

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): MARELLI NORTH AMERICA, INC.
2b Employer Identification Number (EIN): 62-1151687
2c Plan Sponsor's telephone number: 931-680-6446
2d Business code (see instructions): 336990

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

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

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

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

Form 5500 (2024) v. 240311

<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>	1650
<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>	131
	<b>6a(2)</b>	121
	<b>6b</b>	652
	<b>6c</b>	775
	<b>6d</b>	1548
	<b>6e</b>	96
	<b>6f</b>	1644
	<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 1I 3H

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

<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)

---

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

---

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

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

---

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

<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>
---	--	--

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>MARELLI NORTH AMERICA, INC. DEFINED BENEFIT 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>MARELLI NORTH AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>62-1151687</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>62073862</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>68281248</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>674</u>	<u>38155309</u>
	<b>b</b> For terminated vested participants .....	<u>845</u>	<u>33695933</u>
	<b>c</b> For active participants .....	<u>131</u>	<u>5929485</u>
	<b>d</b> Total .....	<u>1650</u>	<u>77780727</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>5.11 %</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>989147</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>989147</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>09/12/2025</u>
<u>ANGELA J. REELY</u>	Date
Type or print name of actuary	<u>23-07847</u>
<u>AON CONSULTING, INC.</u>	Most recent enrollment number
Firm name	<u>312-381-7279</u>
<u>MSC#17510 P.O. BOX 551343</u>	Telephone number (including area code)
<u>ATLANTA, GA 30355</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	1607735
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	1607735
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.80</u> % .....	0	0
<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) .....		61884
	<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>5.25</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		5446
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		67330
	<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	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	87.78 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	87.78 %
<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>	86.26 %
<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>	%

<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		
04/15/2024	569000	0					
07/15/2024	569000	0					
10/15/2024	569000	0					
01/14/2025	238700	0					
07/09/2025	11000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1956700	<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>	1898948

**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 %	<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> 65
<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 checked="" type="checkbox"/> Yes <input 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> 989147
<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 .....	9499479	909641	
<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> 1898788
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 1898788
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 1898948
<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> 160
<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 type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" 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>
--	--	---

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>MARELLI NORTH AMERICA, INC. DEFINED BENEFIT 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>MARELLI NORTH AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>62-1151687</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

**FIDELITY MANAGEMENT TRUST COMPANY**

**04-3532603**

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

**FIDELITY INSTITUTIONAL ASSET MANA**

**20-4659714**

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

FIDELITY MGMT TRUST CO

04-3532603

(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 15 16 21 50	ACTUARY AND TRUSTEE	50434	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)

FIDELITY INST ASSET MGMT TRUST CO

20-4659714

(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	INVESTMENT MANAGEMENT	5246	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)

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

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

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

<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>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MARELLI NORTH AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>62-1151687</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)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG CORPORATE COMINGLED POOL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-187</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG DURATION CIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-053</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG U.S. TREASURY STRIPS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-120</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>7609070</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN 500 INDEX POOL A</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>82-6293122-001</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>7291984</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM GLOBAL LOW VOLATILITY EQUITY C</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-145</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INTERNATIONAL GROWTH POOL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-017</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM U.S. REAL ESTATE INVEST TR CIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-120</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>0</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM SELECT EMERGING MARKETS EQUITY</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</b>		
<b>c</b> EIN-PN <b>20-4659714-100</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM EMERGING MARKETS DEBT COMINGLE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</b>		
<b>c</b> EIN-PN <b>20-4659714-022</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM SELECT CANADA POOL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</b>		
<b>c</b> EIN-PN <b>20-4659714-101</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM SELECT INTERNATIONAL POOL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</b>		
<b>c</b> EIN-PN <b>20-4659714-105</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM SMALL/MID CAP CORE POOL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</b>		
<b>c</b> EIN-PN <b>20-4659714-029</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM SMALL CAP CORE POOL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</b>		
<b>c</b> EIN-PN <b>20-4659714-008</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM SELECT INTERNATIONAL SMALL CAP</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</b>		
<b>c</b> EIN-PN <b>20-4659714-036</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>SPARTAN COMMODITY INX PL - A</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</b>		
<b>c</b> EIN-PN <b>82-6293122-008</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM FLOATING RATE HI</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</b>		
<b>c</b> EIN-PN <b>20-4659714-058</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM HIGH YIELD BOND COMINGLED POOL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO</b>		
<b>c</b> EIN-PN <b>20-4659714-013</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INT INFL PR IDX CP A

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

<b>c</b> EIN-PN 20-4659714-104	<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)	0
--------------------------------	------------------------	---	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YEAR CORPORATE BOND COMIN

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

<b>c</b> EIN-PN 20-4659714-155	<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)	0
--------------------------------	------------------------	---	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE DURATION

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

<b>c</b> EIN-PN 20-4659714-014	<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)	0
--------------------------------	------------------------	---	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INST CASH COMMINGLED POOL

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

<b>c</b> EIN-PN 20-4659714-055	<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)	162830
--------------------------------	------------------------	---	--------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS COMMINGLED POOL

