Other Plan Provisions

Forms of Payment

Normal form of payment is a single life annuity for unmarried participants and a 50% Joint and Survivor annuity for married participants.

Optional forms: 66 2/3% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor, 10 Year Certain and Life and Lump Sum (for average final compensation benefits less than \$5,000 or \$50 per month and for Cash Balance participants).

Other Benefits

Certain operating companies receive special minimum benefits based on the terms of agreement when they entered the plan. In addition, certain benefit provisions from prior plans that were subsequently merged into this plan continue.

Pension Increases

None.

Plan Participants' Contributions

Some participants have an accumulated contribution balance from a prior plan. This balance is increased with interest annually.

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.

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Siemens Pension Plan for Union Employees

The Siemens Pension Plan For Union Employees (SPPUE) became effective January 1, 2001. Effective December 31, 2021, the SPPUE was merged into the Plan.

Eligibility

January 1st or July 1st coincident with or following completion of six months of Vesting Service.

Definitions

Vesting Service

From date of hire.

Compensation

Eligible compensation includes cash compensation, tax-deferred contributions to the Siemens Savings Plan, bonuses, special pay, overtime pay, shift differential, commissions, salary continuation payments and Section 125 contributions. Compensation shall not exceed the limit described in IRC section 401(a)(17).

Normal Retirement Date (NRD)

Later of age 65 or the earlier of completion of three years of Vesting Service, termination of employment by reason of permanent layoff, termination of employment following a “period of the Member’s disability” of at least 12 months or transfer to an Affiliated Company outside of the United States that is not an Employing Company.

Cash Balance Benefit

Single life annuity determined by dividing the account balance by an annuity conversion factor based on the lump sum actuarial equivalence.

Account balance established at the later of January 1, 2001 and participation date. Account balance is increased monthly with Pay and Interest Credits.

Interest Credits are based on the 30-year Treasury rate for August immediately preceding the calendar year.

Pay Credits are based on the contribution level of each operating company and vesting service, as follows:

Service	Low	Middle	High
< 5	2.00%	3.00%	4.00%
5 – 9	2.50%	3.75%	5.00%
10 – 14	3.00%	4.50%	6.00%
15 – 19	4.00%	6.00%	8.00%
20 – 24	5.00%	7.50%	10.00%
25 – 29	6.00%	9.00%	12.00%
30 +	7.50%	11.25%	15.00%

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Minimum benefit: If a participant was a member of the Siemens Westinghouse Retirement Plan for Union Employees prior to participating in the Plan, then the participant will not receive a benefit less than the Frozen Minimum Benefit accrued under the Career Average Pay formula of that plan.

Effective December 31, 2010, Pay Credits will no longer be credited to the account balances. Interest Credits will continue to be earned.

Eligibility for Benefits

Normal Retirement	Retirement on NRD.
Postponed Retirement	Retirement after NRD.
Deferred Vested Termination	100% vested with three years of Vesting Service.
Disability	100% vested after 12 months of disability.
Preretirement Death Benefit	100% vested upon death while active.

Benefits Paid Upon the Following Events

Normal Retirement	Account Balance or Actuarially Equivalent annuity payable upon retirement.
Postponed Retirement	The cash balance benefit determined as of the actual retirement date.
Deferred Vested Termination	Account Balance or Actuarially Equivalent annuity payable upon termination.
Disablement	Interest Credits granted until the account is paid out or an annuity payment is elected. No Pay Credits granted.
Preretirement Death	Account Balance or Actuarially Equivalent annuity payable to beneficiary.

Other Plan Provisions

Forms of Payment	Normal form of payment is a single life annuity for unmarried participants and a 50% Joint and Survivor annuity for married participants. Optional forms: 50% Joint and Survivor, 66 2/3% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor, 10 Year Certain and Life and Lump Sum.
Pension Increases	None.
Plan Participants' Contributions	None.

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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.

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Norwood Union Retirement Plan

The Norwood Union Retirement Plan became effective September 1, 1950. Effective April 1, 2009, the Norwood Union Retirement Plan was merged into the Siemens Pension Plan for Union Employees.

Eligibility

Participation was closed on March 1, 1981.

Definitions

Vesting

Service Plan years in which participant worked at least 1,000 hours. Credited Service is the sum of an employee's past service credit and his future service credit. Past service is based on calendar years worked. Credit is given for partial years.

Future Service is based on calendar years with 1,600 or more hours worked. Partial credit is given for years with less than 1,600 hours worked.

