

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan AFFINIA HEALTHCARE PENSION PLAN	1b	Three-digit plan number (PN) ▶	001			
		1c	Effective date of plan 07/01/1987				
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AFFINIA HEALTHCARE 1717 BIDDLE STREET ST. LOUIS, MO 63106	2b	Employer Identification Number (EIN) 43-0817642	2c	Plan Sponsor's telephone number 314-898-1700	2d	Business code (see instructions) 624100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	LESLIE S OCONNOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	LESLIE S OCONNOR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 346
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 36 6a(2) 36 6b 148 6c 147 6d 331 6e 13 6f 344 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I 3D

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan AFFINIA HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AFFINIA HEALTHCARE	D Employer Identification Number (EIN) 43-0817642	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	635671	345	07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	12829057

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan AFFINIA HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AFFINIA HEALTHCARE	D Employer Identification Number (EIN) 43-0817642	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	434002-D		07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	6745
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	
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d Total of balance and additions (add lines 7b and 7c(6))	7d	6745
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)..... ▶ TRANSFERRED INTO GENERAL ASSETS	7e(4)	6745	

(5) Total deductions	7e(5)	6745
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.		10b	
Specify nature of costs.			

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☒ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

FINAL SCHEDULE A

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan AFFINIA HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AFFINIA HEALTHCARE	D Employer Identification Number (EIN) 43-0817642
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	15194204	
b	Actuarial value	2b	14760366	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	168	8525722	8525722
b	For terminated vested participants	150	4871301	4871301
c	For active participants	37	1818777	1821158
d	Total	355	15215800	15218181
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.22 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	93000	
c	Target normal cost	6c	93000	

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

SIGN HERE	Signature of actuary JOHN M. WEBER Type or print name of actuary PRINCIPAL FINANCIAL GROUP Firm name PO BOX 9394 DES MOINES, IA 50306-9394 Address of the firm	01/23/2026 Date 23-07258 Most recent enrollment number 515-248-3080 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	461566
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	33300
9 Amount remaining (line 7 minus line 8)	0	428266
10 Interest on line 9 using prior year's actual return of <u>9.80</u> %	0	41970
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		109
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		11
c Total available at beginning of current plan year to add to prefunding balance		120
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	470236

Part III Funding Percentages

14 Funding target attainment percentage	14	93.90 %
15 Adjusted funding target attainment percentage	15	93.90 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)		18(c)

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.12 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....

Yes



No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....

Yes



No

26 Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.

Yes



No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...

Yes



No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

93000

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

928051

86875

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

179875

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

179875

179875

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan AFFINIA HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AFFINIA HEALTHCARE	D Employer Identification Number (EIN) 43-0817642	

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 & RESEARCH COMP	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
T. ROWE PRICE ASSOCIATES, INC.	100 EAST PRATT STREET BALTIMORE, MD 21202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
JP MORGAN	270 PARK AVENUE NEW YORK, NY 10017

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS	333 S. HOPE ST DL55 LOS ANGELES, CA 90071

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

MFS INVESTMENT MANAGER

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
12 13 15 50 64	NONE	112413	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EDWARD JONES

43-0345811

(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?
27 99	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	23052	Yes ☐ No ☒

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

WILLSHIRE ADVISORS LLC

95-2755361

(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?
27 72	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILLSHIRE ADVISORS LLC	27 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILLSHIRE 3(21) OR WILLSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EDWARD JONES	27 99	23052
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	CHEIN-HUNG BRINE LIN, FSA,CFA,EA	b EIN:	13-1614399
c Position:	ENROLLED ACTUARY		
d Address:	MUTUAL OF AMERICA 320 PARK AVENUE NEW YORK, NY 10022-6839	e Telephone:	212-224-1241

Explanation: CLIENT CHANGED INVESTMENT PROVIDERS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan AFFINIA HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AFFINIA HEALTHCARE	D Employer Identification Number (EIN) 43-0817642	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LDI LONG DURATION SA-Z			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-104	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6359766	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LDI INTRM DUR SEP ACCT-Z			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-104	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6469291	
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND			
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA			
c EIN-PN 13-1614399-000	d Entity code P	e 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):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan AFFINIA HEALTHCARE PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AFFINIA HEALTHCARE		D Employer Identification Number (EIN) 43-0817642

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	10487683	12829057
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4699776	2418556
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6745	0
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15194204	15247613
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15194204	15247613

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	39509	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		39509
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		532803
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		509109
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1081421

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	868195	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		868195
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	112413	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	47404	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		159817
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1028012

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		53409
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 599600.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan AFFINIA HEALTHCARE PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 AFFINIA HEALTHCARE				D Employer Identification Number (EIN) 43-0817642	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
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): 42-0127290					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3 0	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation: _____

Part VII	IRS Compliance Questions
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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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705206A.

Affinia Healthcare Pension Plan

EIN 43-0817642 PN 001

**Independent Auditor's Report, Financial Statements –
Modified Cash Basis and Supplemental Schedules**

June 30, 2025 and 2024

Affinia Healthcare Pension Plan
Contents
June 30, 2025 and 2024

Independent Auditor's Report.....	1
Financial Statements (Modified Cash Basis)	
Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	15
Schedule H, Line 4j – Schedule of Reportable Transactions	16

Independent Auditor's Report

Plan Administrator
Affinia Healthcare Pension Plan
St. Louis, Missouri

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

We have performed audits of the financial statements of Affinia Healthcare Pension Plan (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 (modified cash basis) as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of June 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 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 the modified cash basis of accounting described in Note 2.
- 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 meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances.

Management is also responsible 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 certifications, 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 the modified basis of accounting described in Note 2.

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 the modified cash basis of accounting described in Note 2.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules 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 their 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

**St. Louis, Missouri
January 26, 2026**

Federal Employer Identification Number: 44-0160260

Affinia Healthcare Pension Plan
Statements of Net Assets Available for Benefits
(Modified Cash Basis)
June 30, 2025 and 2024

	2025	2024
Investments, At Fair Value	\$ 15,247,613	\$ 15,194,204
Net Assets Available for Benefits	\$ 15,247,613	\$ 15,194,204

Affinia Healthcare Pension Plan
Statements of Changes in Net Assets Available for Benefits
(Modified Cash Basis)
Years Ended June 30, 2025 and 2024

	2025	2024
Additions		
Investment Income		
Net appreciation in fair value of investments	\$ 1,041,912	\$ 1,483,960
Interest and dividends	39,509	8,427
Net Investment Income	1,081,421	1,492,387
Employer Contributions	-	16,000
Total Additions	1,081,421	1,508,387
Deductions		
Benefits paid to participants	868,195	981,660
Administrative expenses	159,817	70,202
Total Deductions	1,028,012	1,051,862
Net Increase	53,409	456,525
Net Assets Available for Benefits, Beginning of Year	15,194,204	14,737,679
Net Assets Available for Benefits, End of Year	\$ 15,247,613	\$ 15,194,204

Affinia Healthcare Pension Plan
Notes to Financial Statements
(Modified Cash Basis)
June 30, 2025 and 2024

Note 1. Description of the Plan

The following description of the Affinia Healthcare Pension Plan ("Plan") provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's ("PBGC") benefit guarantee is contained in the Plan Document and Summary Plan Description, which are available from the Plan Administrator.

General

The Plan is a noncontributory defined benefit plan that covers substantially all employees hired before January 1, 2008 of Affinia Healthcare (the "Employer") and provides for retirement, death, and disability benefits. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* ("ERISA").

Effective January 1, 2008, the Employer elected to freeze the Plan. As a result, no additional employees will become eligible and no additional benefits will accrue under the Plan.

The Plan is administered by the Employer's Finance Committee (Committee), which is a committee of the board of directors of the Employer. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to Plan Administration.

Effective April 15, 2024, the Plan's custodian changed from Mutual of America Life Insurance Company ("MOA") to Delaware Charter Trust Company d/b/a Principal Trust Company ("Principal") and Principal Life Insurance Company ("Principal Life"). Principal and Principal Life serve as the primary custodians. Principal serves as the primary record keeper of the Plan. Plan assets transferred to Principal and Principal Life were transferred into funds comparable to those offered by MOA.

As of June 30, 2025, all plan assets previously maintained by MOA have been fully transferred to Principal. The prior year financial statements reflect a minimal amount of assets remaining with MOA as of June 30, 2024. These assets were fully transferred during the current year. No plan assets remain with MOA as of June 30, 2025.