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST CO

<b>c</b> EIN-PN 20-4659714-032	<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)	0
--------------------------------	------------------------	---	---

**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)	
-----------------	----------------------	---	--

**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)	
-----------------	----------------------	---	--

**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)	
-----------------	----------------------	---	--

**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)	
-----------------	----------------------	---	--

**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)	
-----------------	----------------------	---	--



<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>
--	--	--

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>MARELLI NORTH AMERICA, INC. DEFINED BENEFIT 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>MARELLI NORTH AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>62-1151687</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	750000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	310786
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	61037261
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	15832580
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	44090379
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	62098047	60335524
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	693
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	693
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	62098047	60334831

**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>	1956700	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(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>		1956700
<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>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<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>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1749220	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1749220
<b>(3)</b> 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>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<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>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<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
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		-625595
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		3080325

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	3811779	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3811779
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	50434	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	5246	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	976082	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1031762
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		4843541

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1763216
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) 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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

**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		5000000
<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.)		X	
<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 553069.

<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>
--	---	---

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>MARELLI NORTH AMERICA, INC. DEFINED BENEFIT 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>MARELLI NORTH AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>62-1151687</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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..... 

<b>1</b>		<b>0</b>
----------	--	----------

**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): 04-3275867

**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..... 

<b>3</b>		<b>1</b>
----------	--	----------

<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.)
----------------	---

**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>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>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>
-----------------	-------------------

**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.
----------------	---

**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: 30.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 68.2 %  
 High-Yield Debt: 0.9 % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: 0.3 % Other: \_\_\_\_\_ %

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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




# **Marelli North America, Inc. Defined Benefit Plan**

**EIN 62-1151687 PN 001**

**Independent Auditor's Report, Financial Statements,  
and Supplemental Schedules**

December 31, 2024 and 2023



**Marelli North America, Inc. Defined Benefit Plan**  
**Contents**  
**December 31, 2024 and 2023**

---

**Independent Auditor’s Report**..... 1

**Financial Statements**

Statements of Net Assets Available for Benefits..... 4  
Statement of Changes in Net Assets Available for Benefits ..... 5  
Notes to Financial Statements ..... 6

**Supplemental Schedules**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 ..... 13  
Schedule H, Line 4j – Schedule of Reportable Transactions for the Year Ended  
December 31, 2024..... 14

## Independent Auditor's Report

Plan Administrator and Plan Participants  
Marelli North America, Inc. Defined Benefit Plan  
Shelbyville, Tennessee

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

We have performed audits of the financial statements of the Marelli North America, Inc. Defined Benefit Plan (the "Plan"), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### ***Other Matters - Supplemental Schedules Required by ERISA***

The supplemental schedules as of and for the year ended December 31, 2024, listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Forvis Mazars, LLP**

**Raleigh, North Carolina  
October 10, 2025**

Federal Employer Identification Number: 44-0160260

**Marelli North America, Inc. Defined Benefit Plan  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
<b>Investments</b>		
<b>Investments at Fair Value</b>		
Mutual Funds	\$ 44,090,379	\$ -
Common collective trust funds	15,832,580	61,037,261
Money market funds	-	310,786
	<u>59,922,959</u>	<u>61,348,047</u>
<b>Total Investments</b>		
Contributions	249,700	750,000
Other receivables	162,865	-
	<u>412,565</u>	<u>750,000</u>
<b>Total Receivables</b>		
	60,335,524	62,098,047
<b>Total Assets</b>		
<b>LIABILITIES</b>		
Payables	693	-
	<u>60,334,831</u>	<u>62,098,047</u>
<b>Net Assets Available for Benefits</b>		

**Marelli North America, Inc. Defined Benefit Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Additions to Net Assets Attributed to Investment Income</b>		
Net appreciation in fair value of investments	\$ 1,123,625	\$ 5,663,458
Contributions	<u>1,956,700</u>	<u>750,000</u>
<b>Total Additions</b>	<u>3,080,325</u>	<u>6,413,458</u>
<b>Deductions from Net Assets Attributed to</b>		
Benefits paid directly to participants	3,811,779	3,629,837
Administrative expenses	<u>1,031,762</u>	<u>2,668,049</u>
<b>Total Deductions</b>	<u>4,843,541</u>	<u>6,297,886</u>
<b>Net Change</b>	(1,763,216)	115,572
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>62,098,047</u>	<u>61,982,475</u>
<b>Net Assets Available for Benefits, End of Year</b>	<u>\$ 60,334,831</u>	<u>\$ 62,098,047</u>

## **Note 1. Description of Plan**

The following description of the Marelli North America, Inc. Defined Benefit Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

### ***General***

The Plan is a noncontributory defined benefit plan which covers all eligible employees of Marelli North America, Inc. (the “Company”), a wholly owned subsidiary of Magneti Marelli Holding U.S.A., LLC.