For participants who were less than age 50 on October 1, 1981, credited service was frozen on that date.

Normal Retirement Date (NRD)

Age 65 with five years of vesting service.

Annual Pension Benefit

For employees older than age 50 on October 1, 1981, the annual pension is \$186 times years of credited service.

For employees less than age 50 on October 1, 1981, the annual pension is \$300 times years of credited service as of September 30, 1981.

Currently, all remaining active participants were under age 50 on October 1, 1981.

Eligibility for Benefits

Normal Retirement

Retirement on NRD.

Early Retirement

Age 60 with 10 years of vesting service; age 55 and age plus credited service equals 85 or more; or 30 years of credited service regardless of age.

Shutdown/Plant Closing early retirement: Early Retirement shall be available for an employee who is age 55 with 10 years of Credited Service.

Supplemental Allowance

Restriction of future participation in the labor force.

Postponed Retirement

Retirement after NRD.

Deferred Vested Termination

100% vested after five years of service.

Disability

Ten years of credited service.

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Preretirement Death Benefit

Death while eligible for normal, early, postponed or deferred vested retirement benefits.

Benefits Paid Upon the Following Events

Normal Retirement

The monthly pension benefit determined as of NRD.

Early Retirement

The accrued pension benefit is reduced 4.00% for each of the first two years and 6.67% for each additional year that benefits commence before age 62.

Supplemental Allowance

Supplement to bring total annual payments up to \$6,000 per year until age 62. The amount is reduced if the employee retires with fewer than 30 years of credited service or before age 60. The amount is also further reduced by unreduced Social Security benefits or Social Security Disability payments.

Postponed Retirement

The monthly pension benefit determined as of the actual retirement date.

Deferred Vested Termination

The annual pension is the accrued benefit deferred to age 65. If payments commence before age 65, such accrued benefit is reduced by 5/9% per month.

Disablement

The annual pension to begin after 6 months of disability is the accrued normal benefit, payable for life, plus an extra \$72.00 times credited service (maximum 25 years) payable until the employee becomes eligible for unreduced Social Security benefits.

Preretirement Death

The spouse's benefit is 50% of the employee's reduced 50% Joint and Survivor annuity.

Commencement date: At the time the employee would have attained Early Retirement or immediately if the participant was eligible for an early retirement benefit. Spouse can elect to start at a later date.

Other Plan Provisions

Forms of Payment

Normal form of payment is a single life annuity for unmarried participants and a 50% Joint and Survivor annuity for married participants.

Optional forms: 50% Joint and Survivor, 66 2/3% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor, 10 Year Certain and Life.

Lump sum cash-out: Benefit paid immediately to participant as lump sum if the actuarial equivalent of the age 65 monthly retirement benefit payable as a Life Annuity is less than \$5,000.

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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.

Future Plan Changes

Aon is not aware of any future plan changes that are required to be reflected

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

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

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

The Innomotics Pension Plan became effective October 1, 2024 in connection with the sale of Innomotics LLC to KPS Capital Partners, effective October 1, 2024, Innomotics LLC ceased being a member of the Siemens controlled group. As a result of that corporate transaction, the Siemens Pension Plan spun off certain assets and liabilities related to current and former employees of the business operated by Innomotics LLC into a separate pension plan, the Innomotics Pension Plan, which is sponsored by Innomotics LLC and is intended to retain the same terms and benefit provisions.

The October 1, 2024 valuation date used for this first plan year ending December 31, 2024 is aligned with the effective date of the Plan.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

▶ **Innomotics Pension Plan**

Employer Identification Number: ▶ **38-4207664**

For plan year (beginning/ending): ▶ **12/31/2024** Plan number: ▶ **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	FIRST AM GOVT OB FD CI Z	MONEY MARKET	2,746,978	2,746,978
	AON SMALL CAP EQUITY INDEX FUND	MUTUAL FUNDS-EQUITY	210,000	214,521
	AON NON EQUITY INDEX FUND	MUTUAL FUNDS-EQUITY	780,000	738,438
	AON LARGE CAP EQUITY INDEX FUND	MUTUAL FUNDS-EQUITY	1,230,000	1,239,303
	AON US INTERMEDIATE GOVT BD INDEX FU	MUTUAL FUNDS-FIXED INCOME	6,500,000	6,484,227
	AHCIT INTERMEDIATE CREDIT FUND	MUTUAL FUNDS-FIXED INCOME	10,637,600	10,612,927
	TOTAL:		22,104,578	22,036,394