Contributions

The Employer has agreed to voluntarily contribute such amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. Contributions by employees are not permitted. The Employer's present intention is to make contributions in 2026 in amounts sufficient to fund the Plan's current service costs. In 2025 and 2024, the Plan has met the minimum funding requirements established by ERISA.

Although it has not expressed any intention to do so, the Employer 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.

Pension Benefits

Benefits under the Plan are based on employees' five highest compensation years during their last 10 years of credited service. Normal retirement age for Plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 55, provided that they have at least 10 years of service with the Company. Accrued benefits are payable as an annuity over the participant's lifetime or as a qualified joint and one half-survivor annuity.

Effective August 1, 2018, the Plan was amended to allow for the distribution of accrued benefits of employees terminated on or before the effective date when the present value of the vested accrued benefit is less than or equal to \$5,000.

**Affinia Healthcare Pension Plan
Notes to Financial Statements
(Modified Cash Basis)
June 30, 2025 and 2024**

Death Benefits

The spouse of a participant will receive between 50% and 100% survivor annuity, as defined in the Plan, upon the death of the participant. This benefit is immediately payable to the spouse if the participant was already receiving benefits. If the participant was not already receiving benefits, payments to the spouse may commence as of the earliest date the participant would have received benefits.

Vesting

Upon completion of three years of vesting service, but prior to becoming eligible for a normal retirement benefit, a participant is entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit. All eligible employees are now fully vested.

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period, would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the PBGC up to the applicable limitations discussed below.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Note 2. Summary of Significant Accounting Policies

Modified Cash Basis of Accounting

The Plan's accounts are maintained on a modified cash basis and the statements of changes in net assets available for plan benefits reflect only cash received and disbursed and appreciation of investments. Therefore, receivables and payables and accrued income and expenses, which may be material, are not reflected in the accompanying financial statements. The statements are not intended to present the Plan's financial status or changes in financial status in conformity with accounting principles generally accepted in the United States of America.

**Affinia Healthcare Pension Plan
Notes to Financial Statements
(Modified Cash Basis)
June 30, 2025 and 2024**

Use of Estimates

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

Investment Valuation and Income Recognition

Quoted market prices are used to value investments. The interest accumulation fund was valued at the net asset value (NAV) of shares held by the Plan at June 30, 2024. The Plan also holds interests in investments in pooled separate accounts, which are valued at estimated fair value as determined by quoted market prices of the investments within each account, as provided by Principal Life Insurance Company. Mutual funds are valued at NAV of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the modified cash basis. Net appreciation 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

Administrative expenses may be paid by the Employer or the Plan, at the Employer's discretion.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries.
- b. Present employees or their beneficiaries.

Benefits under the Plan are based on employees' highest average compensation for five consecutive years within the last 10 years of credited service. The accumulated plan benefits for active employees are based on their highest average compensation for five consecutive years within the 10 years preceding the valuation 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. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

Plan Tax Status

As described in Note 8, effective January 1, 2025, the plan operates under a non-standardized pre-approved defined benefit plan in connection with a prototype pension plan and custodial document sponsored by Principal Life Insurance Company. The prototype pension plan and custodial document obtained its latest determination letter on July 12, 2021, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Affinia Healthcare Pension Plan
Notes to Financial Statements
(Modified Cash Basis)
June 30, 2025 and 2024

For the period of July 1, 2023 through December 31, 2024, the Plan operated under a non-standardized adoption agreement in connection with a prototype pension plan and custodial document sponsored by Mutual of America Life Insurance Company. The Plan obtained its latest determination letter on July 10, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax.

The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

Note 3. Disclosure About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

Affinia Healthcare Pension Plan
Notes to Financial Statements
(Modified Cash Basis)
June 30, 2025 and 2024

Recurring Measurements

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2025 and 2024:

		Fair Value Measurements Using		
	Fair Value	Quoted Market Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
June 30, 2025				
Pooled Separate Accounts	\$ 12,829,057	\$ -	\$ 12,829,057	\$ -
Mutual Funds	2,418,556	2,418,556	-	-
	<u>\$ 15,247,613</u>	<u>\$ 2,418,556</u>	<u>\$ 12,829,057</u>	<u>\$ -</u>
June 30, 2024				
Interest Accumulation Fund	\$ 6,745	\$ 6,745	\$ -	\$ -
Pooled Separate Accounts	10,487,683	-	10,487,683	-
Mutual Funds	4,699,776	4,699,776	-	-
	<u>\$ 15,194,204</u>	<u>\$ 4,706,521</u>	<u>\$ 10,487,683</u>	<u>\$ -</u>

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended June 30, 2025 and 2024. The plan had no assets measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows are classified as Level 2 investments. At June 30, 2025, the Plan's investments in the mutual funds are classified as Level 1, while pooled separate accounts are classified as Level 2. At June 30, 2024, the Plan's investments in the interest accumulation fund and mutual funds are classified as Level 1, while pooled separate accounts are classified as Level 2.

Affinia Healthcare Pension Plan
Notes to Financial Statements
(Modified Cash Basis)
June 30, 2025 and 2024

Note 4. Accumulated Plan Benefits

An actuary from Principal determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of July 1, 2024, was as follows:

Actuarial present value of accumulated plan benefits

Vested benefits	
Participants currently receiving payments	\$ 8,412,921
Other participants	6,631,364
	<u>15,044,285</u>
Nonvested benefits	2,371
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 15,046,656</u>

Changes in the actuarial present value of accumulated plan benefits for the year ended July 1, 2024, were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 13,689,482
Increase (decrease) during the year attributable to	
Changes in actuarial assumptions	1,327,228
Benefits accumulated	151,064
Increase for interest due to the decrease in the discount period	860,542
Benefits paid	<u>(981,660)</u>
Net decrease	<u>1,357,174</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 15,046,656</u>

Significant assumptions underlying the actuarial computations are:

Mortality Basis:	Pri-2012 Total Dataset Employee Table, separate for Males and Females, projected by Scale MP-2021
Compensation Improvement:	0%
Retirement Age:	Age 64 or immediate if beyond age 64
Valuation Method:	Project Unit Credit Method

**Affinia Healthcare Pension Plan
Notes to Financial Statements
(Modified Cash Basis)
June 30, 2025 and 2024**

The changes in actuarial assumptions are primarily due to updates to the mortality basis. The foregoing 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 July 1, 2024. Had the valuations been performed as of June 30, there would be no material differences.

Note 5. Certification of Plan Custodians

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Principal, a qualified institution, has certified the following information included in the accompanying financial statements and ERISA-required supplemental schedules as of and for the year ended June 30, 2025, and Principal, Principal Life and MOA, all qualified institutions, have certified the following information included in the accompanying financial statements as of and for the year ended June 30, 2024, is complete and accurate:

- Investments as shown in the Statements of Net Assets Available Benefits (modified cash basis) as of June 30, 2025 and 2024
- Investment income as shown in the Statements of Changes in Net Assets Available for Benefits (modified cash basis) for the years ended June 30, 2025 and 2024
- Investment information included in the accompanying supplemental Schedule of Assets (Held at End of Year) (modified cash basis) as of June 30, 2025, and the accompanying Schedule of Reportable Transactions for the year ended June 30, 2025

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

Note 6. Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

The Plan incurs expenses related to general administration and recordkeeping. The Employer pays certain of these expenses and accounting and auditing fees relating to the Plan and provides certain administrative services at no cost to the Plan.

Certain Plan investments are units of pooled separate accounts, which are managed by Principal Life.

Affinia Healthcare Pension Plan
Notes to Financial Statements
(Modified Cash Basis)
June 30, 2025 and 2024

Note 7. Risks and Uncertainties

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

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 estimation and assumption 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 8. Plan Amendment

Effective January 1, 2025, the Plan was amended and restated to a non-standardized pre-approved defined benefit plan sponsored by Principal Life Insurance Company.

Note 9. Subsequent Events

Subsequent events have been evaluated January 26, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedules

Schedule SB, Line 24 – Change in Actuarial Assumptions
Affinia Healthcare Pension Plan
EIN 43-0817642 Plan No. 001

Certain non-prescribed assumptions have been changed since last year. These assumptions were changed to better reflect the anticipated experience of your plan. See the attachment, Part V – Statement of Actuarial Assumptions/Methods, for the rationale for each assumption.