Magneti Marelli Retirement Plan Investment Committee controls and manages the operation and administration of the Plan. Fidelity Management Trust Company serves as the trustee and actuary (the “Trustee”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan provides eligible participants with a monthly retirement benefit based on years of service and is payable upon retirement. Under the terms of the Plan, employees became participants on the first day of the month coincident with or next following completion of one year of continuous service of 1,000 hours or more. Participants generally became fully vested after five years of continuous service.

Effective December 1, 2005, the Plan was amended so that any employees newly hired or re-hired would no longer be eligible to participate in the Plan. Effective, April 30, 2009, the Plan was amended to freeze participants’ Plan benefits as of May 1, 2009. Under this amendment, only the years of service and compensation earned prior to May 1, 2009, are considered for calculation of retirement benefits.

### ***Pension Benefits***

The Plan contains provisions for the payment of early retirement benefits, surviving spouse benefits, disability benefits, and vested benefits at termination for reasons other than retirement or disability.

For most participants, the normal retirement date is the first day of the month, coincident with or following the month in which the participant reaches age 65. Under a special agreement with 21 employees who transferred from ACF Industries, the normal retirement date is the first day of the month coincident with the month in which those participants reach age 60 and achieve 30 years of service. A year of service is any plan year wherein the participant has completed 1,000 hours of service in twelve consecutive months (as defined). The Plan permits early retirement at age 55 for participants completing five years or more of service, with benefit payments made prior to the normal retirement date payable at reduced rates (as defined).

Upon retirement, the participant can elect one of several annuity benefit payment options that are described in the plan document. The Plan provides certain benefits to the surviving spouse of a participant should the participant die before retirement.

### ***Funding Policy***

Contributions to provide benefits under the Plan are made solely by the Company. The Plan’s funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement, as determined by the independent actuary. The Plan met minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

Although it has not expressed any intentions to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

## **Note 2. Summary of Significant Accounting Policies**

### ***Basis of Accounting***

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“GAAP”).

### ***Use of Estimates***

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results could differ from those estimates and assumptions.

### ***Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan’s valuation policies utilizing information provided by the Trustee. See Note 5 for a discussion of fair value measurements.

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

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Administrative Expenses***

The Plan’s administrative expenses are paid by either the Plan or the Company, as provided by the plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan.

### ***Subsequent Events***

Management of the Plan has evaluated the effect of subsequent events through October 10, 2025, the date which the financial statements were available to be issued.

## **Note 3. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan’s provisions related to the service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired, disabled or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees’ compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial

**Marelli North America, Inc. Defined Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were as follows:

Actuarial cost method	Standard Unit Credit Method (both periods)
Discount rate	4.86% (5.02% as of January 1, 2023)
Retirement	Fixed age of 65
Mortality basis	Pri-2012 Base Mortality table, using MP-2021 morality improvement scale (both periods)

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been calculated as of December 31, 2023, there would be no material difference.

The actuarial present value of accumulated plan benefits as of January 1, 2024 were as follows:

Vested benefits:	
Participants currently receiving benefits	\$ 38,769,596
Participants entitled to deferred benefits and other participants	<u>41,929,689</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 80,699,285</u>

The actuarial present value of accumulated plan benefits increased for the year ended January 1, 2024 is as follows:

Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 78,953,581
Increase (decrease) attributable to:	
Interest accumulation	3,872,154
Benefits paid	(3,629,837)
Other changes	<u>1,503,387</u>
Actuarial present value of accumulated plan benefits at January 1, 2024	<u>\$ 80,699,285</u>

**Marelli North America, Inc. Defined Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

**Note 4. Unaudited Information Certified by Trustee**

The accompanying financial statements include the following unaudited information as of and for the years ended December 31, 2024 and 2023, which was obtained from data prepared and certified to be completed and accurate by the Trustee:

	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 59,922,959	\$ 61,348,047
Other receivables	162,865	-
Net appreciation in fair value of investments	1,123,625	5,663,458

The Trustee certified all investment information discussed in Note 5 to be complete and accurate as of and for the years ended December 31, 2024 and 2023.

**Note 5. Fair Value Measurements**

Fair value, as defined under GAAP, is an exit price representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1** Observable inputs such as quoted prices in active markets.
- Level 2** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

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

***Mutual Funds***

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

***Common Collective Trust Funds***

These funds are valued at the net asset value ("NAV") per share of the common collective trust fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported NAV.

**Marelli North America, Inc. Defined Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

<b>December 31, 2024</b>				
<b>Fair Value Measurements Using</b>				
	<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
Mutual funds	\$ 44,090,379	\$ 44,090,379	\$ -	\$ -
Investment measured at NAV <sup>(A)</sup>	<u>15,832,580</u>	<u>-</u>	<u>-</u>	<u>-</u>
Investments at fair value	<u>\$ 59,922,959</u>	<u>\$ 44,090,379</u>	<u>\$ -</u>	<u>\$ -</u>

<b>December 31, 2023</b>				
<b>Fair Value Measurements Using</b>				
	<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
Money market mutual fund	\$ 310,786	\$ 310,786	\$ -	\$ -
Investment measured at NAV <sup>(A)</sup>	<u>61,037,261</u>	<u>-</u>	<u>-</u>	<u>-</u>
Investments at fair value	<u>\$ 61,348,047</u>	<u>\$ 310,786</u>	<u>\$ -</u>	<u>\$ -</u>

