

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

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MAHLE INDUSTRIES, INCORPORATED</u></p> <p><u>23030 MAHLE DRIVE</u> <u>FARMINGTON HILLS, MI 48335</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1981</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>58-2431334</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>248-735-3456</u></p> <p><b>2d</b> Business code (see instructions) <u>336300</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	BRENDA SOWERBY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	862
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	258
	<b>6a(2)</b>	247
	<b>6b</b>	380
	<b>6c</b>	161
	<b>6d</b>	788
	<b>6e</b>	60
	<b>6f</b>	848
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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**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.

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**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 \_\_\_\_\_

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

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

<b>A</b> Name of plan <u>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MAHLE INDUSTRIES, INCORPORATED</u>	<b>D</b> Employer Identification Number (EIN) <u>58-2431334</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>45389437</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>49928381</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>428</u>	<u>45088775</u>
	<b>b</b> For terminated vested participants .....	<u>184</u>	<u>7601133</u>
	<b>c</b> For active participants .....	<u>258</u>	<u>17469823</u>
	<b>d</b> Total .....	<u>870</u>	<u>70159731</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.13 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1175000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1175000</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>10/07/2025</u>	Date
	<u>JOSEPH A. GRONDIN</u>	<u>23-06662</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>248-936-7700</u>	Telephone number (including area code)
	<u>26555 EVERGREEN ROAD SUITE 1600 SOUTHFIELD, MI 48076</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	5108613
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	3643300
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1465313
<b>10</b>	Interest on line 9 using prior year's actual return of <u>2.92</u> % .....	0	42787
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		1599098
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		46694
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		1645792
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	1500334
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	7766

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	71.12 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	70.66 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	74.01 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	64.66 %

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/05/2024	842000	0					
07/09/2024	842000	0					
10/07/2024	646597	0					
01/06/2025	778308	0					
09/03/2025	2277165	0					
			<b>Totals ▶</b>	<b>18(b)</b>	5386070	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	5107857

**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
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 1175000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	20270687		2254947	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 3429947
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 3429947
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 5107857
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 1677910
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

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

<b>A</b> Name of plan <b>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MAHLE INDUSTRIES, INCORPORATED</b>	<b>D</b> Employer Identification Number (EIN) <b>58-2431334</b>	

**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

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**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)

AON HEWITT

22-2232264

(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?
15 50	NONE	216315	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TOWERS WATSON INVESTMENT SERVICES

52-1868818

(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?
17 28 51	DELEGATED INVESTMENT CON	119939	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 28 50 51	NONE	102602	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PLANTE & MORAN

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	47440	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLEVELAND GILBREATH LLC

1266 WEST PACES FERRY ROAD, NO. 590  
ATLANTA, GA 30327

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	21450	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMERICA INCORPORATED

42-1741646

(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?
19 21 49 62 72 59	NONE	15111	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**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)

GRATICULE MANAGED FUND LTD

800 THIRD AVENUE, 37TH FLOOR  
NEW YORK, NY 10022

(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?
28 51 50 52	NONE	6255	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CAMPBELL OFFSHORE FUND LTD SPC

MAPLES CORPORATED SERVICES LIMITED 309,UGLAND HOUSE  
GRAND CAYMAN, CAYMAN ISLANDS 1104 KY

(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?
28 51 50 52	NONE	6254	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

IR&M

115 FEDERAL STREET  
BOSTON, MA 02110

37-6567224

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	5171	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MAHLE INDUSTRIES, INCORPORATED</u>	<b>D</b> Employer Identification Number (EIN) <u>58-2431334</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA SHORT TERM FUND

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

<b>c</b> EIN-PN <u>47-7305132-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1631871</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: L&G TREASURY 15+ STRIPS CIT FUND

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

<b>c</b> EIN-PN <u>35-7085469-021</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9606532</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WTW GT LONG CREDIT FUND

**b** Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

<b>c</b> EIN-PN <u>82-6695738-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4679488</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WTW GT DIVERSIFIED EQUITY FUND

**b** Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

<b>c</b> EIN-PN <u>82-6695738-002</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7405269</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WTW GT DIVERSIFIED CREDIT FUND

**b** Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

<b>c</b> EIN-PN <u>82-6695738-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3734890</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: IR&M INTERMEDIATE CORPORATE COLLECT

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

<b>c</b> EIN-PN <u>37-6567224-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1262768</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERMED US GOVT BOND INDX NL FUND

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

<b>c</b> EIN-PN <u>04-0025081-144</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2512631</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LONG US GOVE BOND INDX NL

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

<b>c</b> EIN-PN 04-0025081-142	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3165348
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WTW GT REAL ASSET FUND

**b** Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

<b>c</b> EIN-PN 82-6695738-005	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4431398
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WTW LIQUID DIVERSIFIERS FUND, LTD.

**b** Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

<b>c</b> EIN-PN 98-1773982-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3332204
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MAHLE INDUSTRIES, INCORPORATED</b>	<b>D</b> Employer Identification Number (EIN) <b>58-2431334</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1743000	3055473
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	10186	7620
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	851135	1985516
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	0	0
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	44748047	41762398
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	1997869	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	49350237	46811007
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	4200000	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	4200000	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	45150237	46811007

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	5386070	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	0	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions.....	<b>2a(2)</b>	0	5386070
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	0	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	0	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	1985516	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-1197446	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		-4874530
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		0
<b>c</b> Other income .....	<b>2c</b>		6057648
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		7357258

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	4440226	
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
<b>(3)</b> Other .....	<b>2e(3)</b>	0	
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4440226
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
<b>(1)</b> Salaries and allowances .....	<b>2i(1)</b>	0	
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>	15111	
<b>(3)</b> Recordkeeping fees .....	<b>2i(3)</b>	216315	
<b>(4)</b> IQPA audit fees .....	<b>2i(4)</b>	47440	
<b>(5)</b> Investment advisory and investment management fees .....	<b>2i(5)</b>	174550	
<b>(6)</b> Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
<b>(7)</b> Actuarial fees .....	<b>2i(7)</b>	102602	
<b>(8)</b> Legal fees .....	<b>2i(8)</b>	21850	
<b>(9)</b> Valuation/appraisal fees .....	<b>2i(9)</b>	0	
<b>(10)</b> Other trustee fees and expenses .....	<b>2i(10)</b>	0	
<b>(11)</b> Other expenses .....	<b>2i(11)</b>	678394	
<b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1256262
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5696488

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1660770
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan .....	<b>2l(1)</b>		
<b>(2)</b> From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **PLANTE & MORAN, PLC**

(2) EIN: **38-1357951**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 552875.

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

<b>A</b> Name of plan <b>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MAHLE INDUSTRIES, INCORPORATED</b>	<b>D</b> Employer Identification Number (EIN) <b>58-2431334</b>	

<b>Part I</b>	<b>Distributions</b>
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**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): 46-2345389

**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** **4**

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% 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 09 / 24 / 2015 (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.



2025/10/13

MAHLE Industries, Incorporated  
23030 MAHLE Drive  
Farmington Hills, MI 48335  
USA  
Phone: +1 (248) 305-8200  
Fax: +1 (248) 735-3618  
[www.us.mahle.com](http://www.us.mahle.com)

To Whom It May Concern:

We have engaged Plante & Moran, PLLC to perform the independent audit of our Pension plan for the year ended December 31, 2024. The audit is currently in progress and the 5500 will be amended upon the completion and issuance of the independent auditor's report.

Best regards,

A handwritten signature in black ink that reads "Brenda Sowerby".

Brenda Sowerby  
Head of Non-Monetary Benefits

# SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service <sup>2</sup>										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	1	0	0	0	0	0	1
40-44	0	0	5	0	4	5	0	0	0	0	14
45-49	0	1	7	5	4	30	4	0	0	0	51
50-54	0	1	5	8	5	29	22	5	0	0	75
55-59	0	0	6	3	5	21	20	32	6	0	93
60-64	0	0	1	0	2	6	4	2	1	3	19
65-69	0	0	1	0	0	1	1	0	1	1	5
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	25	16	21	92	51	39	8	4	258

<sup>2</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
 EIN / PN: 58-2431334/001  
 Plan Sponsor: MAHLE Industries, Incorporated  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

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

#### Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
--	----------------------	--------------------------

#### Annual rates of increase

- Compensation N/A
- Cost of living adjustments<sup>1</sup> 4.50%
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

**Plan related expenses** \$1,175,000

---

<sup>1</sup> Cost of living adjustments are for the Caldwell Special Age 65 Benefits (premiums for Medicare Part B benefit).

Plan Name: MAHLE Industries, Incorporated Retirement Plan

EIN / PN: 58-2431334/001

Plan Sponsor: MAHLE Industries, Incorporated

Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee is hired.

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

### Mortality

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

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Retirement

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

Age	Rate (%)	Age	Rate (%)
55	2	63	20
56	3	64	20
57	3	65	35
58	4	66	50
59	4	67	50
60	5	68	50
61	5	69	50
62	20	70	100

The weighted average retirement is 64, calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Terminated vested participants are assumed to commence benefits at age 65. However, participants at Manchester who terminated employment due to plant closure who were eligible to commence early benefits are assumed to commence benefits at age 62.

## Disability

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

Attained Age	Rate (%)	
	Males	Females
20	0.1200	0.1800
25	0.1200	0.1800
30	0.1200	0.1800
35	0.1275	0.1915
40	0.1470	0.2205
45	0.1975	0.2965
50	0.3565	0.5350
55	0.6810	1.0215
60	1.3800	2.0700
65	0.0000	0.0000

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Representative termination rates not due to retirement, disability, or mortality**

Attained Age	Rate (%)
25	5.60
30	5.10
35	4.60
40	4.10
45	3.60
50	3.10
55	0.00

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**Benefit commencement date**

- Preretirement death benefit Age 65.
- Deferred vested benefit Age 65.
- Disability benefit Age 65.
- Retirement benefit Upon termination of employment

**Form of payment**

All participants are assumed to elect a single life annuity.

**Percent married**

80% of participants are assumed married. Used to value pre-retirement surviving spouse benefits.

**Spouse age**

Wife three years younger than husband.

**Final average earnings**

Assumed final average plan compensation for the year beginning on the valuation date was determined as the final average earnings as of December 31, 2006, increased each year prior to the current plan year, by the general wage increase percentage declared by the employer in the December of the preceding calendar year.

The final average earnings were frozen for all employees as of March 31, 2020.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**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 single life annuity form of payment.