The assumed asset return for the current year has decreased from 6.50% to 5.50%. This rate is used in the calculation of the actuarial value of plan assets.

Schedule SB, Line 25 – Change in Method
Affinia Healthcare Pension Plan
EIN 43-0817642 Plan No. 001

A change in funding method has occurred since last year due to a change in the enrolled actuary and the business organization providing actuarial services to the plan. This change meets the automatic approval requirements under Rev Proc 2017-56.

Details of shortfall charges

The historical information used to determine the total shortfall charge.

Date created	Present value	Remaining years	Shortfall charge
07/01/2024	\$651,961	15	\$60,068
07/01/2023	262,748	14	25,370
07/01/2021	13,342	12	1,437
Total	\$928,051		\$86,875

Last year's total shortfall annual charge was \$26,807.

The total annual charge used in calculating your annual cost can't be less than zero.

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the 01/01/2025 plan restatement signed 02/28/2025 and SECURE Act 2.0 Amendment signed 02/28/2025.

Plan eligibility

Age	Attained age 21.
Service	One year of service in which at least 1,000 hours worked. Plan participation is frozen for all employees effective 12/31/2007.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount	The greater of (A) or (B):
(accrued benefit)	A) 1.625% of the participant's average compensation multiplied by the participant's potential accrual service multiplied by the participant's accrued benefit adjustment. B) Frozen Accrued Benefit as of 07/01/1989. Benefit accruals are frozen effective 12/31/2007.

Early retirement benefit

Age	Attained age 55.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 6 2/3% for each year up to five and 3 1/3% for each year between five and ten that the early retirement date precedes normal retirement date.

Special early retirement benefit

Age	Attained age 55.
Service	20 years of vesting service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 6 2/3% for each year up to five and 3 1/3% for each year between five and seven that the early retirement date precedes age 62. Benefit is unreduced starting at age 62.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Participants who continue to work past normal retirement date are required to receive notification that retirement benefits are suspended and the benefit payable is the accrued benefit on late retirement date. For employees who terminate employment prior to normal retirement date or after normal retirement date and elect to defer their benefit, the benefit payable on their late retirement date shall be increased by 1.00% for each calendar month before age 67 and 1.50% for each calendar month after age 67 for which his annuity start date is past normal retirement age.

Termination benefit

Vesting percentage	100% after three years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Death benefit

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully vested in an accrued benefit.
Form	Monthly annuity payable to spouse.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and retired with a qualified joint and 66 2/3% survivor with 10- year certain and life annuity in effect, then died the next day.

Extended survivor death benefit (a vested benefit)

Eligibility	Actively employed at time of death and attained age 45 with 10 years of vesting service or attained early retirement age.
Form	Monthly annuity payable to survivor, either spouse or child.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and retired with a qualified joint and 66 2/3% survivor with 10- year certain and life annuity in effect, then died the next day.

Definitions

Accrued benefit adjustment

The quotient of (a) divided by (b):

- a) The member's Accrual Service as of such date.
- b) The member's Potential Accrual Service as of the date he reaches Normal Retirement Age, if he remains an eligible employee between the date of determination and the date he reaches Normal Retirement Age.

The Accrued Benefit Adjustment cannot be greater than 1.0.

Average compensation

The monthly average of total pay received for the 60 consecutive months out of the latest 120 months which gives the highest average.

Average compensation is frozen effective 12/31/2007.

Accrual service

Period of service from date of hire to severance date expressed as whole years and fractional parts of a year on the basis that a partial or complete month equals 1/12 of a year.

Accrual service is frozen effective 12/31/2007.

Vesting service

Period of service from date of hire to severance date expressed as whole years and fractional parts of a year on the basis that a partial or complete month equals 1/12 of a year.

Optional forms of benefit payments

The optional forms of benefit payments are:

- Monthly annuity payable for life, or 3, 5, 8 1/3, 10, or 15 years certain and life.
- Monthly annuity payable as a survivorship life annuity with a survivorship percentage of 50% for life, or 3, 5, 10, or 15 years certain and life.
- Monthly annuity payable as a survivorship life annuity with a survivorship percentage of 66 2/3% for life, or 3, 5, 10, or 15 years certain and life.
- Monthly annuity payable as a survivorship life annuity with a survivorship percentage of 75% for life, or 3, 5, 10, or 15 years certain and life.
- Monthly annuity payable as a survivorship life annuity with a survivorship percentage of 100% for life, or 3, 5, 10, or 15 years certain and life.
- Full Cash Refund Annuity

The optional form conversion basis is 8.50% interest and the 1983 Group Annuity Female Mortality table for payments other than lump sums.

Lump sum provisions

Small amount force out (SAFO) – allowed up to \$7,000.

Lump sums in excess of SAFO – aren't allowed.

Conversion – deferred rate based on the applicable interest rate and applicable mortality table as set forth in Code Section 417. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is one plan year quarter.

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule SB, Line 2a - Explanation of Assets

Affinia Healthcare Pension Plan

EIN 43-0817642 Plan No. 001

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF due to a change in the final reported value of outside assets.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
Affinia Healthcare Pension Plan
EIN 43-0817642 Plan No. 001

Active participants are expected to retire at the plan's assumed retirement age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
64	28.3131	1.0000	28.3131	1,812.0388
65	1.0000	1.0000	1.0000	65.0000
66	0.0000	1.0000	0.0000	0.0000
67	3.0000	1.0000	3.0000	201.0000
68	1.0000	1.0000	1.0000	68.0000
69	1.0000	1.0000	1.0000	69.0000
70	0.0000	1.0000	0.0000	0.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
75	1.0000	1.0000	1.0000	75.0000
Total			36.3131	2,364.0388
Average				65.10

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan Affinia Healthcare Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Affinia Healthcare	D Employer Identification Number (EIN) 43-0817642
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	15194204	
b	Actuarial value	2b	14760366	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	168	8525722	8525722
b	For terminated vested participants	150	4871301	4871301
c	For active participants	37	1818777	1821158
d	Total	355	15215800	15218181
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.22 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	93000	
c	Target normal cost	6c	93000	

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

SIGN HERE	JW Signature of actuary John M. Weber Type or print name of actuary Principal Financial Group Firm name PO Box 9394 Des Moines, IA 50306-9394 Address of the firm	01-23-2026 Date 2307258 Most recent enrollment number 515-248-3080 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	461566
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	33300
9 Amount remaining (line 7 minus line 8)	0	428266
10 Interest on line 9 using prior year's actual return of <u>9.80</u> %	0	41970
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		109
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		11
c Total available at beginning of current plan year to add to prefunding balance		120
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	470236

Part III Funding Percentages

14 Funding target attainment percentage	14	93.90 %
15 Adjusted funding target attainment percentage	15	93.90 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined	☐ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	93000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	928051	86875	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	179875	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	179875	179875
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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Defined Benefit Pension Plan of
Affinia Healthcare
6-35671

Actuarial valuation report
for the plan year beginning 07/01/2024
and ending 06/30/2025

Table of contents

Welcome.....	3
What's new?.....	4
New report features.....	4
Summary of results.....	5
Current year plan costs.....	5
Highlighted info.....	5
Minimum contribution schedule.....	6
AFTAP and benefit restrictions.....	7
Additional considerations.....	8
Plan assets.....	9
Market value of assets.....	9
Actuarial value of assets.....	10
Calculations.....	11
Minimum required contribution.....	11
Reconciliation of prior annual cost activity.....	14
Credit balances.....	14
Pension Benefit Guaranty Corporation (PBGC) premiums.....	15
Plan accounting information - ASC 960.....	16
Future years.....	17
Forecast of funded status and annual cost.....	18
Census, provisions & assumptions.....	19
Census characteristics.....	19
Plan provisions.....	20
Assumptions and methods.....	24
Risk assessment.....	31
Historical information.....	33
Actuary statement.....	34
Rules and regulations	

The subject matter in this communication is provided with the understanding that Principal® is not rendering investment, legal, accounting, or tax advice. You should consult with appropriate counsel or other advisors on all matters pertaining to investment, legal, tax, or accounting obligations and requirements.