(A) In accordance with GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	<b>Fair Value at December 31, 2024</b>	<b>Fair Value at December 31, 2023</b>	<b>Unfunded Commitments</b>	<b>Other Redemption Restrictions</b>	<b>Redemption Notice Period</b>
Common collective trust funds	\$ 15,832,580	\$ 61,037,261	None	Daily	5 days

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## **Note 6. Exempt Party-In-Interest Transaction**

Fees paid to the Trustees and other service providers, by the Plan, for administrative services were \$1,031,762 and \$2,668,049 for the years ended December 31, 2024 and 2023, respectively. These transactions qualify as exempt party-in-interest transactions under ERISA.

## **Note 7. Income Tax Status**

The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated October 27, 2015, that the Plan and related trust are designed in accordance with the applicable regulations of the Internal Revenue Code (“IRC”). The Plan has since been amended; however, the plan administrator believes that the Plan is designed and currently operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan and related trust were tax-exempt as of the financial statement date.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **Note 8. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

## **Note 9. Plan Termination**

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the plan document.

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

**Marelli North America, Inc. Defined Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

## ***Supplemental Schedules***

**Marelli North America, Inc. Defined Benefit Plan**  
**EIN 62-1151687 PN 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity, Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b><i>Mutual Funds</i></b>				
	PIMCO	Long-Term Credit Bond Instl	\$ 32,065,261	\$ 31,094,665
	MFS	Intl Diversification R3	7,919,013	7,795,442
	PIMCO	Income A	2,726,489	2,705,122
	American Funds	New World R6	798,382	777,249
*	Fidelity	International Small Cap Fund	613,879	580,595
*	Fidelity	Small Cap Value Fund	293,450	286,332
	Baron	Growth Institutional	313,966	285,759
	Allspring	Special Mid Cap Value A	299,924	285,346
	Putnam	Small Cap Growth A	263,836	279,869
			<u>45,294,200</u>	<u>44,090,379</u>
<b><i>Common Collective Trust Funds</i></b>				
*	Fidelity Institutional Asset Management Trust Co. Spartan	Long U.S. Treasury Strips Index Commingled Pool 500 Index Pool C	8,327,335 6,472,260	7,609,070 7,291,984
*	Fidelity Institutional Asset Management Trust Co.	Emerging Marketes Equity Small Cap Pool Class A	751,765	768,696
*	Fidelity Institutional Asset Management Trust Co.	INST Cash Commingled Pool	162,830	162,830
			<u>15,714,190</u>	<u>15,832,580</u>
	Total		<u>\$ 61,008,390</u>	<u>\$ 59,922,959</u>

\* *Party-in-interest*

Marelli North America, Inc. Defined Benefit Plan  
EIN 62-1151687 PN 001  
Schedule H, Line 4j - Schedule of Reportable Transactions  
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity of Loan)	(c) Purchase Price	(d) Selling Price	Number of Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<i>Category (i) - Single transaction exceeds five percent of value</i>							
FIAM LONG U.S. TREASURY STRIPS IDX COMMINGLED POOL	Common Collective Trust Fund	\$ 7,799,046	\$ -	1	\$ 7,799,046	\$ 7,799,046	\$ -
MARELLI NA DAA T35686	Common Collective Trust Fund	\$ -	\$ 60,415,148	1	\$ 55,072,748	\$ 60,415,148	\$ 5,342,400
MFS Intl Diversification R3	Mutual Fund	\$ 7,859,739	\$ -	1	\$ 7,859,739	\$ 7,859,739	\$ -
PIMCO Long-Term Credit Bond Instl	Mutual Fund	\$ 31,499,647	\$ -	1	\$ 31,499,647	\$ 31,499,647	\$ -
Spartan 500 Index Pool Class C	Common Collective Trust Fund	\$ 7,343,848	\$ -	1	\$ 7,343,848	\$ 7,343,848	\$ -
<i>Category (iii) - Series of transactions in same security in excess of five percent of plan assets:</i>							
FIAM LONG U.S. TREASURY STRIPS IDX COMMINGLED POOL	Common Collective Trust Fund	\$ 9,253,175	\$ -	20	\$ 9,253,175	\$ 9,253,175	\$ -
FIAM LONG U.S. TREASURY STRIPS IDX COMMINGLED POOL	Common Collective Trust Fund	\$ -	\$ 950,021	10	\$ 925,837	\$ 950,021	\$ 24,184
MARELLI NA DAA T35686	Common Collective Trust Fund	\$ -	\$ 61,310,285	6	\$ 55,900,064	\$ 61,310,285	\$ 5,410,221
MFS Intl Diversification R3	Mutual Fund	\$ 8,780,937	\$ -	22	\$ 8,780,937	\$ 8,780,937	\$ -
MFS Intl Diversification R4	Mutual Fund	\$ -	\$ 886,022	11	\$ 861,923	\$ 886,022	\$ 24,099
PIMCO Income A	Mutual Fund	\$ 3,083,341	\$ -	28	\$ 3,083,341	\$ 3,083,341	\$ -
PIMCO Income A	Mutual Fund	\$ -	\$ 354,827	10	\$ 356,851	\$ 354,827	\$ (2,024)
PIMCO Long-Term Credit Bond Instl	Mutual Fund	\$ 34,030,029	\$ -	26	\$ 34,030,029	\$ 34,030,029	\$ -
PIMCO Long-Term Credit Bond Instl	Mutual Fund	\$ -	\$ 1,981,125	12	\$ 1,964,769	\$ 1,981,125	\$ 16,356
Spartan 500 Index Pool Class C	Common Collective Trust Fund	\$ 7,775,540	\$ -	18	\$ 7,775,540	\$ 7,775,540	\$ -
Spartan 500 Index Pool Class C	Common Collective Trust Fund	\$ -	\$ 1,418,674	12	\$ 1,303,283	\$ 1,418,674	\$ 115,391