**Timing of benefit payments**

Annuity payments are payable monthly at the beginning of the month.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Actuarial value of assets for determining minimum required contributions</b>	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.75% for the 2023 plan year and 4.25% for the 2022 plan year (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
<b>Benefits not valued</b>	The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor, through its third party administrator, Aon Hewitt furnished participant data as of the January 1, 2024. Information on assets, contributions, and plan provisions was furnished by Comerica. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. There were no adjustments to the data to reflect any significant changes in plan population or events that occurred between the date the data was collected and the measurement date. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

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

## Assumptions Rationale - Significant Economic Assumptions

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

### Rates of increase in:

- Final average earnings N/A
- National average wages (NAW) (e.g., Social Security wage bases) N/A
- Increases in statutory limits (CPI) N/A

## Assumptions Rationale - Significant Demographic Assumptions

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

**Termination** Termination rates were based on an experience study conducted in June 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

**Retirement** Retirement rates were based on an experience study conducted in June 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described here including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.
- The plan related expenses assumed payable from the pension trust decreased from \$1,385,000 for the 2023 plan year to \$1,175,000 for the 2024 plan year.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

<b>Plan Name</b>	<b>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</b>
<b>Plan Sponsor EIN</b>	<b>58-2431334</b>
<b>ERISA Plan #</b>	<b>001</b>
<b>Plan Year Ending</b>	<b>12/31/2024</b>

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

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

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

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

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


<b>A</b> Name of plan MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAHLE INDUSTRIES, INCORPORATED		<b>D</b> Employer Identification Number (EIN) 58-2431334	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	45,389,437	
<b>b</b> Actuarial value .....	<b>2b</b>	49,928,381	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	428	45,088,775	45,088,775
<b>b</b> For terminated vested participants .....	184	7,601,133	7,601,133
<b>c</b> For active participants .....	258	17,469,823	17,501,394
<b>d</b> Total .....	870	70,159,731	70,191,302
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.13%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	1,175,000	
<b>c</b> Target normal cost .....	<b>6c</b>	1,175,000	

**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.

<b>SIGN HERE</b>	JOSEPH A. GRONDIN  Signature of actuary	October 7, 2025 Date
JOSEPH A. GRONDIN Type or print name of actuary		2306662 Most recent enrollment number
Willis Towers Watson US LLC Firm name		248-936-7700 Telephone number (including area code)
26555 EVERGREEN ROAD SUITE 1600 SOUTHFIELD MI 48076 Address of the firm		

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

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

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	5,108,613
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	3,643,300
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1,465,313
<b>10</b>	Interest on line 9 using prior year's actual return of <u>2.92%</u> .....	0	42,787
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		1,599,098
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27%</u> .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		46,694
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		1,645,792
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	1,500,334
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	7,766

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	71.12 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	70.66 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	74.01 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	64.66 %

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/05/2024	842,000	0					
07/09/2024	842,000	0					
10/07/2024	646,597	0					
01/06/2025	778,308	0					
09/03/2025	2,277,165	0					
			<b>Totals ▶</b>	<b>18(b)</b>	5,386,070	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	5,107,857
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
	<input type="checkbox"/> N/A, full yield curve used		
<b>b</b> Applicable month (enter code).....	<b>21b</b>	4	
<b>22</b> Weighted average retirement age .....	<b>22</b>	64	
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	1,175,000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	20,270,687	2,254,947	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	3,429,947	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	3,429,947	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	5,107,857	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	1,677,910	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	MAHLE Industries, Incorporated
<b>EIN/PN</b>	58-2431334/001
<b>Plan Name</b>	MAHLE Industries, Incorporated Retirement Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Joseph A. Grondin
<b>Enrollment Number</b>	23-06662

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**

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**Schedule SB, Line 15**  
**Reconciliation of differences between valuation results and amounts used to**  
**calculate AFTAP**  
**as of January 1, 2024**

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 was certified on September 27, 2024, which reflected preliminary January 1, 2024 market value of assets. The correct market value of assets, as reported on the 2024 Schedule SB, was provided to the enrolled actuary subsequent to the issuance of the 2024 AFTAP certification.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 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: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

**Interest rate basis:**

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

**Interest rates:**

	Reflecting Corridors	Not Reflecting Corridors
--	----------------------	--------------------------

**Annual rates of increase**

- Compensation N/A
- Cost of living adjustments<sup>1</sup> 4.50%
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

**Plan related expenses** \$1,175,000

<sup>1</sup> Cost of living adjustments are for the Caldwell Special Age 65 Benefits (premiums for Medicare Part B benefit).  
Plan Name: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee is hired.

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

### Mortality

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

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

**Retirement**

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

Age	Rate (%)	Age	Rate (%)
55	2	63	20
56	3	64	20
57	3	65	35
58	4	66	50
59	4	67	50
60	5	68	50
61	5	69	50
62	20	70	100

The weighted average retirement is 64, calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Terminated vested participants are assumed to commence benefits at age 65. However, participants at Manchester who terminated employment due to plant closure who were eligible to commence early benefits are assumed to commence benefits at age 62.

**Disability**

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

Attained Age	Rate (%)	
	Males	Females
20	0.1200	0.1800
25	0.1200	0.1800
30	0.1200	0.1800
35	0.1275	0.1915
40	0.1470	0.2205
45	0.1975	0.2965
50	0.3565	0.5350
55	0.6810	1.0215
60	1.3800	2.0700
65	0.0000	0.0000

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
 EIN / PN: 58-2431334/001  
 Plan Sponsor: MAHLE Industries, Incorporated  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

**Representative termination rates not due to retirement, disability, or mortality**

Attained Age	Rate (%)
25	5.60
30	5.10
35	4.60
40	4.10
45	3.60
50	3.10
55	0.00

**Benefit commencement date**

- Preretirement death benefit      Age 65.
- Deferred vested benefit            Age 65.
- Disability benefit                      Age 65.
- Retirement benefit                    Upon termination of employment

**Form of payment**                      All participants are assumed to elect a single life annuity.

**Percent married**                      80% of participants are assumed married. Used to value pre-retirement surviving spouse benefits.

**Spouse age**                              Wife three years younger than husband.

**Final average earnings**              Assumed final average plan compensation for the year beginning on the valuation date was determined as the final average earnings as of December 31, 2006, increased each year prior to the current plan year, by the general wage increase percentage declared by the employer in the December of the preceding calendar year.

The final average earnings were frozen for all employees as of March 31, 2020.

Plan Name:                      MAHLE Industries, Incorporated Retirement Plan  
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**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 single life annuity form of payment.

**Timing of benefit payments**

Annuity payments are payable monthly at the beginning of the month.

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## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Actuarial value of assets for determining minimum required contributions</b>	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.75% for the 2023 plan year and 4.25% for the 2022 plan year (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
<b>Benefits not valued</b>	The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

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## Sources of Data and Other Information

The plan sponsor, through its third party administrator, Aon Hewitt furnished participant data as of the January 1, 2024. Information on assets, contributions, and plan provisions was furnished by Comerica. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. There were no adjustments to the data to reflect any significant changes in plan population or events that occurred between the date the data was collected and the measurement date. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

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

## Assumptions Rationale - Significant Economic Assumptions

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

### Rates of increase in:

- Final average earnings N/A
- National average wages (NAW) (e.g., Social Security wage bases) N/A
- Increases in statutory limits (CPI) N/A

## Assumptions Rationale - Significant Demographic Assumptions

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

**Termination** Termination rates were based on an experience study conducted in June 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

**Retirement** Retirement rates were based on an experience study conducted in June 2019, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

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## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described here including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.
- The plan related expenses assumed payable from the pension trust decreased from \$1,385,000 for the 2023 plan year to \$1,175,000 for the 2024 plan year.

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## Schedule SB, Part V Summary of Plan Provisions

### **B1: Non-Union Participants**

#### **Plan Sponsor**

MAHLE Industries, Incorporated

#### **Plan**

MAHLE Industries, Incorporated Retirement Plan

#### **Effective Date**

The plan was originally effective January 1, 1981, as last amended effective September 1, 2023.

#### **Plan Year**

The twelve-month period ending December 31.

#### **Eligibility and Participation**

Any person who is employed regularly by MAHLE Industries, Incorporated, and has FICA taxes withheld by MAHLE Industries, Incorporated. An individual who performs services for MAHLE Industries, Incorporated, pursuant to an agreement between MAHLE Industries, Incorporated, and a collective bargaining agreement, an employee leasing organization or independent contractor shall not be considered.

Each active employee will become a Participant as of the January 1 on or next following his Employment Date. No new participants will enter after January 1, 2004. Effective May 1, 2007, active Participants, between March 19, 2007 and April 17, 2007, can choose to freeze their benefit in the Pension Plan. This is a one-time irrevocable election.

No benefits will be accrued after March 31, 2020.

#### **Vesting Service**

Effective January 1, 1999 whole calendar months, of employment. A whole month is graded in the month of employment and month of termination if the Participant is employed for at least 15 days in that month. Before 1999, vesting service was granted on a 1,000 hour rule.

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## Benefit Service

The Participant's whole and partial years of Vesting Service, excluding (1) periods before the employer adopted the plan (unless specified), (2) leaves longer than 12 months, (3) periods between date of termination and rehire, (4) periods worked for an employer who did not adopt the plan, (5) periods for which an employee was paid a lump sum, (6) periods covered by another defined benefit plan, and (7) periods after the employee opts out of the plan. Benefit service was frozen effective March 31, 2020.

## Compensation

The participant's taxable earnings as reported on Form W-2 plus deferrals. Please refer to the Plan document for additional detail.

## Final Average Base Earnings

The average of a Participant's greatest five consecutive or non-consecutive calendar years during his final 10 consecutive calendar years of Employment. Plan includes any partial calendar year in the 5 year average, if it yields a higher average. If a participant has fewer than 5 complete years all Earnings are averaged.

After December 31, 2006: Final Average Earnings is limited by the Final Average Earnings as of December 31, 2006, increased each year by the general wage increase percentage declared by the employer in the December of the preceding calendar year (not less than 0% nor more than 2%), with increases applied from January 1<sup>st</sup> to the date of termination on a pro-rata basis.

The Final Average Earnings freezes when an employee opts out of the plan. Final Average Earnings was frozen effective March 31, 2020.

## Accrued Benefit

For a participant terminating employment on or after his/her Normal Retirement Date, the accrued benefit is a monthly benefit equal to 1/12 of the sum of 1 and 2 multiplied by Years of Benefit Service not in excess of 30:

- 0.9 percent of his Final Average Earnings not in excess of Covered Compensation
- 1.525 percent of his Final Average Earnings in excess of Covered Compensation

Minimum Monthly Benefit is \$6.50 times Benefit Service not in excess of 30 years.

For a participant who terminated employment prior to his/her Normal Retirement Date, the above calculation is determined assuming he/she continues to earn benefit service to the Normal Retirement Date, but Final Average Earnings and Covered Compensation is determined as of the termination date. The projected benefit is then multiplied by the ratio of the number of years of benefit service at termination to the number of years of benefit service projected at the Normal Retirement Date.

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Accrued benefit was frozen effective March 31, 2020.

## **Normal or Late Retirement Benefit**

Eligibility: Later of Age 65 or the fifth anniversary of Employment

Benefit: Accrued Benefit at Normal or Late Retirement Date.

## **Early Retirement Benefit**

Eligibility: Age 55 and 10 years of Vesting Service.

Benefit: Accrued Benefit reduced by 5/9% for first five years and 5/18% for next five years benefit begins prior to the normal retirement date.