This report is for the defined benefit retirement plan named on the report cover and may only be provided to other parties in its entirety. Employee data and other information you provide, along with benefits described in your plan document are used for the basis of this report. This report includes your minimum contribution required under the law (Annual cost). Amounts in this report are not meant for your financial statements, a PBGC 4010 filing, or to terminate your plan. Upon request, we will prepare other reports for these purposes.

Welcome

Thank you for choosing the Principal® to provide actuarial services for your defined benefit plan.

Easy-to-use PDF format

This report is meant to be viewed as a PDF document. Throughout the report are links to additional explanations or information. These links will take the reader to an external site where the information is stored.

Structure of report

Here are some sections of the report you may find most useful:

- [Summary of results](#) – high level summary of key results for the current and prior plan years
- [Calculations](#) – development of a variety of actuarial results for different reporting requirements
- [Future years](#) – provides a look at next year and a one-year forecast
- [Census, provisions, & assumptions](#) – summary of the census characteristics, plan provisions, and assumptions

Prior plan year information shown throughout this report was taken from information prepared by your prior actuarial firm, Mutual of America.

Finding your report later

You can also find this report on your plan's Principal website on www.principal.com. Three years of reports are saved for you there. To grant additional people (including your auditors) access to your site, work with your client service associate.

Change in actuarial method

A change in method occurred due to the change in enrolled actuaries. Automatic IRS approval is granted under Revenue Procedure 2017-56 because the required components are within 3% of the prior actuary's for the 07/01/2023 plan year.

What's new?

New report features

While the core content remains the same, there are changes in the organization and look of your report. We've made it easier to find important information and included frequently requested details.

What's changed?

- A table of [Highlighted info](#) can now be found in the [Summary of results](#). This table includes key results for the current and prior plan years.
- [PBGC premiums](#) contains the details associated with the flat rate and variable rate premiums for the current plan year.
- [Calculations](#) contains a variety of actuarial results for different reporting requirements.
- [Rules and regulations](#) still includes details of actuarial requirements. However, the information has been removed from the report and moved to an external site. It's wholly accessible through the link in the Table of contents and in links throughout the report.

Finding your report later

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Summary of results

Current year plan costs

Annual cost is
\$179,875
due at 07/01/2024

Your [annual cost](#) increases with interest after 07/01/2024. A portion is due on a quarterly basis.

For a complete schedule of the cash due and received by the plan, see the [contribution schedule](#).

Your current year Pension Benefit Guaranty Corporation (PBGC) premium is the sum of the flat and variable rate premiums.

The premium payment is due 04/15/2025, and is not assumed to be paid out of plan assets nor included in the annual cost above. For more information, see [PBGC premium calculation](#).

PBGC premium is
\$47,405
due 04/15/2025

Highlighted info

For quick reference, a comparison of key results is summarized below. Additional information, calculations, and disclosures can be found throughout the report.

	07/01/2023	07/01/2024	
Market value of assets	\$14,742,352	\$15,194,204	
Actuarial value of assets	15,642,211	14,760,366	
Funding target	15,471,871	15,218,181	
Effective interest rate	5.20%	5.22%	
Target normal cost	22,145	93,000	
Shortfall amortization	26,807	86,875	
Excess assets	0	0	
Annual cost	48,952	179,875	3750-010
Required quarterly contributions	5,896	12,238	
Total credit balance	461,566	470,236	3750-010
Adjusted funding target attainment percentage (AFTAP)	101.10%	93.90%	
Funding target attainment percentage (FTAP)	98.11%	93.90%	R
PBGC variable rate premium	\$156,104	\$11,752	

Minimum contribution schedule

The table below shows the contributions received, any credit balances applied, and minimum payments due for this year and next year. You can contribute more or earlier than required. Additional contributions may be needed to reach a specific funded status for next year. See the [Forecast of funded status and annual cost](#) for additional information.

- The total cash contributions made for the 2023 plan year are \$16,000.
- No cash contributions have been received yet for the current plan year.

Paid/due date	Payment for	2023 plan year	2024 plan year	2025 plan year
10/17/2023	2023 annual cost	\$16,000		
04/03/2024	2023 annual cost	\$33,300 (Credit Balance)		
10/15/2024	2024 quarterly		\$12,238 (Credit Balance)	
01/15/2025	2024 quarterly		\$12,238 (Credit Balance)	
04/15/2025	2024 quarterly		\$12,238	
07/15/2025	2024 quarterly		\$12,238	
10/15/2025	2025 estimated quarterly			\$44,969
01/15/2026	2025 estimated quarterly			\$44,969
03/15/2026	2024 estimated remaining		\$146,440	
04/15/2026	2025 estimated quarterly			\$44,969
07/15/2026	2025 estimated quarterly			\$44,969
03/15/2027	2025 remaining			To be determined

Blue shading shows employer contribution or credit balance application due for current plan year.

If a contribution due date falls on a weekend or holiday, the due date is not extended.

Quarterly contributions and the remaining balance of your annual cost for the current year have been adjusted to reflect elected credit balance applications. Credit balance applications reflect the amount shown on your signed election form. If you pay slower than required, you will owe penalty interest and may need to report [missed contributions](#) to the PBGC and plan participants.

After meeting your quarterly requirements, the 2024 balance due varies with the timing and amount of earlier contributions (see below). Payment must be received by 03/15/2026.

If 2024 remaining payment is received:	09/15/2025	12/15/2025	03/15/2026
Then 2024 remaining amount due is:	\$141,653	\$144,049	\$146,440

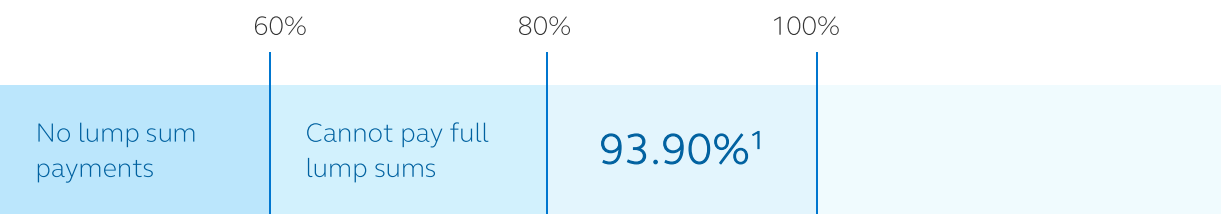
Summary of results

AFTAP and benefit restrictions

PPA benefit restrictions

Your plan does not allow lump sums. If you elect to unfreeze benefits or add a lump sum provision, the chart below illustrates where your plan would be on a scale of Pension Protection Act (PPA) benefit restriction thresholds. See [Rules and regulations](#).

However, the lump sum restrictions do not apply to cash benefits up to the small amount limit. Since your plan currently only allows these lump sum payments, **the restriction rules on lump sums have no impact on your plan this year.**



¹ The AFTAP certification details the assets and liabilities included in this percentage. In 2023, your percentage was 101.10%.

Lump sums include benefits paid in a lump sum amount (excluding small amounts), purchased annuities, social security level income option, and floor/benefit index guarantee amounts.

Calculation of AFTAP (Adjusted funding target attainment percentage)	07/01/2023	07/01/2024
a) Actuarial value of assets	\$15,642,211	\$14,760,366
b) Credit balance	461,566	470,236
c) Funding target	\$15,471,871	\$15,218,181
d) Non-highly compensated employee annuity purchases made during two preceding plan years	0	0
AFTAP (a-b+d) / (c+d)	101.10%	93.90%

Since the plan met the [exception rule for a well-funded plan](#) for 2023, credit balances were not reflected in the AFTAP calculation.

Additional considerations

ERISA 4010 filing

Key statistics for this plan related to ERISA 4010 reporting.

	07/01/2024
4010 funded status	92.65%
4010 funding shortfall	\$662,231
Estimated participant count for this plan	355

Based on this plan’s results, an ERISA 4010 filing is not required. The table above does not include information for any other defined benefit plan in your controlled group, if any.

Here are some steps to help determine when a filing is required:

1. The ERISA 4010 filing is contingent upon the number of participants in all defined benefit plans of the employer or controlled groups – subject to a threshold of 500 participants. If the total count is less than 500, no filing is required; otherwise go to step 2.
2. If the participant count is greater than 500, you need to know the 4010 funded status for each of your defined benefit plans. If the funded status for each plan is greater than 80%, no filing is required; otherwise go to step 3.
3. If the funded status for any of the plans in your controlled group is less than 80%, you need to know the 4010 funding shortfall for each of your defined benefit plans. If the combined funding shortfall is less than 15 million dollars, no filing is required; otherwise a filing is likely required.