Category (ii) and (iv) omitted as not applicable.  
Columns (e) and (f) omitted as not applicable.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marelli North America, Inc. Defined Benefit Plan  
 EIN: 62-1151687 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		1								
45-49		7	9							
50-54		9	12	10	1					
55-59		5	11	10	17					
60-64		6	4	5	20					
65-69			1		2					
70+		1								

N-131

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

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

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
<b>Retirement Age</b>	
<b>Active and Terminated Vested Participants</b>	Age 65
<b>Mortality Rates</b>	
<b>Healthy and Disabled</b>	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
<b>Withdrawal Rates</b>	See Table 1
<b>Disability Rates</b>	See Table 2
<b>Decrement Timing</b>	Middle of year decrements, with 100% retirement occurring at beginning of year
<b>Surviving Spouse Benefit</b>	It is assumed that 100% of males and females have an eligible spouse, and that males are three years older than their spouses.
<b>Benefit and Compensation Limits</b>	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

For ERISA Requirements

**Trust Expenses Included in Target Normal Cost**

The Target Normal Cost includes the estimated administration expenses (based on actual amounts for the prior plan year) plus the estimated PBGC premiums for the current year. For the 2024 plan year this amount is \$989,147.

**Valuation of Plan Assets**

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

**Expected Return on Assets**

2022 Plan Year	5.92%
2023 Plan Year	5.74%

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

Table 1

**Withdrawal Rates**

<b>Age</b>	<b>Rate</b>
35	10.6914%
36	10.5177%
37	10.3222%
38	10.1039%
39	9.8618%
40	9.5957%
41	9.3054%
42	8.9909%
43	8.6523%
44	8.2896%
45	7.9027%
46	7.4881%
47	7.0409%
48	6.5574%
49	6.0363%
50	5.4808%
51	4.9029%
52	4.3209%
53	3.7565%
54	3.2325%
55	2.7700%
56	2.3845%
57	2.0855%
58	1.8766%
59	1.7558%
60	1.7169%
61	1.7520%
62	1.8520%
63+	0.0000%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

Table 2

Disability Rates

Age	Male Rate	Female Rate
35	0.253%	0.221%
36	0.275%	0.244%
37	0.296%	0.266%
38	0.318%	0.289%
39	0.339%	0.312%
40	0.371%	0.339%
41	0.403%	0.366%
42	0.435%	0.392%
43	0.467%	0.419%
44	0.499%	0.446%
45	0.556%	0.493%
46	0.613%	0.540%
47	0.669%	0.587%
48	0.726%	0.634%
49	0.783%	0.681%
50	0.887%	0.768%
51	0.991%	0.855%
52	1.094%	0.941%
53	1.119%	1.028%
54	1.302%	1.115%
55	1.503%	1.265%
56	1.705%	1.415%
57	1.906%	1.566%
58	2.108%	1.716%
59	2.309%	1.866%
60	2.507%	1.888%
61	2.705%	1.909%
62	2.903%	1.931%
63	3.101%	1.953%
64	3.299%	1.974%
65+	0.000%	0.000%

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

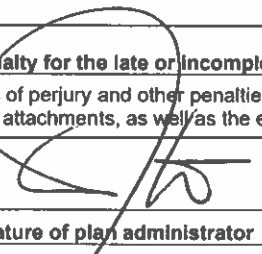
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report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

<b>1a</b> Name of plan MARELLI NORTH AMERICA, INC. DEFINED BENEFIT PLAN	<b>1b</b> Three-digit plan number (PN) ▶	001
	<b>1c</b> Effective date of plan	05/01/1980
<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)  MARELLI NORTH AMERICA, INC.  ONE CALSONIC WAY  SHELBYVILLE TN 37160	<b>2b</b> Employer Identification Number (EIN)	62-1151687
	<b>2c</b> Plan Sponsor's telephone number	931-680-6446
	<b>2d</b> Business code (see instructions)	336990

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

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

SIGN HERE		10/14/25	GABRIEL PORTES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