## **Disability Benefit**

If a Participant becomes disabled after 5 years of Vesting Service, he continues to accrue service and compensation continues at the same rate until his Early or Normal Retirement Date. Upon retirement, the Early or Normal Retirement Benefit is payable. The Final Average Earnings and Covered Compensation are frozen at the disability date.

For employees who opted out, the benefit is based on the May 1, 2007 frozen benefit, reduced for early retirement.

## **Vested Benefits upon Termination of Service**

Eligibility: 5 years of Vesting Service.

Benefit: Accrued Benefit payable at age 65.

Early Commencement of Benefit: Participants who have completed 10 years of vesting service may elect to begin receiving a reduced benefit as early as age 55. Accrued benefit reduced 5/9% for the first five years and 5/18% for the next five years benefit begins prior to the normal retirement date.

## **Normal Form of Retirement Income**

The normal form of benefit is a monthly annuity payable for the life of the participant. If married, then the 50% Joint and Survivor annuity will be payable to the employe during his lifetime with 50% of such reduced amount payable to his surviving souse after his death, unless the retiree elects otherwise in writing and the spouse consents.

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## Optional Forms

Joint and Survivor Annuities:

1. Life only
2. 50% Joint and Survivor, 66-2/3% Joint and Survivor, 75% Joint and Survivor and 100% Joint and Survivor
3. 10 Years Continuous and Life
4. Lump sum is automatically payable if amount is less than or equal to \$5,000.

## Actuarial Equivalence

Lump Sum: Participant shall receive a single sum payment calculated using the applicable segment rates for the October preceding the first day of the calendar year in which payment is made and the applicable mortality table described in IRC Section 417(c)(3).

Other: 7% interest rate and the 1971 Forecast Mortality Table with a one-year age setback for participants and a five-year age setback for beneficiaries.

## Pre-Retirement Death Benefits

If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option assuming the participant had terminated employment on the earlier of his termination date or date of death, survived to the early retirement date, had begun receiving benefits that day under the 50% Joint and Survivor form of payment and died the next day.

## Post-Retirement Death Benefits

None except as provided by the annuity form elected.

## Employee Contributions

They are not required or permitted.

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## **2007 Voluntary Retirement Opportunity (VRO)**

A participant who retired under the 2007 VRO shall have his early retirement benefit determined by increasing his Benefit Service by an additional three years (up to a maximum of 30 years of Benefit Service) and be deemed three years older than the participant's actual age (up to a maximum of age 65). Employees eligible for the 2007 VRO are participants at the Morristown, Tennessee facility who are at least age 55 with 10 or more years of service as of March 30, 2007, who elect the special benefits between December 11, 2006 and March 30, 2007, retires between January 1, 2007 and March 30, 2007, and sign an appropriate waiver and release.

## **2009 Voluntary Retirement Opportunity (VRO)**

A participant who retired under the 2009 Voluntary Retirement Opportunity (2009 VRO) shall have his early retirement benefit determined by increasing his Benefit Service by an additional three years (up to a maximum of 30 years of Benefit Service) and be deemed three years older than the participant's actual age (up to a maximum of age 65). Employees eligible for the 2009 VRO are participants who are at least age 55 with 10 or more years of service as of January 5, 2009, who elect the special benefit between November 4, 2008 and January 8, 2009, retire between January 1, 2009 and February 1, 2009, and sign an appropriate waiver and release.

## **2013 Lump Sum Window**

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

## **2017 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

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## **2021 Annuity Purchase**

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

## **2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

## **Maximum on Benefits and Compensation**

All benefits and compensation for any calendar year may not exceed the maximum limits for that year as defined by the Internal Revenue Code.

## **Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

## **Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

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## B2: Caldwell Union Participants

### Plan Sponsor

MAHLE Industries, Incorporated

### Former Plan

MAHLE Caldwell Plant Hourly Employees Pension Plan

### Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1989 as last amended effective September 1, 2023.

### Plan Year

The twelve-month period ending December 31.

### Coverage and Participation

Hourly paid employees at employer's Caldwell, Ohio plant (United Steel Workers of America AFL-CIO Local 4836). Plan frozen December 31, 2001. There will be no new plan participants after this date.

### Credited Service

For hours as an employee of the company while covered by the CBA,

- Maximum Credited Service is 38 years
- Credited service is frozen at 12/31/2001

Hours of Service During Plan Year	Portion of Year of Credited Service
Less than 85	0.0
85-254	.1
255-424	.2
425-594	.3
595-764	.4
765-934	.5
935-1,104	.6
1,105-1,274	.7
1,275-1,444	.8
1,445-1,614	.9
1,615 and over	1.0

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## **Vesting Service**

Elapsed time from date of hire to the date employment with the employer terminates. Vesting Service is determined in fractional years to the nearest one-twelfth.

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## **Normal Retirement Benefit**

Eligibility: Age 65.

Monthly Benefit: Accrued benefit determined at the normal retirement date

## **Late Retirement**

Eligibility: Retirement after the normal retirement date.

Monthly Benefit: Accrued benefit determined at date of postponed retirement (actuarially increased after April 1st of calendar year following attainment of age 70.5, while benefits suspended).

## **Accrued Benefits**

Monthly accrued benefit is the product of \$24.00 and years of credited service (not more than 38).

## **Early Retirement Benefit**

Eligibility: Age 60 and 10 years of vesting service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced 0.4% per month for commencement prior to normal retirement age.

## **Disability Benefit**

Eligibility: Disablement after completing 10 years of vesting service

Monthly Benefit: Accrued benefit determined at date of disability.

## **Vested Benefits upon Termination of Service**

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible upon attainment of age 60. Accrued benefit is reduced by 0.5% per month for commencement prior to normal retirement date.

## **Medicare Part B Benefit**

Eligibility: Retirement under normal, early, late or disability provisions and enrolled in Medicare.

Monthly Benefit: The current premium payable to the retiree (not spouse) for Medicare Part B coverage, \$174.70 in 2024. The premium is assumed to increase in future years.

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## **Pre-Retirement Death Benefits**

Paid to a participant's surviving spouse, if any, equal to 52% of the benefit that the participant would have received if he had retired on his date of death and elected an immediate benefit in a joint and 52% survivor form, or, in the case of a participant who dies before becoming eligible for payment of benefits, the benefit that would have been payable had he terminated employment on the earlier of his termination date or date of death, survived to the early retirement date, elected the 52% joint and survivor annuity and died the following day.

The benefit payable to the member's spouse is reduced 1% for each year, if any, by which the spouse is more than 5 years younger than the employee at his death (but not in excess of 10%).

## **Normal Form of Retirement Income**

Single employees and employees married less than one year: Life annuity.

All others: 52% qualified joint and survivor annuity.

## **Optional Forms of Retirement Income in Lieu of Normal Form**

1. Life only
2. 52% joint and survivor and 75% joint and survivor
3. Lump sum of the present value of the accrued normal retirement benefit (excluding any Medicare Part B benefit) is automatically payable if amount is less than \$5,000

## **Actuarial Equivalence**

Lump Sum Participants shall receive the larger of the benefit calculated using the following actuarial factors:

1. The annual interest rate on 30-year Treasury securities for the November before the beginning of the plan year and the Mortality Table described in R.R. 2001-62.
2. The applicable segment rates for the October preceding the first day of the calendar year in which payment is made and applicable mortality table described in IRC section 417(e)(3).

52% Joint and Survivor Annuity: 93% plus or minus 0.5% for each full year the spouse is older or younger than the retiree, maximum 100%.

Others: 7.00% interest rate and 1971 GAM mortality.

## **Employee Contributions**

They are not required or permitted.

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## **2013 Lump Sum Window**

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

## **2017 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

## **2021 Annuity Purchase**

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

## **2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

## **Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

## **Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

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## B3: Churubusco Union Participants

### Plan Sponsor

MAHLE Industries, Incorporated

### Former Plan

MAHLE Pension Plan for Hourly Paid Employees at the Churubusco, IN Plant

### Effective Date and Most Recent Amendment

The plan was originally effective March 8, 1967 as last amended September 1, 2023.

### Plan Year

The twelve-month period ending December 31.

### Coverage and Participation

All employees who are members of District Lodge No. 090, Local Lodge No. 2034, of the International Association of Machinists and Aerospace Workers, AFL-CIO.

### Credited Service

1. All full and fractional years of service since March 8, 1967 while on the seniority list; plus
2. All full and fractional years of past service from the seniority date to March 8, 1967.
3. Reinstatement of Credited Service available for loss of seniority after October 18, 1975 or for re-employment after retirement; Credited Service is aggregated, but future benefit is offset by actuarial equivalent of benefits previously paid.
4. Employee retiring under the plan also receives Credited Service for eligibility for all service with the Corporation.
5. Accumulation of up to 5 years of Credited Service while on approved leave of absence or layoff.

### Vesting Service

All service with corporation.

### Normal Retirement Benefit

Eligibility: Age 65.

Benefit: Accrued benefit determined at normal retirement date.

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## **Late Retirement Benefit**

Eligibility: Retirement after normal retirement date.

Monthly Benefit: Accrued benefit determined at the date of postponed retirement (actuarially increased after April 1<sup>st</sup> of calendar year following attainment of age 70.5, while benefits suspended)

## **Accrued Benefit**

Monthly accrued benefit is the product of \$23.00 and years of credited service (not more than 44 years if seniority date is before January 2, 1968, 40 years if seniority date is between January 2, 1968 and January 1, 1980, 35 years if seniority date is between January 2, 1980 and November 4, 2007).

## **Early Retirement Benefit**

Eligibility: Age 60 and 10 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced by 0.5% per month for commencement prior to age 62.

## **Disability Benefit**

Eligibility: Totally and permanently disabled, as determined by the plan sponsor after attaining age 50 with 10 years of credited service.

Benefit: Accrued benefit determined at date of disability.

Waiting Period: 6 months.

## **Vested Benefits upon Termination of Service**

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible after completion of 10 years of credited service and attainment of age 60. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

## **Supplemental Benefit**

Eligibility: Retirement under Early or Disability provisions and attainment of age 60 and 30 years of credited service.

Benefit: Effective May 1, 1999, a monthly benefit of \$10.00 times years of credited is payable until age 62 to the employee (not a surviving spouse).

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## Pre-Retirement Death Benefits

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit and who have been married at least one year.

Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 50% of the early benefit the employee would have received had he retired the day before his death and elected the 50% joint and survivor form of payment. Benefit payment begins on the first day of the month following the date of death.

2. Active Vested and Terminated Vested Employees Not Eligible for Normal or Early Retirement:

Monthly survivor benefit shall be equal to 50% of the monthly benefit to which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to the earliest commencement date, commenced receiving payments that day after electing the 50% joint and survivor form of payment, and died the next day. Benefit payment begins on early retirement date.

## Normal Form of Retirement Income

Normal form of payment is a monthly annuity for the life of the participant. If married, the 50% joint and survivor option will be deemed to have been elected, unless the retiree elects otherwise in writing and the spouse consents.