The rules are complex. See [ERISA 4010 filing](#) in the Rules and regulations.

Sharing information

As changes occur to your business, be sure to keep us informed.

Contact your pension actuarial analyst

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Plan assets

We measure [plan assets](#) as of the beginning of each plan year, including prior year contributions received after the plan year end. See the [contribution schedule](#) for details.

Market value of assets

Investments held by Principal	\$15,117,315
Investment held by Mutual of America	76,889
Discounted 2023 contributions received on or after 07/01/2024	0
Total value	\$15,194,204



Matches
ending net
assets as of
6/30/2024.

Actuarial value of assets

Your plan uses an [asset smoothing method](#) to calculate the actuarial value of assets, which helps to lessen the impact of asset volatility from year to year.

Calculate (gain)/loss

Compare actual to expected assets.

	07/01/2022	07/01/2023
Applicable interest rate	5.92%	5.74%
Value of prior year contributions received after year end	\$0	\$0
Market value (including contribution above)	13,942,119	14,742,352
Contributions for current plan year	666,664	16,000
Distributions including expenses	(837,081)	(961,213)
Assumed interest	826,376	818,445
Value of current year contributions received after year end	0	0
Expected value of assets at end of year	14,598,078	14,615,584
Market value (including contribution above)	14,742,352	15,194,204
Annual (gain)/loss	(144,274)	(578,620)
1/3 of annual (gain)/loss	(48,091)	(192,873)

Allocate (gain)/loss

Asset gain/loss recognized for the current year and amount still deferred.

Recognized (gain)/loss for current year:	(\$289,056)	(48,091)	(48,092)	(192,873)
Deferred (gain)/loss for current year:	(\$433,838)	(48,091)	(192,874)	(192,873)

Smoothed value of assets	=	07/01/2024 market value	+	Deferred (gain)/loss
\$14,760,366		15,194,204		(433,838)

Apply corridor

The actuarial value of assets can't be outside the 10% corridor.

90% of market value	Actuarial value of assets	110% of market value
\$13,674,784	\$14,760,366	\$16,713,624

Calculations

We determine a variety of actuarial results for different reporting requirements. The following pages illustrate results for the minimum required contribution, maximum deductible contribution, and PBGC premiums.

Minimum required contribution

Your [annual cost](#), or minimum required contribution, is due as of the beginning of the plan year. The amount increases with interest at a 5.22% annual [effective interest rate](#), compounded daily, after 07/01/2024. To avoid late payment charges, you must contribute using the quarterly schedule shown in the [contribution schedule](#).

Annual cost	=	Target normal cost	+	Shortfall charges
\$179,875		93,000		86,875

Your annual cost increased from last year due to the following factors:

- Target Normal Cost increased from the estimated expenses for next plan year.
- While the asset return on the market value of assets for the plan year was greater than expected, the plan uses an actuarial value of assets for funding purposes. This gradually recognizes asset gains and losses over a three-year period. Therefore, only a portion of the asset gain for the year is reflected in the actuarial value of assets. The decrease in the actuarial value of assets due the deferred recognition of this asset gain outweighed the decrease in the funding target, thus increasing the shortfall.

Target normal cost

A portion of the annual cost is the [target normal cost](#) – the value of the benefits to be earned this year along with an estimated expense of \$93,000. Since benefits are frozen, the target normal cost is only the estimated expense.

Shortfall calculation

A [shortfall](#) occurs when the funding target is larger than assets.

	Shortfall calculation	Shortfall charge
Funding target	\$15,218,181	
Less assets (reduced by credit balance)	14,290,130	
Shortfall	\$928,051	
Prior shortfall(s)	276,090	26,807
Current year shortfall	\$651,961	60,068
Total shortfall charges		\$86,875

Your plan has a new shortfall of \$651,961 that must be amortized over fifteen years, starting this year. The new shortfall charge is \$60,068. See [New shortfall charge](#).

Supporting information

Actuarial results used in the development of the minimum required contribution.

Funding target

The value of the benefits earned through the beginning of your plan year is the [funding target](#).

	Vested	Total
Retirees and beneficiaries in pay status	\$8,525,722	\$8,525,722
Terminated vested participants	4,871,301	4,871,301
Active participants	1,818,777	1,821,158
Total funding target	\$15,215,800	\$15,218,181

Details of shortfall charges

The historical information used to determine the total shortfall charge.

Date created	Present value	Remaining years	Shortfall charge
07/01/2024	\$651,961	15	\$60,068
07/01/2023	262,748	14	25,370
07/01/2021	13,342	12	1,437
Total	\$928,051		\$86,875

Last year's total shortfall annual charge was \$26,807.

The total annual charge used in calculating your annual cost can't be less than zero.

Reconciliation of prior annual cost activity

The contributions and credit balance applications made toward satisfying last year's annual cost, including any unpaid cost or excess contributions.

Unpaid prior cost and excess contributions		
Value of \$16,000 contributions for 07/01/2023	\$15,761	
Less value of contributions made to avoid restrictions	0	
Value of contributions for 07/01/2023 annual cost		\$15,761
07/01/2023 annual cost	\$48,952	
Less 07/01/2023 carryover balance applied	0	
Less 07/01/2023 prefunding balance applied	33,300	
Less funding waiver for 07/01/2023 plan year	0	
Less value of contributions for 07/01/2023 annual cost	15,761	
Unpaid prior cost		\$0
Value of contributions for 07/01/2023 annual cost	\$15,761	
Less remaining annual cost after credit balance applications	15,652	
Excess contributions at 07/01/2023		\$109

Credit balances

A [credit balance](#) can provide cash flow flexibility for a well-funded plan, but can increase the cash requirements for a plan that's not as well funded. Your [carryover balance](#) is zero and will remain zero.

Credit balance	Prefunding
07/01/2023 balance	\$461,566
Portion used to offset 07/01/2023 annual cost	33,300
Net balance	428,266
9.80% market value return on net balance	41,970
Preliminary balance	\$470,236
Excess contributions from above	109
9.80% market value return on \$109	11
5.20% EIR on \$0	0
Total interest on excess contributions	11
Amount available to increase prefunding balance	120
Amount elected to increase prefunding balance	0
Less deemed reduction	0
Less voluntary reduction	0
Total credit balance	\$470,236

Calculations

Pension Benefit Guaranty Corporation (PBGC) premiums

The PBGC provides insurance for ERISA DB plan participants in the event the plan is unable to meet obligations. Premiums paid by plan sponsors are the sole source of funds to pay PBGC benefits.

PBGC premiums are the sum of a flat rate premium and variable rate premium.

Flat rate premium

A flat premium per participant. This participant count could vary from other measurements.

Flat rate premium	
Life count	353
Multiplied by premium per participant	\$101
Total flat rate premium	\$35,653

Variable rate premium (VRP)

A variable rate premium based on the plan's unfunded vested benefits (UVB) on the valuation date. A cap could limit the premium amount.

Premium funding target	
Active participants	\$1,860,918
Terminated vested participants	4,979,950
Retirees and beneficiaries in pay status	8,579,250
Total premium funding target	\$15,420,118
Calculation	
Total premium funding target	\$15,420,118
Less market value of assets	15,194,204
Unfunded vested benefits (rounded up to nearest thousand)	\$226,000
Multiplied by premium rate	5.20%
Uncapped variable rate premium	\$11,752
Capped variable rate premium	242,158
Total variable rate premium	\$11,752

Total premium
\$47,405

=

Flat rate premium
35,653

+

Variable rate premium
11,752

FX.5

Plan accounting information - ASC 960

This information may be used for plan accounting. The current year present value of vested and nonvested accrued benefits are based on the [Plan accounting](#) assumptions. The prior year present value of vested and nonvested accrued benefits are based on the assumptions shown in the 07/01/2023 valuation report.