Marelli North America, Inc. Defined Benefit Plan  
EIN 62-1151687 PN 001  
Schedule H, Line 4j - Schedule of Reportable Transactions  
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity of Loan)	(c) Purchase Price	(d) Selling Price	Number of Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<i>Category (i) - Single transaction exceeds five percent of value</i>							
FIAM LONG U.S. TREASURY STRIPS IDX COMMINGLED POOL	Common Collective Trust Fund	\$ 7,799,046	\$ -	1	\$ 7,799,046	\$ 7,799,046	\$ -
MARELLI NA DAA T35686	Common Collective Trust Fund	\$ -	\$ 60,415,148	1	\$ 55,072,748	\$ 60,415,148	\$ 5,342,400
MFS Intl Diversification R3	Mutual Fund	\$ 7,859,739	\$ -	1	\$ 7,859,739	\$ 7,859,739	\$ -
PIMCO Long-Term Credit Bond Instl	Mutual Fund	\$ 31,499,647	\$ -	1	\$ 31,499,647	\$ 31,499,647	\$ -
Spartan 500 Index Pool Class C	Common Collective Trust Fund	\$ 7,343,848	\$ -	1	\$ 7,343,848	\$ 7,343,848	\$ -
<i>Category (iii) - Series of transactions in same security in excess of five percent of plan assets:</i>							
FIAM LONG U.S. TREASURY STRIPS IDX COMMINGLED POOL	Common Collective Trust Fund	\$ 9,253,175	\$ -	20	\$ 9,253,175	\$ 9,253,175	\$ -
FIAM LONG U.S. TREASURY STRIPS IDX COMMINGLED POOL	Common Collective Trust Fund	\$ -	\$ 950,021	10	\$ 925,837	\$ 950,021	\$ 24,184
MARELLI NA DAA T35686	Common Collective Trust Fund	\$ -	\$ 61,310,285	6	\$ 55,900,064	\$ 61,310,285	\$ 5,410,221
MFS Intl Diversification R3	Mutual Fund	\$ 8,780,937	\$ -	22	\$ 8,780,937	\$ 8,780,937	\$ -
MFS Intl Diversification R4	Mutual Fund	\$ -	\$ 886,022	11	\$ 861,923	\$ 886,022	\$ 24,099
PIMCO Income A	Mutual Fund	\$ 3,083,341	\$ -	28	\$ 3,083,341	\$ 3,083,341	\$ -
PIMCO Income A	Mutual Fund	\$ -	\$ 354,827	10	\$ 356,851	\$ 354,827	\$ (2,024)
PIMCO Long-Term Credit Bond Instl	Mutual Fund	\$ 34,030,029	\$ -	26	\$ 34,030,029	\$ 34,030,029	\$ -
PIMCO Long-Term Credit Bond Instl	Mutual Fund	\$ -	\$ 1,981,125	12	\$ 1,964,769	\$ 1,981,125	\$ 16,356
Spartan 500 Index Pool Class C	Common Collective Trust Fund	\$ 7,775,540	\$ -	18	\$ 7,775,540	\$ 7,775,540	\$ -
Spartan 500 Index Pool Class C	Common Collective Trust Fund	\$ -	\$ 1,418,674	12	\$ 1,303,283	\$ 1,418,674	\$ 115,391

Category (ii) and (iv) omitted as not applicable.  
Columns (e) and (f) omitted as not applicable.

<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>
---	--	--

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 Marelli North America, Inc. Defined Benefit 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 MARELLI NORTH AMERICA, INC.	<b>D</b> Employer Identification Number (EIN) 62-1151687	
<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>	62,073,862	
<b>b</b> Actuarial value .....	<b>2b</b>	68,281,248	
<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 .....	674	38,155,309	38,155,309
<b>b</b> For terminated vested participants .....	845	33,695,933	33,695,933
<b>c</b> For active participants .....	131	5,929,485	5,929,485
<b>d</b> Total .....	1,650	77,780,727	77,780,727
<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>	5.11%	
<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>	989,147	
<b>c</b> Target normal cost .....	<b>6c</b>	989,147	

**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>	<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Angela J. Reely</span> <span style="font-size: 2em; font-family: cursive;">AR</span> </div>	09/12/2025
	Signature of actuary	Date
Angela J. Reely	Type or print name of actuary	2307847
		Most recent enrollment number
Aon Consulting, Inc.	Firm name	312-381-7279
		Telephone number (including area code)
MSC#17510 P.O. Box 551343		
Atlanta GA 30355	Address of the firm	



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

<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> 65
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

<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 checked="" type="checkbox"/> Yes	<input 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>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	989,147	
<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 .....	9,499,479		909,641
<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>	1,898,788	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	1,898,788	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	1,898,948	
<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>	160	
<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	

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

<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 type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Marelli North America, Inc. Defined Benefit Plan  
 EIN: 62-1151687 PN: 001

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.11%</b>	<b>Interest Adjusted Contribution</b>
April 15, 2024	\$ 569,000	105	\$ 560,923
July 15, 2024	569,000	196	554,015
October 15, 2024	569,000	288	547,118
January 14, 2025	238,700	379	226,693
July 9, 2025	<u>11,000</u>	555	<u>10,199</u>
<b>Total Contribution</b>	<b>\$ 1,956,700</b>		<b>\$ 1,898,948</b>