Single employees and employees married less than one year: Life annuity

All others: 50% joint and survivor annuity

## Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only
2. 50% joint and survivor and 75% joint and survivor
3. Lump sum is automatically payable if amount is less than \$1,000
4. Lump sum of the present value of the accrued normal retirement benefit (excluding any 30-year supplement) is payable if amount is less than \$5,000.

## Actuarial Equivalence

Lump Sum: The applicable segment rates for the October preceding the first day of the calendar year in which payment is made and the applicable mortality table described in section 417(e)(3).

Other: 7.00% interest rate and UP-1984 mortality, set forward one year.

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## **Employee Contributions**

They are not required or permitted.

## **2013 Lump Sum Window**

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

## **2017 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

## **2021 Annuity Purchase**

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

## **2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

## **Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
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Plan Sponsor: MAHLE Industries, Incorporated  
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## Changes in plan provisions since last actuarial valuation

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
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Plan Sponsor: MAHLE Industries, Incorporated  
Valuation Date: January 1, 2024

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## B4: Franklin Union Participants

### Plan Sponsor

MAHLE Industries, Incorporated

### Former Plan

MAHLE – UAW Pension Plan for Hourly Employees at the Perfect Circle Division Cast Iron Plant in Franklin, Kentucky

### Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1999 as last amended September 1, 2023.

### Plan Year

The twelve-month period ending December 31.

### Coverage and Participation

All employees working for the Company at the Cast Iron Plant in Franklin, Kentucky, who are covered by the collective bargaining agreement between the Company and the Union (UAW Local 2370).

### Credited Service

Prior to February 7, 1997: As earned under the SPX Franklin Plan.

On or after February 7, 1997 and on or before December 31, 1998: Each year during which any employee completed 1,000 hours of service under the Savings Plan.

On or after January 1, 1999: Employee will receive 1/12 of a year for each month the employee is on the active payroll and has at least one hour of service.

### Vesting Service

All service with the Corporation.

### Accrued Benefit

Monthly accrued benefit is the product of \$19.00 and years of future credited service less the product of \$10.00 and years of past credited service earned prior to January 1, 1999.

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## Normal Retirement Benefit

Eligibility: Age 65.

Benefit: Accrued benefit determined at normal retirement date.

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## **Late Retirement Benefit**

Eligibility: Retirement after normal retirement date.

Monthly Benefit: Accrued benefit determined at the date of postponed retirement (actuarially increased after April 1<sup>st</sup> of calendar year following attainment of age 70.5, while benefits suspended).

## **Early Retirement Benefit**

Eligibility: Age 60 and 10 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced by 0.5% per month for commencement prior to age 62.

Special Early Retirement: Effective May 1, 2001, if an employee is eligible for early retirement, he will receive a temporary benefit of \$400 per month, until he attains age 62.

## **Disability Benefit**

There are no explicit disability benefits provided under this plan. Employees who terminate employment may receive early retirement or vested termination benefits, if eligible.

## **Vested Benefits upon Termination of Service**

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible after attaining age 60 and completing 10 years of credited service. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

## **Medicare Part B Benefit**

Eligibility: Retiree or surviving spouse receiving benefits following normal, early or late (but not deferred vested) retirement, who is age 65 or over or otherwise eligible for Medicare Part B.

Monthly Benefit: Effective on or after January 1, 2003, \$60.00 per month after age 65, or earlier eligibility for Medicare Part B.

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EIN / PN: 58-2431334/001  
Plan Sponsor: MAHLE Industries, Incorporated  
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## Pre-Retirement Death Benefits

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit and who have been married at least one year.

Amount of Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 60% of the accrued benefit the employee would have received had he retired the day before his death. Benefit payment begins on the first day of the month following the date of death.

2. Active Vested and Terminated Vested Employees Not Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 50% for which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to early retirement date and had begun receiving benefits that day, and died the next day. Benefit payment begins on early retirement date.

3. Retired Employees:

Monthly survivor benefit shall be equal to 60% for which retiree was eligible if the 60% J&S option was elected. Benefit payment begins on the first day of the month following the date of death.

Reduction: An employee who elects the survivor's benefit receives 90% of accrued benefit during his lifetime in order to provide for the surviving spouse. This percentage (90%) shall be reduced 0.5% for each year that the spouse's age is younger than the employee's age by more than 10 years.

Duplication Clause: Survivor benefit not payable concurrently with group insurance transition or bridge benefits.

## Normal Form of Retirement Income

Single Employees and Employees Married Less than One Year: Life annuity.

All Others: 90% of the retirement income payable to the employee during his lifetime (adjusted if the spouse's age differs more than 10 years from the employee's) with 60% of such reduced amount payable to his surviving spouse after his death. If the QJSA is in effect and the spouse predeceases the retiree, the basic pension benefit shall be restored to the amount payable without the QJSA election on the first day of the 3rd month after the Company receives evidence of the spouse's death.

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## Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only
2. 60% joint and survivor and 75% joint and survivor.
3. Lump sum is automatically payable if amount is less than \$1,000. Lump sums between \$1,000 and \$5,000 are payable upon the participants' election, with spousal consent.
4. Lump sums in excess of \$5,000 are available to active employees who are terminated due to the plant closing, as described below.

## Actuarial Equivalence

Lump Sum:

Participant shall receive the larger of the benefits calculated using the following actuarial factors:

1. The applicable segment rates for the November before the beginning of the plan year and the mortality table described in RR 2001-62.
2. The applicable segment rates for the October preceding the first day of the calendar year in which payment is made and applicable mortality table described in IRC section 417(e)(3).

Others: 7.00% interest rate and Applicable Mortality Table (RR 2001-62).

## Plant Closing Optional Lump Sums

Employees who terminate employment due to the plant closure occurring in late 2010 through late 2011 are eligible to elect a special lump sum payment upon termination equal to the value of their accrued benefit, including all early retirement subsidies and the value of their Medicare Part B Benefit, if eligible. The lump sums are calculated using the applicable segment rates for the November before the beginning of the plan year and the applicable mortality tables described in IRC Section 417(e)(3). Lump sums may not decrease below the de minimus lump sum amounts otherwise payable under the plan.

## Employee Contributions

Employee contributions are not required or permitted.

## 2013 Lump Sum Window

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

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## **2017 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

## **2021 Annuity Purchase**

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

## **2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

## **Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

## **Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
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Plan Sponsor: MAHLE Industries, Incorporated  
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**B5: Manchester Union Participants**

**Plan Sponsor**

MAHLE Industries, Incorporated

**Former Plan**

MAHLE Manchester Plant Hourly Employees Pension Plan

**Effective Date and Most Recent Amendment**

The plan was originally effective January 1, 1998 as last amended September 1, 2023.

**Plan Year**

The twelve-month period ending December 31

**Coverage and Participation**

All employees within the bargaining unit (International Association of Machinists and Aerospace Workers of America, District No. 9). Any person who first becomes an employee or a member of the bargaining unit on or after October 1, 2007 will not be eligible to participate in the plan.

**Credited Service**

Prior to February 7, 1997: As earned under the SPX Manchester Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,800 or more “credited hours” shall be counted as one year of Credited Service. If employee has less than 1,800 “credited hours”, a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-1,080	6/10 of a year
1,080.1-1,260	7/10 of a year
1,260.1-1,440	8/10 of a year
1,440.1-1,620	9/10 of a year
1,620.1 or more	one year

Service prior to February 7, 1997 is recognized for eligibility to participate, eligibility to receive early retirement subsidies, subsidized actuarial factors, retirement supplements and disability benefits, and vesting.

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No pre-February 7, 1997 Credited Service recognized for benefit accruals, except specifically recognized to reflect benefit increases.

Credited service for purposes of determining benefit amounts was frozen at October 1, 2007.

**Vesting Service**

Prior to February 7, 1997: As earned under the SPX Manchester Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,000 or more hours shall be counted as one year of Vesting Service. If employee has less than 1,000 hours, a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-999	6/10 of a year

**Accrued Benefit**

Monthly accrued benefit is the product of \$30.00 and years of credited service (including pre 2/7/1997 service) less the product of \$23.00 and years of credited service earned prior to 2/7/1997.

**Normal Retirement Benefit**

Eligibility: The later of the first day of the month following or coinciding with attainment of age 65 and the fifth anniversary of plan participation.

Benefit: Accrued benefit determined at normal retirement date.

**Late Retirement Benefit**

Eligibility: Retirement after normal retirement date.

Monthly Benefit: The greater of 1 and 2 (actuarially increased after April 1st of calendar year following attainment of age 70.5, while benefits suspended)

1. Accrued benefit determined at the date of postponed retirement.
2. Accrued benefit determined at normal retirement age, actuarially increased to reflect the later payment date.

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**Early Retirement Benefit**

Eligibility: Age 55 and 10 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced by 0.5% per month for commencement prior to age 62.

**Disability Benefit**

Eligibility: An employee who becomes disabled after attaining 10 years of credited service. (Prior plan service is eligible for meeting 10 year service requirement.)

Benefit: Accrued benefit determined at date of disability.

Waiting Period: 6 months.

**Vested Benefits upon Termination of Service**

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible upon attainment of age 55. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

**Pre-Retirement Death Benefits**

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit and who have been married at least one year.

Amount of Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:  
Monthly survivor benefit shall be equal to 50% of the accrued benefit the employee would have received had he retired the day before his death and elected the 50% joint and survivor form of payment. Benefit payment begins on the first day of the month following the date of death.
2. Active Vested and Terminated Vested Employees Not Eligible for Early or Normal Retirement:  
Monthly survivor benefit shall be equal to 50% for which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to the early retirement date, elected the 50% joint and survivor annuity, and died the next day. Benefit payment begins on early retirement date.

**Normal Form of Retirement Income**

Single Employees and Employees Married Less than One Year: Life annuity.

All others: 50% qualified joint and survivor annuity.

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**Optional Forms of Retirement Income in Lieu of Normal Form**

1. Life only
2. 50% joint and survivor and 75% joint and survivor
3. 10 year period certain and life annuity
4. Lump sum of the larger of the present value of the accrued normal retirement benefit and the early retirement benefit (if eligible to commence benefits) is payable if amount is less than or equal to \$25,000
5. Lump sum is automatically payable if amount is less than \$5,000

**Actuarial Equivalence**

Lump Sum: Participant shall receive the larger of the benefits calculated using the following actuarial factors:

1. Annual interest rate on 30 year Treasury securities for the November before the beginning of the plan year and the mortality table described in RR 2001-62.
2. The applicable segment rates for the October preceding the first day of the calendar year in which payment is made and applicable mortality table described in IRC section 417(e)(3).

Other: 5.00% interest rate and UP-1984 mortality, but for optional payment forms, use Appendix A in plan document.

**Employee Contributions**

They are not required or permitted.

**2013 Lump Sum Window**

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

**2017 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

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**2021 Annuity Purchase**

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

**2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

**Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

**Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
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## B6: Muskegon Union Participants

### Plan Sponsor

MAHLE Industries, Incorporated

### Former Plan

MAHLE Muskegon Plant Hourly Employees' Pension Plan

### Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1998 as last amended September 1, 2023.

### Plan Year

The twelve-month period ending December 31.