Present value of vested benefits	07/01/2023	07/01/2024
Retirees and beneficiaries in pay status	\$8,089,485	\$8,412,921
Terminated vested participants	3,742,049	4,832,452
Active participants	1,850,893	1,798,912
Total	\$13,682,427	\$15,044,285
Present value of nonvested benefits		
Retirees and beneficiaries in pay status	\$0	\$0
Terminated vested participants	0	0
Active participants	7,055	2,371
Total	\$7,055	\$2,371
Total present value of accumulated plan benefits	\$13,689,482	\$15,046,656

R



Change in present value of accumulated plan benefits	
Present value of accumulated plan benefits as of 07/01/2023	\$13,689,482
Increase (decrease) during the year due to:	
Increase for interest due to decrease in the discount period	860,542
Benefits paid	(915,166)
Benefits accumulated and plan experience	151,064
Change in assumptions	1,260,734
Plan amendment	0
Method changes	0
Present value of accumulated plan benefits as of 07/01/2024	\$15,046,656

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Amount does not agree to benefit payments in FY24. As such, Forvis Mazars forced this to match the 2024 benefits paid per the audit report of \$981,660, with the difference being included as an addition to "changes in actuarial assumptions", within the audit footnote for \$66,494.

As the amount is well below PM (\$345,000) and only a footnote disclosure, n/c/n to revisit. This is directly related to the PAJE getting posted in 2024 due to an incorrect trust statement provided for the 2023 audit. FM will force to match the PY audit report as there would be no material impact to the PBO amount here if the other benefit payment amount were used.

Calc

Future years

Based on this year's results and our review, we already know several things about your 07/01/2025 plan year:

Contribution requirements

Quarterly contributions will be required next year. The estimated quarterly amount is \$44,969.

If you have a credit balance as of 07/01/2025, it can be used to pay some or all of your next year's annual cost. However, any credit balance will be automatically reduced as needed to avoid benefit payment restrictions, making it unavailable for next year's funding. See [Credit balance](#) and [Benefit restrictions](#).

PBGC premiums

The current 2024 variable rate premium will remain unchanged at \$52 per \$1,000 of unfunded vested benefits. However, future per participant caps will increase each year by average wage inflation, as will flat rate premiums. Here are the increased amounts for 2025:

- Flat rate premium will increase from \$101 to \$106.
- Variable rate per-participant cap will be \$717.

Forecast of funded status and annual cost

Forecasting contribution requirements and funded status is considered a best practice – below we provide a single-year forecast. Used in conjunction with our monthly [Pension market monitor](#), you can track your funded status and annual cost as market conditions change.

Volatility

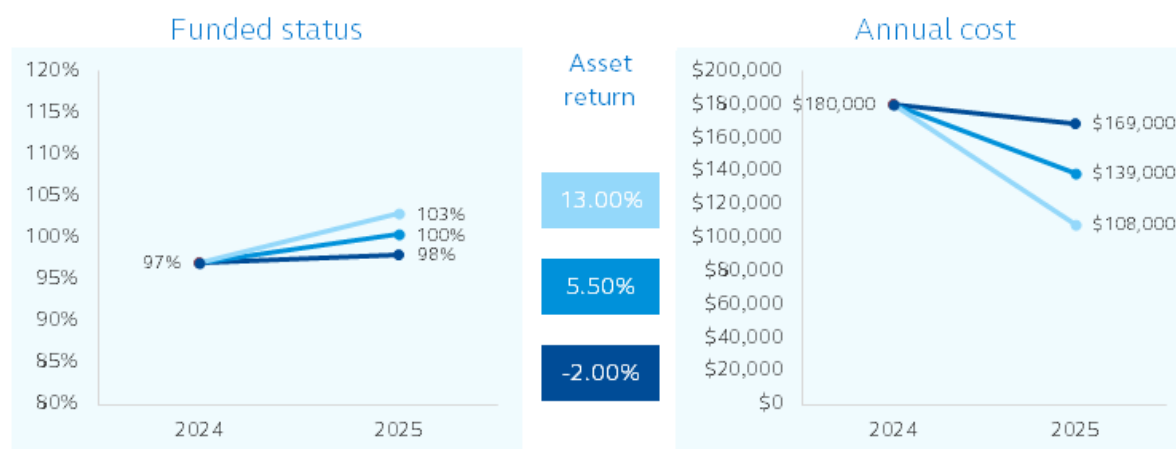
Current year results may not be a good estimate of next year's results. Volatility can cause plan assets and funding target (your plan's benefit liability) to move in different directions or by different amounts.

Funding target changes when corporate bond rates change and with any benefit accruals, benefit payments, and other census changes.

Plan asset values change with market return on investments, contributions, benefit payments and expenses. Using a smoothing method will affect the actuarial value of assets.

Upcoming year forecast

The graphs below show a one year forecast of your 2025 projected funded status and annual cost. Under current law, the funding target interest rate volatility is not expected to be material. Instead, we've chosen to show sensitivity to asset returns. For comparison, the prior year asset return was 9.80%.



While this single-year forecast may be sufficient for your needs, many plan sponsors find value in a multi-year forecast – illustrating longer-term funding patterns under different scenarios. Let us know if you'd like our help with a customized forecast.

The basis used for the above forecast can be found in [Assumptions and methods](#).

Census, provisions & assumptions

Census characteristics

	07/01/2023	07/01/2024	Change
Number of covered participants			
Actives	48	37 4220-011	-11
Terminated vested	141	150 4220-011	+9
Disabled	0	0	+0
Retirees and beneficiaries in pay status	172	168 4220-011	-4
Total	361	355 4220-011	-6
Average age			
Actives	57.9	57.8	-0.1
Terminated vested	59.1	60.2	+1.1
Disabled	N/A	N/A	N/A
Retirees and beneficiaries in pay status	73.0	74.0	+1.0
All	65.5	66.5	+1.0
Monthly accrued benefits			
Actives	\$17,179	\$14,793	-13.9%
Terminated vested	38,283	41,806	+9.2%
Disabled	0	0	+0.0%
Retirees and beneficiaries in pay status	75,351	73,054	-3.0%

There are two participants who are receiving retirement benefits and continuing to work. They're included in the active and retired life counts and their respective benefits are included in the active and retired benefit totals.

Plan provisions

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the 01/01/2025 plan restatement signed 02/28/2025 and SECURE Act 2.0 Amendment signed 02/28/2025.

Plan eligibility

Age	Attained age 21.
Service	One year of service in which at least 1,000 hours worked. Plan participation is frozen for all employees effective 12/31/2007.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	The greater of (A) or (B): A) 1.625% of the participant's average compensation multiplied by the participant's potential accrual service multiplied by the participant's accrued benefit adjustment. B) Frozen Accrued Benefit as of 07/01/1989. Benefit accruals are frozen effective 12/31/2007.

Early retirement benefit

Age	Attained age 55.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 6 2/3% for each year up to five and 3 1/3% for each year between five and ten that the early retirement date precedes normal retirement date.

Special early retirement benefit

Age	Attained age 55.
Service	20 years of vesting service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 6 2/3% for each year up to five and 3 1/3% for each year between five and seven that the early retirement date precedes age 62. Benefit is unreduced starting at age 62.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Participants who continue to work past normal retirement date are required to receive notification that retirement benefits are suspended and the benefit payable is the accrued benefit on late retirement date. For employees who terminate employment prior to normal retirement date or after normal retirement date and elect to defer their benefit, the benefit payable on their late retirement date shall be increased by 1.00% for each calendar month before age 67 and 1.50% for each calendar month after age 67 for which his annuity start date is past normal retirement age.

Termination benefit

Vesting percentage	100% after three years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Death benefit

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully vested in an accrued benefit.
Form	Monthly annuity payable to spouse.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and retired with a qualified joint and 66 2/3% survivor with 10- year certain and life annuity in effect, then died the next day.

Extended survivor death benefit (a vested benefit)

Eligibility	Actively employed at time of death and attained age 45 with 10 years of vesting service or attained early retirement age.
Form	Monthly annuity payable to survivor, either spouse or child.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and retired with a qualified joint and 66 2/3% survivor with 10- year certain and life annuity in effect, then died the next day.

Definitions

Accrued benefit adjustment	The quotient of (a) divided by (b): a) The member's Accrual Service as of such date. b) The member's Potential Accrual Service as of the date he reaches Normal Retirement Age, if he remains an eligible employee between the date of determination and the date he reaches Normal Retirement Age. The Accrued Benefit Adjustment cannot be greater than 1.0.
Average compensation	The monthly average of total pay received for the 60 consecutive months out of the latest 120 months which gives the highest average. Average compensation is frozen effective 12/31/2007.
Accrual service	Period of service from date of hire to severance date expressed as whole years and fractional parts of a year on the basis that a partial or complete month equals 1/12 of a year. Accrual service is frozen effective 12/31/2007.
Vesting service	Period of service from date of hire to severance date expressed as whole years and fractional parts of a year on the basis that a partial or complete month equals 1/12 of a year.