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

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

All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	31,996	594,402	3,589,573	4,215,971
2025	63,533	815,021	3,506,146	4,384,700
2026	106,726	1,071,538	3,420,599	4,598,863
2027	159,751	1,316,996	3,327,899	4,804,646
2028	223,913	1,553,516	3,230,767	5,008,196
2029	304,018	1,829,469	3,135,199	5,268,686
2030	348,278	2,084,563	3,036,001	5,468,842
2031	421,345	2,268,987	2,932,389	5,622,721
2032	452,724	2,457,128	2,823,690	5,733,542
2033	480,221	2,566,852	2,707,892	5,754,965
2034	487,304	2,685,247	2,588,804	5,761,355
2035	504,072	2,769,612	2,465,570	5,739,254
2036	518,037	2,853,420	2,337,799	5,709,256
2037	542,011	2,917,164	2,206,050	5,665,225
2038	551,503	2,923,378	2,071,072	5,545,953
2039	549,880	2,929,707	1,933,783	5,413,370
2040	540,159	2,890,680	1,795,231	5,226,070
2041	529,340	2,826,931	1,656,550	5,012,821
2042	519,739	2,768,048	1,518,925	4,806,712
2043	513,778	2,687,776	1,383,529	4,585,083
2044	505,153	2,605,357	1,251,508	4,362,018
2045	487,695	2,509,955	1,123,947	4,121,597
2046	470,245	2,406,693	1,001,833	3,878,771
2047	450,514	2,292,761	886,059	3,629,334
2048	429,669	2,174,364	777,384	3,381,417
2049	407,749	2,051,889	676,418	3,136,056
2050	384,823	1,925,879	583,606	2,894,308
2051	360,991	1,797,054	499,208	2,657,253
2052	336,396	1,666,315	423,317	2,426,028
2053	311,232	1,534,724	355,861	2,201,817
2054	285,738	1,403,478	296,619	1,985,835
2055	260,199	1,273,864	245,221	1,779,284
2056	234,929	1,147,208	201,178	1,583,315
2057	210,254	1,024,789	163,906	1,398,949
2058	186,491	907,789	132,752	1,227,032

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	163,914	797,231	107,036	1,068,181
2060	142,752	693,942	86,064	922,758
2061	123,171	598,549	69,155	790,875
2062	105,285	511,462	55,664	672,411
2063	89,154	432,880	44,999	567,033
2064	74,789	362,806	36,634	474,229
2065	62,151	301,057	30,111	393,319
2066	51,163	247,292	25,045	323,500
2067	41,717	201,035	21,112	263,864
2068	33,685	161,714	18,053	213,452
2069	26,929	128,687	15,659	171,275
2070	21,306	101,276	13,769	136,351
2071	16,675	78,802	12,257	107,734
2072	12,899	60,599	11,029	84,527
2073	9,855	46,036	10,011	65,902

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

## Schedule SB, Part V – Summary of Plan Provisions

### Legacy Marelli North America Plan Provisions

<b>Effective Date</b>	April 1, 1981. Amended and restated effective April 1, 2019. The plan was amended to merge into the Employees' Retirement Plan of Marelli North Carolina USA LLC on December 31, 2022.
<b>Eligibility for Participation</b>	<p>A covered employee shall become participants in this plan on April 1 or October 1 following attainment of age 21 and completion of one year of service.</p> <p>The plan is closed to new entrants effective March 31, 2003.</p>
<b>Normal Retirement</b>	
Eligibility	Age 65.
Benefit	<p>A monthly amount equal to the sum of (1) and (2):</p> <p>(1) 1.50% of Average Annual Earnings multiplied by years of Accrual Service earned after March 31, 1985.</p> <p>(2) Accrued benefit as of March 31, 1985.</p> <p>Benefit accruals were frozen effective May 1, 2003.</p> <p>Participants that were non-highly compensated and age 50 with 5 or more years of service on May 1, 2003 had their benefit accruals frozen effective May 1, 2009.</p>
<b>Early Retirement</b>	
Eligibility	Age 55 and seven years of vesting service.
Benefit	A monthly benefit equal to the normal retirement benefit actuarially reduced to reflect commencement prior to the normal retirement date.
<b>Late Retirement</b>	
Eligibility	Retirement after normal retirement age.
Benefit	The accrued benefit as of the normal retirement date actuarially increased to the late retirement date.
<b>Vested Termination</b>	
Eligibility	20% vested starting at 3 years of vesting service increasing 20% per year. Full vesting occurs at 7 years of vesting service.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

Benefit The vested accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

**Surviving Spouse**

Eligibility Married and eligible for a vested accrued benefit

Benefit A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

**Normal Form of Annuity**

Without Spouse Single life annuity.

With Spouse 50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

**Optional Forms of Annuity**

Single life annuity  
Ten year certain and life annuity  
100% joint and survivor annuity  
75% joint and survivor annuity  
66 2/3% joint and survivor annuity  
50% joint and survivor annuity  
Lump sum if under \$10,000

**Actuarial Equivalence**

UP-1984 Unisex mortality table and 8% interest rate.