### Coverage and Participation

All employees employed by the Company on or after 2/7/1997 within the bargaining unit (International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (U.A.W.), Local 637).

### Credited Service

Prior to February 7, 1997: As earned under the SPX Muskegon Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,800 or more "credited hours" shall be counted as one year of Credited Service. If employee has less than 1,800 "credited hours", a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-1,080	6/10 of a year
1,080.1-1,260	7/10 of a year
1,260.1-1,440	8/10 of a year
1,440.1-1,620	9/10 of a year
1,620.1 or more	one year

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Service prior to February 7, 1997 will be included in determining (1) eligibility to participate, (2) eligibility to receive early retirement subsidies, subsidized actuarial factors, retirement supplements and disability benefits, (3) eligibility for normal, early and vested benefits, but not for benefit accruals except to the extent specifically recognized to reflect benefit increases or supplemental amounts after the closing date.

If employee at February 7, 1997 elected to receive amounts or lump sums when transferring from SPX, the service earned prior to February 7, 1997 shall not be included for determining eligibility for retirement supplements or for benefit increases attributable to employment prior to February 7, 1997.

**Vesting Service**

Prior to February 7, 1997: As earned under the SPX Muskegon Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,000 or more hours shall be counted as one year of Vesting Service. If employee has less than 1,000 hours, a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-999	6/10 of a year

**Accrued Benefit**

Monthly accrued benefit is the product of \$33.00 and years of credited service (including pre-February 7, 1997 service) less the product of \$26.00 and years of credited service earned prior to February 7, 1997.

**Normal Retirement Benefit**

Eligibility: The later of the first day of the month following or coinciding with attainment of age 65 and the fifth anniversary of plan participation.

Benefit: Accrued benefit determined at normal retirement date.

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**Late Retirement Benefit**

Eligibility: Retirement after normal retirement date.

Monthly Benefit: The greater of 1 and 2 (actuarially increased after April 1<sup>st</sup> of calendar year following attainment of age 70.5, while benefits suspended)

1. Accrued benefit determined at the date of postponed retirement.
2. Accrued benefit determined at normal retirement age, actuarially increased to reflect the later payment date.

**Early Retirement Benefit**

Eligibility: Earlier of 1, 2, or 3:

1. Age 60 and 10 years of credited service.
2. Age 55 and age plus credited service equals 85 or more.
3. 30 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, multiplied by the following:

Number of Years Before SSURA <sup>1</sup>	Early Retirement Percentage	Number of Years Before SSURA	Early Retirement Percentage
18	30.4	10	57.9
17	32.8	9	63.5
16	35.4	8	69.4
15	38.3	7	75.2
14	41.5	6	80.8
13	45.0	5	86.7
12	48.9	4	93.3
11	53.2	3 and less	100.0

<sup>1</sup> Social Security Unreduced Retirement Age

Provided that:

Pension benefit including benefit to surviving spouse, will be unreduced for retirement after age 62 for employee retiring with the sum of age and credited service totalling 85 or more. Pension benefit will be unreduced for age at retirement for employees retiring with 30 or more years of credited service.

**Disability Benefit**

Eligibility: An employee who becomes disabled after attaining 10 or more years of credited service and is under age 62.

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Monthly Benefit: Accrued benefit determined at date of disability plus a temporary benefit (not more than \$400 per month) equal to the product of \$33.00 and credited service earned after February 7, 1997, payable until employee becomes eligible for a Social Security benefit.

Waiting Period: 6 months

## **Vested Benefits upon Termination of Service**

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible (1) after completion of 10 years of credited service and attainment of age 60, or (2) at age 55 with 85 points, or (3) after completion of 30 years of credited service. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

## **Supplemental Benefit**

Eligibility: An employee who retires under the normal, early or disability provisions and who:

1. Retires before age 62 with 30 or more years of credited service, or,
2. Retires before age 62 with the sum of age and credited service totalling 85 or more

Early Retirement Supplement:

1. Payable until age 62 to those retirees with 30 or more years of credited service;
2. The benefit is \$550 less \$350 times the ratio of Past Service Credits to 30 years per month for terminations after December 31, 2000.

Interim Supplement:

1. Payable until age 62 to those retirees with age and service totalling 85 points or more, but not with 30 or more years of service.
2. The benefit is \$7.50 times years of credited service (earned after February 7, 1997) reduced for early retirement.

## **Medicare Part B Benefit**

Eligibility: Retirement under normal, early, late or disability provisions and enrolled in Medicare.

Monthly Benefit: Effective January 1, 2002, \$28.00 per month after age 65, or earlier if receiving Social Security disability benefits for at least 24 months. Medicare Part B benefit is not payable to a surviving spouse.

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## Pre-Retirement Death Benefits

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit.

Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 55% of the accrued benefit the employee would have received had he retired the day before his death and elected the 55% joint and survivor annuity. Benefit payment begins on the first day of the month following the date of death.

2. Active Vested and Terminated Vested Employees Not Eligible for Normal or Early Retirement:

Monthly survivor benefit shall be equal to 55% of the monthly benefit to which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to the early retirement date, elected the 55% joint and survivor annuity, and died the next day. Benefit payment begins on early retirement date.

## Normal Form of Retirement Income

Single employees: Life annuity

All others: 55% qualified joint and survivor annuity

## Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only

a. 55% joint and survivor and 75% joint and survivor

b. Lump sum distribution of the larger of the benefit the participant could receive at the normal retirement date or early retirement date (if eligible to commence benefits for early retirement), if less than or equal to \$22,500. The lump sum will include any supplements and/or Medicare Part B benefit for which the participant is eligible to receive.

c. Lump sum is automatically payable if amount is less than or equal to \$1,000

If the 55% QJSA is in effect and the spouse predeceases the retiree, the basic pension benefit shall be restored to the amount payable without the QJSA elections.

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## Actuarial Equivalence

Lump Sum:

Participant shall receive the larger of the benefits calculated using the following actuarial factors:

1. Annual interest rate on 30-year Treasury securities for the November before the beginning of the plan year and the mortality table described in RR 2001-62.
2. The applicable segment rates for the October preceding the first day of the calendar year in which payment is made and applicable mortality table described in IRC section 417(e)(3).

55% qualified joint and survivor annuity;

95% adjusted 0.5% for each full year the spouse's age differs from the employee's age by more than 5 years, maximum 100%.

Other:

5.00% interest rate and UP-1984 mortality.

## Employee Contributions

They are not required or permitted.

## 2013 Lump Sum Window

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

## 2017 Lump Sum Window

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

## 2021 Annuity Purchase

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

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## **2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

## **Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

## **Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
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Plan Sponsor: MAHLE Industries, Incorporated  
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## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>2</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	1	0	0	0	0	0	0	1
40-44	0	0	5	0	4	5	0	0	0	0	0	14
45-49	0	1	7	5	4	30	4	0	0	0	0	51
50-54	0	1	5	8	5	29	22	5	0	0	0	75
55-59	0	0	6	3	5	21	20	32	6	0	0	93
60-64	0	0	1	0	2	6	4	2	1	3	0	19
65-69	0	0	1	0	0	1	1	0	1	1	0	5
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>2</b>	<b>25</b>	<b>16</b>	<b>21</b>	<b>92</b>	<b>51</b>	<b>39</b>	<b>8</b>	<b>4</b>	<b>258</b>	

<sup>2</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: MAHLE Industries, Incorporated Retirement Plan

EIN / PN: 58-2431334/001

Plan Sponsor: MAHLE Industries, Incorporated

Valuation Date: January 1, 2024

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(36,853)	15.00000	(36,853)	(3,353)
2. Shortfall	01/01/2023	6,271,953	14.00000	6,018,160	574,390
3. Shortfall	01/01/2022	5,036,820	13.00000	4,625,997	465,460
4. Shortfall	01/01/2021	(203,350)	12.00000	(177,728)	(18,961)
5. Shortfall	01/01/2020	(4,370,785)	11.00000	(3,603,218)	(410,358)
6. Shortfall	01/01/2019	17,821,840	10.00000	13,444,329	1,647,769
Total				20,270,687	2,254,947

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**Schedule SB, Line 15**  
**Reconciliation of differences between valuation results and amounts used to**  
**calculate AFTAP**  
**as of January 1, 2024**

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 was certified on September 27, 2024, which reflected preliminary January 1, 2024 market value of assets. The correct market value of assets, as reported on the 2024 Schedule SB, was provided to the enrolled actuary subsequent to the issuance of the 2024 AFTAP certification.

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	MAHLE Industries, Incorporated
<b>EIN/PN</b>	58-2431334/001
<b>Plan Name</b>	MAHLE Industries, Incorporated Retirement Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Joseph A. Grondin
<b>Enrollment Number</b>	23-06662

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**

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

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EIN / PN: 58-2431334/001  
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## Schedule SB, Part V Summary of Plan Provisions

### B1: Non-Union Participants

#### Plan Sponsor

MAHLE Industries, Incorporated

#### Plan

MAHLE Industries, Incorporated Retirement Plan

#### Effective Date

The plan was originally effective January 1, 1981, as last amended effective September 1, 2023.

#### Plan Year

The twelve-month period ending December 31.

#### Eligibility and Participation

Any person who is employed regularly by MAHLE Industries, Incorporated, and has FICA taxes withheld by MAHLE Industries, Incorporated. An individual who performs services for MAHLE Industries, Incorporated, pursuant to an agreement between MAHLE Industries, Incorporated, and a collective bargaining agreement, an employee leasing organization or independent contractor shall not be considered.

Each active employee will become a Participant as of the January 1 on or next following his Employment Date. No new participants will enter after January 1, 2004. Effective May 1, 2007, active Participants, between March 19, 2007 and April 17, 2007, can choose to freeze their benefit in the Pension Plan. This is a one-time irrevocable election.

No benefits will be accrued after March 31, 2020.

#### Vesting Service

Effective January 1, 1999 whole calendar months, of employment. A whole month is graded in the month of employment and month of termination if the Participant is employed for at least 15 days in that month. Before 1999, vesting service was granted on a 1,000 hour rule.

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## **Benefit Service**

The Participant's whole and partial years of Vesting Service, excluding (1) periods before the employer adopted the plan (unless specified), (2) leaves longer than 12 months, (3) periods between date of termination and rehire, (4) periods worked for an employer who did not adopt the plan, (5) periods for which an employee was paid a lump sum, (6) periods covered by another defined benefit plan, and (7) periods after the employee opts out of the plan. Benefit service was frozen effective March 31, 2020.

## **Compensation**

The participant's taxable earnings as reported on Form W-2 plus deferrals. Please refer to the Plan document for additional detail.

## **Final Average Base Earnings**

The average of a Participant's greatest five consecutive or non-consecutive calendar years during his final 10 consecutive calendar years of Employment. Plan includes any partial calendar year in the 5 year average, if it yields a higher average. If a participant has fewer than 5 complete years all Earnings are averaged.

After December 31, 2006: Final Average Earnings is limited by the Final Average Earnings as of December 31, 2006, increased each year by the general wage increase percentage declared by the employer in the December of the preceding calendar year (not less than 0% nor more than 2%), with increases applied from January 1<sup>st</sup> to the date of termination on a pro-rata basis.