Census, provisions & assumptions

Optional forms of benefit payments

The optional forms of benefit payments are:

- Monthly annuity payable for life, or 3, 5, 8 1/3, 10, or 15 years certain and life.
- Monthly annuity payable as a survivorship life annuity with a survivorship percentage of 50% for life, or 3, 5, 10, or 15 years certain and life.
- Monthly annuity payable as a survivorship life annuity with a survivorship percentage of 66 2/3% for life, or 3, 5, 10, or 15 years certain and life.
- Monthly annuity payable as a survivorship life annuity with a survivorship percentage of 75% for life, or 3, 5, 10, or 15 years certain and life.
- Monthly annuity payable as a survivorship life annuity with a survivorship percentage of 100% for life, or 3, 5, 10, or 15 years certain and life.
- Full Cash Refund Annuity

The optional form conversion basis is 8.50% interest and the 1983 Group Annuity Female Mortality table for payments other than lump sums.

Lump sum provisions

Small amount force out (SAFO) – allowed up to \$7,000.

Lump sums in excess of SAFO – aren't allowed.

Conversion – deferred rate based on the applicable interest rate and applicable mortality table as set forth in Code Section 417. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is one plan year quarter.

Assumptions and methods

The following assumptions and methods are used in this year's valuation report. The rationale for each non-prescribed economic and demographic assumption is also included.

Some economic assumptions rely on the Principal RAS Long-Term Capital Market Assumptions (CMA) November 2023. These assumptions are developed focusing on forward-looking market indicators and valuation models, as well as utilizing the analysis of historical data and trends, the outlook and forecasts from credible economic studies, and investment expert opinions. See [Long-Term Capital Markets Assumptions November 2023](#) for additional information.

Prescribed assumption changes since last year

Mortality and limits

The assumptions prescribed by law have changed. We're using the 2024 prescribed mortality table and the compensation and maximum benefit limitations in effect at the beginning of the plan year.

This year's prescribed IRS mortality table update includes new base tables and an adjustment to the mortality improvement scale. Additionally, since your plan used the Static (Separate) Annuitant/Non-Annuitant table, a change to the mortality assumption was needed.

Interest rates

The segment [interest rates](#) used for liabilities in the calculation of annual cost and AFTAP have changed as shown below. These stabilized interest rates reflect the interest rate corridor defined in IRC §430(h)(2)(C)(iv).

	Segment 1 years 0-5	Segment 2 years 5-20	Segment 3 years 20+	Effective interest rate
2023	4.75%	5.00%	5.74%	5.20%
2024	4.75%	5.12%	5.59%	5.22%

The segment [interest rates](#) used for liabilities in the determination of PBGC variable rate premium, 4010 funded status, and 4010 shortfall have changed as shown below. These 24-month average rates do not reflect the interest stabilization corridor.

	Segment 1 years 0-5	Segment 2 years 5-20	Segment 3 years 20+	Effective interest rate
2023	2.50%	3.83%	4.06%	3.82%
2024	4.64%	5.12%	5.10%	5.07%

Other assumption changes since last year

As a result of the updated long-term capital market assumptions we changed the following assumptions for your plan:

- The assumed asset return for the current year has decreased from 6.50% to 5.50%.
- The interest rate used to calculate ASC 960 liabilities has decreased from 6.50% to 5.50%.

Net effect of assumption changes

The net effect of the assumption changes is to decrease funding target for all purposes.

Method changes since last year

A change in method occurred due to the change in enrolled actuaries. Automatic IRS approval is granted under Revenue Procedure 2017-56 because the required components are within 3% of the prior actuary's for the 07/01/2023 plan year.

Assumptions prescribed by law

Mortality	Before benefit payment period
	IRS Prescribed Mortality - Optional Combined Table for Small Plans, male and female.
	During benefit payment period
	IRS Prescribed Mortality - Optional Combined Table for Small Plans, male and female.

Assumptions selected by actuary

Inflation	2.40% increase per year.
	Our long-term inflation assumption considered the current economic environment, recent and historical data, and forecasts from Federal Reserve Bank FOMC, Congressional Budget Office, and Survey of Professional Forecasters. See Long-Term Capital Market Assumptions link.

Asset return	5.50% for the current plan year. 4220-021
	The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Expected expense	The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets. This is the best estimate available of upcoming year's expenses.
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Retirement	Active and inactive participants are assumed to retire at 64. We don't have the plan experience necessary to directly set this assumption. Therefore, we are relying on the assumption set by the prior actuary. This assumption is reasonable with the plan's design. As we gain plan experience, we will monitor and make appropriate adjustments in the future.
Disability	None.
Marriage	80% married; husbands are 3 years older than wives. This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.
Withdrawal	None.
Form of benefit	Participants are assumed to receive their benefits on the normal form at the assumed retirement age. This assumption is based on anticipated future experience. Optional forms of benefits are not assumed to be materially different than the normal form.

Methods prescribed by law

Liability measure	Funding target is the present value of the benefits accrued on the valuation date. Included in Funding Target is the value of any missed required minimum distributions (defined in IRC §401(a)(9) and Treasury Regulation §1.401(a)(9)), equal to back payments with interest at 8.50%. Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.
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Methods selected by plan sponsor

Asset method	The asset valuation method is prescribed by law for plans that elect to use a value other than market value. For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years. The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value. When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.
Segment rates	24-month average with no weighting to prior law basis. Use rates where February is the last month included in the average.
PBGC premium basis	Variable rate premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the 24-month average rates used for annual cost but without the interest rate corridor defined in IRC §430(h)(2)(C)(iv). You elected this Alternative interest method for the 07/01/2020 plan year and this method must be used for five years before a change can be made.

Methods elected by actuary

Retirees	Assets and liabilities for current and future retirees are included.
Vested benefits	A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date. The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post-retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality	Based on Pri-2012 Total dataset base rate mortality table projected generationally using MP-2021.
Mortality base rates	Before benefit payment period Employee amount-weighted, male and female During benefit payment period Retiree amount-weighted, male and female

R

Forvis Mazars notes Principal used the MP-2021 mortality rate in their valuation. While this initially appears outdated, per review of the discussion below, the MP-2021 is the most recent scale published by the SOA, and no adjustments are needed. MP-2021 mortality scale appears reasonable.

The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan.

Mortality improvement

MP-2021 is the most recent improvement scale published by the SOA in October 2021.

In selecting this assumption, we considered the other parameters available in the MIM-2021-v4 application tool issued by the SOA in October 2023 and consider the selections in MP-2021 reasonable. Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

Interest rate used to value liabilities

5.50%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Assumptions used in the forecast of funded status and annual cost

Interest rates	Our current best estimate of next year's effective interest rate is based on your plan's duration of 10 and the segment rates below: <table><tr><td>Segment 1</td><td>Segment 2</td><td>Segment 3</td></tr><tr><td>4.99%</td><td>5.30%</td><td>5.50%</td></tr></table>	Segment 1	Segment 2	Segment 3	4.99%	5.30%	5.50%
Segment 1	Segment 2	Segment 3					
4.99%	5.30%	5.50%					
Benefit payments	Estimated benefit payments of \$1,260,799 for both your plan's assets and funding target.						
Contributions	Assets do not assume contributions are made in cash at the end of the plan year to exactly satisfy the 2024 annual cost and are reduced by the current year expense estimate of \$93,000.						
Expenses	Expenses included in the projected annual cost are the same as the 2024 estimate.						
Credit balance	Credit balance is not assumed to be applied in the calculation of the projected funding shortfall and annual cost.						
Methods and assumptions	The estimates do not reflect any change in the methods or assumptions (other than interest rate) disclosed in this report, nor plan changes that take effect after 2024.						

Risk assessment

All defined benefit plans are exposed to risk. While some risks are within the control of the plan sponsor, others are influenced by outside economic and demographic conditions. Below are descriptions of some, but not all, risk factors and consequences.