**Definitions**

Average Annual Earnings Average annual earnings during employment as a covered employee beginning no earlier than March 31, 1985. Earnings after the applicable freeze date are not included.

Accrual Service A full year of accrual service is earned if the employee works 1,000 or more hours in one plan year. Accrual service includes completed months of service during year of hire or termination. No accrual service may be earned after the applicable freeze date.

Vesting Service A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

## Legacy Marelli North Carolina Plan Provisions

<b>Effective Date</b>	May 1, 1980. Amended and restated effective May 1, 2014. The plan was amended to change the plan year to a calendar year, with a short plan year ending December 31, 2022.
<b>Eligibility for Participation</b>	Eligible participants include all participants in the plan as of December 1, 2005. The plan is closed to new entrants as of this date.
<b>Normal Retirement</b>	
Eligibility	Age 65.
Benefit	A monthly amount equal to the sum of (1) and (2): (1) 0.85% of Final Average Compensation multiplied by years of Credited Service (2) 0.60% of Final Average Excess Compensation multiplied by years of Credited Service.  Benefit accruals were frozen effective April 30, 2009.
<b>Early Retirement</b>	
Eligibility	Age 55 and five years of vesting service.
Benefit	For commencements that occur before age 60, a monthly benefit equal to the normal retirement benefit reduced by 5/9 <sup>th</sup> of 1% for each of the first 60 months and 5/18 <sup>th</sup> of 1% for each additional month the early retirement precedes the normal retirement.  For commencements that occur after age 60, the normal retirement benefit is reduced by 1/4 <sup>th</sup> of 1% per month for each month the early retirement precedes the normal retirement.
<b>Late Retirement</b>	
Eligibility	Retirement after normal retirement age.
Benefit	The accrued benefit as of the normal retirement date actuarially increased to the late retirement date.
<b>Vested Termination</b>	
Eligibility	Five years of vesting service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement in an amount equal to the normal retirement

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

benefit reduced by 5/9<sup>th</sup> of 1% for each of the first 60 months and 5/18<sup>th</sup> of 1% for each additional month the early retirement precedes the normal retirement.

**Surviving Spouse**

Eligibility

Five years of vesting service.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

**Normal Form of Annuity**

Single Participants

Single life annuity.

Married Participants

50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

**Optional Forms of Annuity**

Single life annuity  
100% joint and survivor annuity  
75% joint and survivor annuity  
50% joint and survivor annuity  
Level income annuity  
Lump sum if under \$5,000

**Actuarial Equivalence**

1994 Group Annuity Reserving Mortality and 7% interest rate.

**Definitions**

Final Average Compensation

The average compensation paid for the five consecutive calendar years out of the last ten during which the participant is employed that produces the highest average. If a participant has had less than five years of service, the final average earnings is the average annual compensation during their period of employment.

Credited Service

A full year of credited service is earned if the employee works 1,000 or more hours in one plan year. A partial year of credited service is credited if less than 1,000 hours of service are completed in a year of participation or termination due to any cause. No credited service may be earned after April 30, 2009.

Vesting Service

A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

### Plan Changes Since the Prior Year

There have been no plan changes in the funding valuation since the prior year.

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

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

**Marelli North America, Inc. Defined Benefit Plan**  
**EIN 62-1151687 PN 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity, Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b>Mutual Funds</b>				
	PIMCO	Long-Term Credit Bond Instl	\$ 32,065,261	\$ 31,094,665
	MFS	Intl Diversification R3	7,919,013	7,795,442
	PIMCO	Income A	2,726,489	2,705,122
	American Funds	New World R6	798,382	777,249
*	Fidelity	International Small Cap Fund	613,879	580,595
*	Fidelity	Small Cap Value Fund	293,450	286,332
	Baron	Growth Institutional	313,966	285,759
	Allspring	Special Mid Cap Value A	299,924	285,346
	Putnam	Small Cap Growth A	263,836	279,869
			<u>45,294,200</u>	<u>44,090,379</u>
<b>Common Collective Trust Funds</b>				
*	Fidelity Institutional Asset Management Trust Co. Spartan	Long U.S. Treasury Strips Index Commingled Pool 500 Index Pool C	8,327,335 6,472,260	7,609,070 7,291,984
*	Fidelity Institutional Asset Management Trust Co.	Emerging Marketes Equity Small Cap Pool Class A	751,765	768,696
*	Fidelity Institutional Asset Management Trust Co.	INST Cash Commingled Pool	162,830	162,830
			<u>15,714,190</u>	<u>15,832,580</u>
	Total		<u>\$ 61,008,390</u>	<u>\$ 59,922,959</u>

\* *Party-in-interest*

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Marelli North America, Inc. Defined Benefit Plan  
EIN: 62-1151687 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 10,168,145	January 1, 2023	14	\$ 970,476
Shortfall	\$ (668,666)	January 1, 2024	15	\$ (60,835)