The Final Average Earnings freezes when an employee opts out of the plan. Final Average Earnings was frozen effective March 31, 2020.

## **Accrued Benefit**

For a participant terminating employment on or after his/her Normal Retirement Date, the accrued benefit is a monthly benefit equal to 1/12 of the sum of 1 and 2 multiplied by Years of Benefit Service not in excess of 30:

- 0.9 percent of his Final Average Earnings not in excess of Covered Compensation
- 1.525 percent of his Final Average Earnings in excess of Covered Compensation

Minimum Monthly Benefit is \$6.50 times Benefit Service not in excess of 30 years.

For a participant who terminated employment prior to his/her Normal Retirement Date, the above calculation is determined assuming he/she continues to earn benefit service to the Normal Retirement Date, but Final Average Earnings and Covered Compensation is determined as of the termination date. The projected benefit is then multiplied by the ratio of the number of years of benefit service at termination to the number of years of benefit service projected at the Normal Retirement Date.

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Accrued benefit was frozen effective March 31, 2020.

## **Normal or Late Retirement Benefit**

Eligibility: Later of Age 65 or the fifth anniversary of Employment

Benefit: Accrued Benefit at Normal or Late Retirement Date.

## **Early Retirement Benefit**

Eligibility: Age 55 and 10 years of Vesting Service.

Benefit: Accrued Benefit reduced by 5/9% for first five years and 5/18% for next five years benefit accrued prior to the normal retirement date.

## **Disability Benefit**

If a Participant becomes disabled after 5 years of Vesting Service, he continues to accrue service and compensation continues at the same rate until his Early or Normal Retirement Date. Upon retirement, the Early or Normal Retirement Benefit is payable. The Final Average Earnings and Covered Compensation are frozen at the disability date.

For employees who opted out, the benefit is based on the May 1, 2007 frozen benefit, reduced for early retirement.

## **Vested Benefits upon Termination of Service**

Eligibility: 5 years of Vesting Service.

Benefit: Accrued Benefit payable at age 65.

Early Commencement of Benefit: Participants who have completed 10 years of vesting service may elect to begin receiving a reduced benefit as early as age 55. Accrued benefit reduced 5/9% for the first five years and 5/18% for the next five years benefit begins prior to the normal retirement date.

## **Normal Form of Retirement Income**

The normal form of benefit is a monthly annuity payable for the life of the participant. If married, then the 50% Joint and Survivor annuity will be payable to the employee during his lifetime with 50% of such reduced amount payable to his surviving spouse after his death, unless the retiree elects otherwise in writing and the spouse consents.

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## Optional Forms

Joint and Survivor Annuities:

1. Life only
2. 50% Joint and Survivor, 66-2/3% Joint and Survivor, 75% Joint and Survivor and 100% Joint and Survivor
3. 10 Years Continuous and Life
4. Lump sum is automatically payable if amount is less than or equal to \$5,000.

## Actuarial Equivalence

Lump Sum: Participant shall receive a single sum payment calculated using the applicable segment rates for the October preceding the first day of the calendar year in which payment is made and the applicable mortality table described in IRC Section 417(c)(3).

Other: 7% interest rate and the 1971 Forecast Mortality Table with a one-year age setback for participants and a five-year age setback for beneficiaries.

## Pre-Retirement Death Benefits

If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option assuming the participant had terminated employment on the earlier of his termination date or date of death, survived to the early retirement date, had begun receiving benefits that day under the 50% Joint and Survivor form of payment and died the next day.

## Post-Retirement Death Benefits

None except as provided by the annuity form elected.

## Employee Contributions

They are not required or permitted.

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## **2007 Voluntary Retirement Opportunity (VRO)**

A participant who retired under the 2007 VRO shall have his early retirement benefit determined by increasing his Benefit Service by an additional three years (up to a maximum of 30 years of Benefit Service) and be deemed three years older than the participant's actual age (up to a maximum of age 65). Employees eligible for the 2007 VRO are participants at the Morristown, Tennessee facility who are at least age 55 with 10 or more years of service as of March 30, 2007, who elect the special benefits between December 11, 2006 and March 30, 2007, retires between January 1, 2007 and March 30, 2007, and sign an appropriate waiver and release.

## **2009 Voluntary Retirement Opportunity (VRO)**

A participant who retired under the 2009 Voluntary Retirement Opportunity (2009 VRO) shall have his early retirement benefit determined by increasing his Benefit Service by an additional three years (up to a maximum of 30 years of Benefit Service) and be deemed three years older than the participant's actual age (up to a maximum of age 65). Employees eligible for the 2009 VRO are participants who are at least age 55 with 10 or more years of service as of January 5, 2009, who elect the special benefit between November 4, 2008 and January 8, 2009, retire between January 1, 2009 and February 1, 2009, and sign an appropriate waiver and release.

## **2013 Lump Sum Window**

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

## **2017 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

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## **2021 Annuity Purchase**

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

## **2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

## **Maximum on Benefits and Compensation**

All benefits and compensation for any calendar year may not exceed the maximum limits for that year as defined by the Internal Revenue Code.

## **Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

## **Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

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## B2: Caldwell Union Participants

### Plan Sponsor

MAHLE Industries, Incorporated

### Former Plan

MAHLE Caldwell Plant Hourly Employees Pension Plan

### Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1989 as last amended effective September 1, 2023.

### Plan Year

The twelve-month period ending December 31.

### Coverage and Participation

Hourly paid employees at employer's Caldwell, Ohio plant (United Steel Workers of America AFL-CIO Local 4836). Plan frozen December 31, 2001. There will be no new plan participants after this date.

### Credited Service

For hours as an employee of the company while covered by the CBA,

- Maximum Credited Service is 38 years
- Credited service is frozen at 12/31/2001

Hours of Service During Plan Year	Portion of Year of Credited Service
Less than 85	0.0
85-254	.1
255-424	.2
425-594	.3
595-764	.4
765-934	.5
935-1,104	.6
1,105-1,274	.7
1,275-1,444	.8
1,445-1,614	.9
1,615 and over	1.0

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## **Vesting Service**

Elapsed time from date of hire to the date employment with the employer terminates. Vesting Service is determined in fractional years to the nearest one-twelfth.

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## **Normal Retirement Benefit**

Eligibility: Age 65.

Monthly Benefit: Accrued benefit determined at the normal retirement date

## **Late Retirement**

Eligibility: Retirement after the normal retirement date.

Monthly Benefit: Accrued benefit determined at date of postponed retirement (actuarially increased after April 1st of calendar year following attainment of age 70.5, while benefits suspended).

## **Accrued Benefits**

Monthly accrued benefit is the product of \$24.00 and years of credited service (not more than 38).

## **Early Retirement Benefit**

Eligibility: Age 60 and 10 years of vesting service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced 0.4% per month for commencement prior to normal retirement age.

## **Disability Benefit**

Eligibility: Disablement after completing 10 years of vesting service

Monthly Benefit: Accrued benefit determined at date of disability.

## **Vested Benefits upon Termination of Service**

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible upon attainment of age 60. Accrued benefit is reduced by 0.5% per month for commencement prior to normal retirement date.

## **Medicare Part B Benefit**

Eligibility: Retirement under normal, early, late or disability provisions and enrolled in Medicare.

Monthly Benefit: The current premium payable to the retiree (not spouse) for Medicare Part B coverage, \$174.70 in 2024. The premium is assumed to increase in future years.

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## Pre-Retirement Death Benefits

Paid to a participant's surviving spouse, if any, equal to 52% of the benefit that the participant would have received if he had retired on his date of death and elected an immediate benefit in a joint and 52% survivor form, or, in the case of a participant who dies before becoming eligible for payment of benefits, the benefit that would have been payable had he terminated employment on the earlier of his termination date or date of death, survived to the early retirement date, elected the 52% joint and survivor annuity and died the following day.

The benefit payable to the member's spouse is reduced 1% for each year, if any, by which the spouse is more than 5 years younger than the employee at his death (but not in excess of 10%).

## Normal Form of Retirement Income

Single employees and employees married less than one year: Life annuity.

All others: 52% qualified joint and survivor annuity.

## Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only
2. 52% joint and survivor and 75% joint and survivor
3. Lump sum of the present value of the accrued normal retirement benefit (excluding any Medicare Part B benefit) is automatically payable if amount is less than \$5,000

## Actuarial Equivalence

Lump Sum Participants shall receive the larger of the benefit calculated using the following actuarial factors:

1. The annual interest rate on 30-year Treasury securities for the November before the beginning of the plan year and the Mortality Table described in R.R. 2001-62.
2. The applicable segment rates for the October preceding the first day of the calendar year in which payment is made and applicable mortality table described in IRC section 417(e)(3).

52% Joint and Survivor Annuity: 93% plus or minus 0.5% for each full year the spouse is older or younger than the retiree, maximum 100%.

Others: 7.00% interest rate and 1971 GAM mortality.

## Employee Contributions

They are not required or permitted.

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## **2013 Lump Sum Window**

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

## **2017 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

## **2021 Annuity Purchase**

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

## **2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

## **Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

## **Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

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## B3: Churubusco Union Participants

### Plan Sponsor

MAHLE Industries, Incorporated

### Former Plan

MAHLE Pension Plan for Hourly Paid Employees at the Churubusco, IN Plant

### Effective Date and Most Recent Amendment

The plan was originally effective March 8, 1967 as last amended September 1, 2023.

### Plan Year

The twelve-month period ending December 31.

### Coverage and Participation

All employees who are members of District Lodge No. 090, Local Lodge No. 2034, of the International Association of Machinists and Aerospace Workers, AFL-CIO.

### Credited Service

1. All full and fractional years of service since March 8, 1967 while on the seniority list; plus
2. All full and fractional years of past service from the seniority date to March 8, 1967.
3. Reinstatement of Credited Service available for loss of seniority after October 18, 1975 or for re-employment after retirement; Credited Service is aggregated, but future benefit is offset by actuarial equivalent of benefits previously paid.
4. Employee retiring under the plan also receives Credited Service for eligibility for all service with the Corporation.
5. Accumulation of up to 5 years of Credited Service while on approved leave of absence or layoff.

### Vesting Service

All service with corporation.

### Normal Retirement Benefit

Eligibility: Age 65.

Benefit: Accrued benefit determined at normal retirement date.

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## **Late Retirement Benefit**

Eligibility: Retirement after normal retirement date.

Monthly Benefit: Accrued benefit determined at the date of postponed retirement (actuarially increased after April 1<sup>st</sup> of calendar year following attainment of age 70.5, while benefits suspended)

## **Accrued Benefit**

Monthly accrued benefit is the product of \$23.00 and years of credited service (not more than 44 years if seniority date is before January 2, 1968, 40 years if seniority date is between January 2, 1968 and January 1, 1980, 35 years if seniority date is between January 2, 1980 and November 4, 2007).

## **Early Retirement Benefit**

Eligibility: Age 60 and 10 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced by 0.5% per month for commencement prior to age 62.

## **Disability Benefit**

Eligibility: Totally and permanently disabled, as determined by the plan sponsor after attaining age 50 with 10 years of credited service.

Benefit: Accrued benefit determined at date of disability.

Waiting Period: 6 months.

## **Vested Benefits upon Termination of Service**

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible after completion of 10 years of credited service and attainment of age 60. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

## **Supplemental Benefit**

Eligibility: Retirement under Early or Disability provisions and attainment of age 60 and 30 years of credited service.

Benefit: Effective May 1, 1999, a monthly benefit of \$10.00 times years of credited is payable until age 62 to the employee (not a surviving spouse).

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## Pre-Retirement Death Benefits

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit and who have been married at least one year.

Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 50% of the early benefit the employee would have received had he retired the day before his death and elected the 50% joint and survivor form of payment. Benefit payment begins on the first day of the month following the date of death.

2. Active Vested and Terminated Vested Employees Not Eligible for Normal or Early Retirement:

Monthly survivor benefit shall be equal to 50% of the monthly benefit to which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to the earliest commencement date, commenced receiving payments that day after electing the 50% joint and survivor form of payment, and died the next day. Benefit payment begins on early retirement date.

## Normal Form of Retirement Income

Normal form of payment is a monthly annuity for the life of the participant. If married, the 50% joint and survivor option will be deemed to have been elected, unless the retiree elects otherwise in writing and the spouse consents.

Single employees and employees married less than one year: Life annuity

All others: 50% joint and survivor annuity

## Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only
2. 50% joint and survivor and 75% joint and survivor
3. Lump sum is automatically payable if amount is less than \$1,000
4. Lump sum of the present value of the accrued normal retirement benefit (excluding any 30-year supplement) is payable if amount is less than \$5,000.

## Actuarial Equivalence

Lump Sum: The applicable segment rates for the October preceding the first day of the calendar year in which payment is made and the applicable mortality table described in section 417(e)(3).

Other: 7.00% interest rate and UP-1984 mortality, set forward one year.

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## **Employee Contributions**

They are not required or permitted.

## **2013 Lump Sum Window**

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

## **2017 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

## **2021 Annuity Purchase**

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

## **2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

## **Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
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## **Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

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## B4: Franklin Union Participants

### Plan Sponsor

MAHLE Industries, Incorporated

### Former Plan

MAHLE – UAW Pension Plan for Hourly Employees at the Perfect Circle Division Cast Iron Plant in Franklin, Kentucky

### Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1999 as last amended September 1, 2023.

### Plan Year

The twelve-month period ending December 31.

### Coverage and Participation

All employees working for the Company at the Cast Iron Plant in Franklin, Kentucky, who are covered by the collective bargaining agreement between the Company and the Union (UAW Local 2370).

### Credited Service

Prior to February 7, 1997: As earned under the SPX Franklin Plan.

On or after February 7, 1997 and on or before December 31, 1998: Each year during which any employee completed 1,000 hours of service under the Savings Plan.

On or after January 1, 1999: Employee will receive 1/12 of a year for each month the employee is on the active payroll and has at least one hour of service.

### Vesting Service

All service with the Corporation.

### Accrued Benefit

Monthly accrued benefit is the product of \$19.00 and years of future credited service less the product of \$10.00 and years of past credited service earned prior to January 1, 1999.

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## Normal Retirement Benefit

Eligibility: Age 65.

Benefit: Accrued benefit determined at normal retirement date.

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## **Late Retirement Benefit**

Eligibility: Retirement after normal retirement date.

Monthly Benefit: Accrued benefit determined at the date of postponed retirement (actuarially increased after April 1<sup>st</sup> of calendar year following attainment of age 70.5, while benefits suspended).

## **Early Retirement Benefit**

Eligibility: Age 60 and 10 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced by 0.5% per month for commencement prior to age 62.

Special Early Retirement: Effective May 1, 2001, if an employee is eligible for early retirement, he will receive a temporary benefit of \$400 per month, until he attains age 62.

## **Disability Benefit**

There are no explicit disability benefits provided under this plan. Employees who terminate employment may receive early retirement or vested termination benefits, if eligible.

## **Vested Benefits upon Termination of Service**

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible after attaining age 60 and completing 10 years of credited service. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

## **Medicare Part B Benefit**

Eligibility: Retiree or surviving spouse receiving benefits following normal, early or late (but not deferred vested) retirement, who is age 65 or over or otherwise eligible for Medicare Part B.

Monthly Benefit: Effective on or after January 1, 2003, \$60.00 per month after age 65, or earlier eligibility for Medicare Part B.

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## Pre-Retirement Death Benefits

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit and who have been married at least one year.

Amount of Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 60% of the accrued benefit the employee would have received had he retired the day before his death. Benefit payment begins on the first day of the month following the date of death.

2. Active Vested and Terminated Vested Employees Not Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 50% for which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to early retirement date and had begun receiving benefits that day, and died the next day. Benefit payment begins on early retirement date.

3. Retired Employees:

Monthly survivor benefit shall be equal to 60% for which retiree was eligible if the 60% J&S option was elected. Benefit payment begins on the first day of the month following the date of death.

Reduction: An employee who elects the survivor's benefit receives 90% of accrued benefit during his lifetime in order to provide for the surviving spouse. This percentage (90%) shall be reduced 0.5% for each year that the spouse's age is younger than the employee's age by more than 10 years.

Duplication Clause: Survivor benefit not payable concurrently with group insurance transition or bridge benefits.

## Normal Form of Retirement Income

Single Employees and Employees Married Less than One Year: Life annuity.

All Others: 90% of the retirement income payable to the employee during his lifetime (adjusted if the spouse's age differs more than 10 years from the employee's) with 60% of such reduced amount payable to his surviving spouse after his death. If the QJSA is in effect and the spouse predeceases the retiree, the basic pension benefit shall be restored to the amount payable without the QJSA election on the first day of the 3rd month after the Company receives evidence of the spouse's death.

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## **Optional Forms of Retirement Income in Lieu of Normal Form**

1. Life only
2. 60% joint and survivor and 75% joint and survivor.
3. Lump sum is automatically payable if amount is less than \$1,000. Lump sums between \$1,000 and \$5,000 are payable upon the participants' election, with spousal consent.
4. Lump sums in excess of \$5,000 are available to active employees who are terminated due to the plant closing, as described below.

## **Actuarial Equivalence**

Lump Sum:

Participant shall receive the larger of the benefits calculated using the following actuarial factors:

1. The applicable segment rates for the November before the beginning of the plan year and the mortality table described in RR 2001-62.
2. The applicable segment rates for the October preceding the first day of the calendar year in which payment is made and applicable mortality table described in IRC section 417(e)(3).

Others: 7.00% interest rate and Applicable Mortality Table (RR 2001-62).

## **Plant Closing Optional Lump Sums**

Employees who terminate employment due to the plant closure occurring in late 2010 through late 2011 are eligible to elect a special lump sum payment upon termination equal to the value of their accrued benefit, including all early retirement subsidies and the value of their Medicare Part B Benefit, if eligible. The lump sums are calculated using the applicable segment rates for the November before the beginning of the plan year and the applicable mortality tables described in IRC Section 417(e)(3). Lump sums may not decrease below the de minimus lump sum amounts otherwise payable under the plan.

## **Employee Contributions**

Employee contributions are not required or permitted.

## **2013 Lump Sum Window**

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

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## **2017 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

## **2021 Annuity Purchase**

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

## **2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

## **Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

## **Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
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**B5: Manchester Union Participants**

**Plan Sponsor**

MAHLE Industries, Incorporated

**Former Plan**

MAHLE Manchester Plant Hourly Employees Pension Plan

**Effective Date and Most Recent Amendment**

The plan was originally effective January 1, 1998 as last amended September 1, 2023.

**Plan Year**

The twelve-month period ending December 31

**Coverage and Participation**

All employees within the bargaining unit (International Association of Machinists and Aerospace Workers of America, District No. 9). Any person who first becomes an employee or a member of the bargaining unit on or after October 1, 2007 will not be eligible to participate in the plan.

**Credited Service**

Prior to February 7, 1997: As earned under the SPX Manchester Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,800 or more “credited hours” shall be counted as one year of Credited Service. If employee has less than 1,800 “credited hours”, a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-1,080	6/10 of a year
1,080.1-1,260	7/10 of a year
1,260.1-1,440	8/10 of a year
1,440.1-1,620	9/10 of a year
1,620.1 or more	one year

Service prior to February 7, 1997 is recognized for eligibility to participate, eligibility to receive early retirement subsidies, subsidized actuarial factors, retirement supplements and disability benefits, and vesting.

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No pre-February 7, 1997 Credited Service recognized for benefit accruals, except specifically recognized to reflect benefit increases.

Credited service for purposes of determining benefit amounts was frozen at October 1, 2007.

**Vesting Service**

Prior to February 7, 1997: As earned under the SPX Manchester Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,000 or more hours shall be counted as one year of Vesting Service. If employee has less than 1,000 hours, a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-999	6/10 of a year

**Accrued Benefit**

Monthly accrued benefit is the product of \$30.00 and years of credited service (including pre 2/7/1997 service) less the product of \$23.00 and years of credited service earned prior to 2/7/1997.

**Normal Retirement Benefit**

Eligibility: The later of the first day of the month following or coinciding with attainment of age 65 and the fifth anniversary of plan participation.

Benefit: Accrued benefit determined at normal retirement date.

**Late Retirement Benefit**

Eligibility: Retirement after normal retirement date.

Monthly Benefit: The greater of 1 and 2 (actuarially increased after April 1st of calendar year following attainment of age 70.5, while benefits suspended)

1. Accrued benefit determined at the date of postponed retirement.
2. Accrued benefit determined at normal retirement age, actuarially increased to reflect the later payment date.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
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**Early Retirement Benefit**

Eligibility: Age 55 and 10 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, reduced by 0.5% per month for commencement prior to age 62.

**Disability Benefit**

Eligibility: An employee who becomes disabled after attaining 10 years of credited service. (Prior plan service is eligible for meeting 10 year service requirement.)

Benefit: Accrued benefit determined at date of disability.

Waiting Period: 6 months.

**Vested Benefits upon Termination of Service**

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible upon attainment of age 55. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

**Pre-Retirement Death Benefits**

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit and who have been married at least one year.

Amount of Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:  
Monthly survivor benefit shall be equal to 50% of the accrued benefit the employee would have received had he retired the day before his death and elected the 50% joint and survivor form of payment. Benefit payment begins on the first day of the month following the date of death.
2. Active Vested and Terminated Vested Employees Not Eligible for Early or Normal Retirement:  
Monthly survivor benefit shall be equal to 50% for which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to the early retirement date, elected the 50% joint and survivor annuity, and died the next day. Benefit payment begins on early retirement date.

**Normal Form of Retirement Income**

Single Employees and Employees Married Less than One Year: Life annuity.

All others: 50% qualified joint and survivor annuity.

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 Plan Sponsor: MAHLE Industries, Incorporated  
 Valuation Date: January 1, 2024

### **Optional Forms of Retirement Income in Lieu of Normal Form**

1. Life only
2. 50% joint and survivor and 75% joint and survivor
3. 10 year period certain and life annuity
4. Lump sum of the larger of the present value of the accrued normal retirement benefit and the early retirement benefit (if eligible to commence benefits) is payable if amount is less than or equal to \$25,000
5. Lump sum is automatically payable if amount is less than \$5,000

### **Actuarial Equivalence**

Lump Sum: Participant shall receive the larger of the benefits calculated using the following actuarial factors:

1. Annual interest rate on 30 year Treasury securities for the November before the beginning of the plan year and the mortality table described in RR 2001-62.
2. The applicable segment rates for the October preceding the first day of the calendar year in which payment is made and applicable mortality table described in IRC section 417(e)(3).

Other: 5.00% interest rate and UP-1984 mortality, but for optional payment forms, use Appendix A in plan document.

### **Employee Contributions**

They are not required or permitted.

### **2013 Lump Sum Window**

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

### **2017 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

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**2021 Annuity Purchase**

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

**2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

**Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

**Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

Plan Name: MAHLE Industries, Incorporated Retirement Plan  
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## B6: Muskegon Union Participants

### Plan Sponsor

MAHLE Industries, Incorporated

### Former Plan

MAHLE Muskegon Plant Hourly Employees' Pension Plan

### Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1998 as last amended September 1, 2023.

### Plan Year

The twelve-month period ending December 31.

### Coverage and Participation

All employees employed by the Company on or after 2/7/1997 within the bargaining unit (International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (U.A.W.), Local 637).

### Credited Service

Prior to February 7, 1997: As earned under the SPX Muskegon Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,800 or more "credited hours" shall be counted as one year of Credited Service. If employee has less than 1,800 "credited hours", a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-1,080	6/10 of a year
1,080.1-1,260	7/10 of a year
1,260.1-1,440	8/10 of a year
1,440.1-1,620	9/10 of a year
1,620.1 or more	one year

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Service prior to February 7, 1997 will be included in determining (1) eligibility to participate, (2) eligibility to receive early retirement subsidies, subsidized actuarial factors, retirement supplements and disability benefits, (3) eligibility for normal, early and vested benefits, but not for benefit accruals except to the extent specifically recognized to reflect benefit increases or supplemental amounts after the closing date.

If employee at February 7, 1997 elected to receive amounts or lump sums when transferring from SPX, the service earned prior to February 7, 1997 shall not be included for determining eligibility for retirement supplements or for benefit increases attributable to employment prior to February 7, 1997.

## Vesting Service

Prior to February 7, 1997: As earned under the SPX Muskegon Plant Pension Plan.

After February 7, 1997: Any calendar year in which the employee has 1,000 or more hours shall be counted as one year of Vesting Service. If employee has less than 1,000 hours, a proportionate credit will be given according to the following schedule:

Credited Hours	Credited Service
0	None
1-180	1/10 of a year
180.1-360	2/10 of a year
360.1-540	3/10 of a year
540.1-720	4/10 of a year
720.1-900	5/10 of a year
900.1-999	6/10 of a year

## Accrued Benefit

Monthly accrued benefit is the product of \$33.00 and years of credited service (including pre-February 7, 1997 service) less the product of \$26.00 and years of credited service earned prior to February 7, 1997.

## Normal Retirement Benefit

Eligibility: The later of the first day of the month following or coinciding with attainment of age 65 and the fifth anniversary of plan participation.

Benefit: Accrued benefit determined at normal retirement date.

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## Late Retirement Benefit

Eligibility: Retirement after normal retirement date.

Monthly Benefit: The greater of 1 and 2 (actuarially increased after April 1<sup>st</sup> of calendar year following attainment of age 70.5, while benefits suspended)

1. Accrued benefit determined at the date of postponed retirement.
2. Accrued benefit determined at normal retirement age, actuarially increased to reflect the later payment date.

## Early Retirement Benefit

Eligibility: Earlier of 1, 2, or 3:

1. Age 60 and 10 years of credited service.
2. Age 55 and age plus credited service equals 85 or more.
3. 30 years of credited service.

Monthly Benefit: Accrued benefit determined at early retirement, multiplied by the following:

Number of Years Before SSURA <sup>1</sup>	Early Retirement Percentage	Number of Years Before SSURA	Early Retirement Percentage
18	30.4	10	57.9
17	32.8	9	63.5
16	35.4	8	69.4
15	38.3	7	75.2
14	41.5	6	80.8
13	45.0	5	86.7
12	48.9	4	93.3
11	53.2	3 and less	100.0

<sup>1</sup> Social Security Unreduced Retirement Age

Provided that:

Pension benefit including benefit to surviving spouse, will be unreduced for retirement after age 62 for employee retiring with the sum of age and credited service totalling 85 or more. Pension benefit will be unreduced for age at retirement for employees retiring with 30 or more years of credited service.

## Disability Benefit

Eligibility: An employee who becomes disabled after attaining 10 or more years of credited service and is under age 62.

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Monthly Benefit: Accrued benefit determined at date of disability plus a temporary benefit (not more than \$400 per month) equal to the product of \$33.00 and credited service earned after February 7, 1997, payable until employee becomes eligible for a Social Security benefit.

Waiting Period: 6 months

## **Vested Benefits upon Termination of Service**

Eligibility: 5 years of vesting service.

Benefit Payable at Normal Retirement Date: Accrued benefit at date of termination.

Early Commencement of Benefit: Eligible (1) after completion of 10 years of credited service and attainment of age 60, or (2) at age 55 with 85 points, or (3) after completion of 30 years of credited service. Accrued benefit is reduced by 0.5% per month for commencement prior to the normal retirement date.

## **Supplemental Benefit**

Eligibility: An employee who retires under the normal, early or disability provisions and who:

1. Retires before age 62 with 30 or more years of credited service, or,
2. Retires before age 62 with the sum of age and credited service totalling 85 or more

Early Retirement Supplement:

1. Payable until age 62 to those retirees with 30 or more years of credited service;
2. The benefit is \$550 less \$350 times the ratio of Past Service Credits to 30 years per month for terminations after December 31, 2000.

Interim Supplement:

1. Payable until age 62 to those retirees with age and service totalling 85 points or more, but not with 30 or more years of service.
2. The benefit is \$7.50 times years of credited service (earned after February 7, 1997) reduced for early retirement.

## **Medicare Part B Benefit**

Eligibility: Retirement under normal, early, late or disability provisions and enrolled in Medicare.

Monthly Benefit: Effective January 1, 2002, \$28.00 per month after age 65, or earlier if receiving Social Security disability benefits for at least 24 months. Medicare Part B benefit is not payable to a surviving spouse.

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## Pre-Retirement Death Benefits

Eligibility: Former and active vested employees and retirees who have elected the normal form of the survivor benefit.

Benefit:

1. Active Vested and Terminated Vested Employees Eligible for Early or Normal Retirement:

Monthly survivor benefit shall be equal to 55% of the accrued benefit the employee would have received had he retired the day before his death and elected the 55% joint and survivor annuity. Benefit payment begins on the first day of the month following the date of death.

2. Active Vested and Terminated Vested Employees Not Eligible for Normal or Early Retirement:

Monthly survivor benefit shall be equal to 55% of the monthly benefit to which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to the early retirement date, elected the 55% joint and survivor annuity, and died the next day. Benefit payment begins on early retirement date.

## Normal Form of Retirement Income

Single employees: Life annuity

All others: 55% qualified joint and survivor annuity

## Optional Forms of Retirement Income in Lieu of Normal Form

1. Life only

- a. 55% joint and survivor and 75% joint and survivor
- b. Lump sum distribution of the larger of the benefit the participant could receive at the normal retirement date or early retirement date (if eligible to commence benefits for early retirement), if less than or equal to \$22,500. The lump sum will include any supplements and/or Medicare Part B benefit for which the participant is eligible to receive.
- c. Lump sum is automatically payable if amount is less than or equal to \$1,000

If the 55% QJSA is in effect and the spouse predeceases the retiree, the basic pension benefit shall be restored to the amount payable without the QJSA elections.

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# SCHEDULE SB ATTACHMENTS

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## Actuarial Equivalence

Lump Sum:

Participant shall receive the larger of the benefits calculated using the following actuarial factors:

1. Annual interest rate on 30-year Treasury securities for the November before the beginning of the plan year and the mortality table described in RR 2001-62.
2. The applicable segment rates for the October preceding the first day of the calendar year in which payment is made and applicable mortality table described in IRC section 417(e)(3).

55% qualified joint and survivor annuity;

95% adjusted 0.5% for each full year the spouse's age differs from the employee's age by more than 5 years, maximum 100%.

Other:

5.00% interest rate and UP-1984 mortality.

## Employee Contributions

They are not required or permitted.

## 2013 Lump Sum Window

A participant who terminated employment on or prior to April 30, 2013 may elect between September 2, 2013 and October 16, 2013 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2013. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to November 1, 2013 the actuarial equivalent of the early retirement benefit if larger.

## 2017 Lump Sum Window

A participant who terminated employment on or prior to June 30, 2017 may elect between September 15, 2017 and October 31, 2017 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2017. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2017 the actuarial equivalent of the early retirement benefit if larger.

## 2021 Annuity Purchase

The plan was amended effective September 28, 2021 to purchase a group annuity contract for 967 retirees and beneficiaries. The liability associated with the annuitants was transferred to a qualified insurance carrier.

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## **2023 Lump Sum Window**

A participant who terminated employment on or prior to June 30, 2023 or an active participant over the age of 59-1/2 on or before December 1, 2023 may elect between September 18, 2023 and October 31, 2023 to receive an unlimited lump sum payment in lieu of benefits otherwise payable from the plan. Lump sums will be distributed no later than December 31, 2023. The lump sum is the actuarial equivalent of the normal accrued benefit or if eligible to commence benefits prior to December 1, 2023 the actuarial equivalent of the early retirement benefit if larger.

## **Substantive Commitments**

No substantial commitments other than the above plan provisions have been included in the valuation.

## **Changes in plan provisions since last actuarial valuation**

The plan was amended to include the 2023 lump sum window on September 1, 2023, as described above.

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<b>Plan Name</b>	<b>MAHLE INDUSTRIES, INCORPORATED RETIREMENT PLAN</b>
<b>Plan Sponsor EIN</b>	<b>58-2431334</b>
<b>ERISA Plan #</b>	<b>001</b>
<b>Plan Year Ending</b>	<b>12/31/2024</b>

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

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

## SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(36,853)	15.00000	(36,853)	(3,353)
2. Shortfall	01/01/2023	6,271,953	14.00000	6,018,160	574,390
3. Shortfall	01/01/2022	5,036,820	13.00000	4,625,997	465,460
4. Shortfall	01/01/2021	(203,350)	12.00000	(177,728)	(18,961)
5. Shortfall	01/01/2020	(4,370,785)	11.00000	(3,603,218)	(410,358)
6. Shortfall	01/01/2019	17,821,840	10.00000	13,444,329	1,647,769
Total				20,270,687	2,254,947

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