Risk	Consequence
Investment	Lower than expected returns: Possible increased cash requirements, benefit restrictions, PBGC implications Higher than expected returns: Possible plan overfunding
Interest rate	Interest rates increase: Lower liabilities Interest rates decrease: Higher liabilities
Other demographic	When actual experience differs from expected, the resulting gains and losses will impact future liabilities
Contribution	Current contribution levels may not necessarily be sufficient to achieve long-term funding goals

We use [assumptions](#) to estimate the future experience of your plan. To the extent actual experience differs from these assumptions, plan results may be impacted.

Assumption	
Prescribed interest rates	Rates used for funding purposes could result in a lower funding requirement and lower liabilities than other measures.
Prescribed mortality	Experience relative to the prescribed mortality will result in gains and losses.
Plan expenses	Assumed for the upcoming year.

We suggest you review the measures below annually to ensure they meet the goals of the plan and organization. Please see the historical information section for prior year results.

Plan maturity measurement	Impacted by	Ratio
In-pay funding target to total funding target	Plan maturity, non-stabilized interest rate changes, mortality experience, annuity purchases	56%
Benefit payments & expenses to market value of assets	Plan maturity, cash flows, PBGC premiums, lump sum payments	7%
Benefit payments & expenses to contributions	Cash flows, PBGC premiums, lump sum payments	6,008%

Historical information

	07/01/2023	07/01/2024
Plan assets		
Market value of assets (MVA)	\$14,742,352	\$15,194,204
Market rate of return	9.80%	--
Actuarial value of assets (AVA)	15,642,211	14,760,366
Duration		
Plan's liability duration	10	10
Results using stabilized rates		
Funding target (FT)	\$15,471,871	\$15,218,181
Annual cost	48,952	179,875
Funded status (AVA/FT)	101%	97%
Effective interest rate	5.20%	5.22%
Results using non-stabilized rates		
Funding target (FT)	\$17,794,649	\$15,422,597
Annual cost	243,814	198,620
Funded status (MVA / FT)	83%	99%
Effective interest rate	3.82%	5.07%
Contributions and distributions		
Contributions	\$16,000	--
Benefit payments	915,166	--
Expenses	46,047	--
Plan maturity measures		
Contributions less benefit payments	(\$899,166)	--
Ratios		
In pay status FT/ total FT (non-stabilized rates)	57%	56%
Benefit payments & expenses / contributions	6008%	--
Benefit payments & expenses / market value of assets	7%	--
Census		
Actives	48	37
Terminated vested	141	150
Disabled	0	0
Retirees	172	168
Total participants	361	355

Risk assessment

Actuary statement

This report was prepared at the request of the plan sponsor. It's designed to provide the ERISA-defined funding levels for the plan, a summary of the plan's funded status for benefit restrictions and plan accounting information needed for the plan audit. It's not to be used for plan termination estimates, PBGC 4010 reporting, ASC 715 accounting information, or other purposes.

Appropriate tests of reasonableness and accuracy have been made and reviewed. The information provided is adequate to support the results in this report. I have relied on:

- reports of participants, salary, and service provided by the plan sponsor as of the last day of the 2023 plan year.
- information for any participants being paid by Principal Life Insurance Co, as of the last day of the 2023 plan year, as reported by Principal Life Insurance Company.
- market value of assets and benefit and expense transactions for the preceding plan year, reported as of the last day of the 2023 plan year by Principal and the plan sponsor.
- plan documents on file with Principal Life Insurance Company, including changes as noted on the Summary of plan provisions page of this report.
- various models, internal and external, which were used for their intended purposes. Underlying data, assumptions, methodologies, model inputs and resulting outputs have been reviewed and are reasonable. There are no known weaknesses or material inconsistencies.

In my opinion, each assumption and method chosen by the actuary is reasonable (taking into account plan experience and reasonable expectations), and which, in combination, offer my best estimate of anticipated plan experience.

I confirm, as the enrolled actuary, I am completely independent of the plan sponsor and any of its officers or key personnel. Neither I, nor anyone closely associated with me, has any relationship known to me which would impair my independence. I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein. To the best of my knowledge, this report is complete and accurate. It complies with all relevant pension actuarial standards and legal requirements.



03/28/2025

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Insurance products and plan administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group® (Principal®), Des Moines, IA 50392.

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Assumptions prescribed by law

Mortality	Before benefit payment period IRS Prescribed Mortality - Optional Combined Table for Small Plans, male and female. During benefit payment period IRS Prescribed Mortality - Optional Combined Table for Small Plans, male and female.
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Assumptions selected by actuary

Inflation	2.40% increase per year. Our long-term inflation assumption considered the current economic environment, recent and historical data, and forecasts from Federal Reserve Bank FOMC, Congressional Budget Office, and Survey of Professional Forecasters. See Long-Term Capital Market Assumptions link.
Asset return	5.50% for the current plan year. The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.
Expected expense	The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets. This is the best estimate available of upcoming year's expenses.
Retirement	Active and inactive participants are assumed to retire at 64. We don't have the plan experience necessary to directly set this assumption. Therefore, we are relying on the assumption set by the prior actuary. This assumption is reasonable with the plan's design. As we gain plan experience, we will monitor and make appropriate adjustments in the future.
Disability	None.
Marriage	80% married; husbands are 3 years older than wives. This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.
Withdrawal	None.
Form of benefit	Participants are assumed to receive their benefits on the normal form at the assumed retirement age. This assumption is based on anticipated future experience. Optional forms of benefits are not assumed to be materially different than the normal form.

Methods prescribed by law

Liability measure

Funding target is the present value of the benefits accrued on the valuation date. Included in Funding Target is the value of any missed required minimum distributions (defined in IRC §401(a)(9) and Treasury Regulation §1.401(a)(9)), equal to back payments with interest at 8.50%.

Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.

Methods selected by plan sponsor

Asset method

The asset valuation method is prescribed by law for plans that elect to use a value other than market value.

For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.

The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.

When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.

Segment rates

24-month average with no weighting to prior law basis. Use rates where February is the last month included in the average.

PBGC premium basis

Variable rate premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the 24-month average rates used for annual cost but without the interest rate corridor defined in IRC §430(h)(2)(C)(iv). You elected this Alternative interest method for the 07/01/2020 plan year and this method must be used for five years before a change can be made.

Methods elected by actuary

Retirees

Assets and liabilities for current and future retirees are included.

Vested benefits

A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.

The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post-retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality Based on Pri-2012 Total dataset base rate mortality table projected generationally using MP-2021.

Mortality base rates **Before benefit payment period**
Employee amount-weighted, male and female
During benefit payment period
Retiree amount-weighted, male and female

The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan.

Mortality improvement MP-2021 is the most recent improvement scale published by the SOA in October 2021.

In selecting this assumption, we considered the other parameters available in the MIM-2021-v4 application tool issued by the SOA in October 2023 and consider the selections in MP-2021 reasonable. Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

Interest rate used to value liabilities 5.50%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	Affinia Healthcare Pension Plan						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	43-0817642	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0

Name of Plan	Affinia Healthcare Pension Plan						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	43-0817642	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	2	0	0	5	0	0
50 to 54	1	0	0	2	0	0
55 to 59	5	0	0	0	0	0
60 to 64	1	0	0	1	0	0
65 to 69	4	0	0	1	0	0
70 & Up	1	0	0	0	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	3	0	0	0	0	0
50 to 54	1	0	0	0	0	0
55 to 59	2	0	0	0	0	0
60 to 64	2	0	0	2	0	0
65 to 69	0	0	0	0	0	0
70 & Up	1	0	0	0	0	0

Name of Plan	Affinia Healthcare Pension Plan						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	43-0817642	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0
65 to 69	0	0	0	1	0	0
70 & Up	0	0	0	0	0	0

Affinia Healthcare Pension Plan
EIN 43-0817642 PN 001
Schedule H, Line 4j – Supplemental Schedule of
Reportable Transactions
(Modified Cash Basis)
Year Ended June 30, 2025

Description	Purchase Price	Selling Price	Cost of Asset	Net Gain
Individual Transactions - Purchases				
Principal LDI Intermediate Duration Separate Account	\$ 1,425,125	\$ -	\$ 1,425,125	\$ -
Principal LDI Long Duration Separate Account	\$ 1,396,862	\$ -	\$ 1,396,862	\$ -

Affinia Healthcare Pension Plan
EIN 43-0817642 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)
June 30, 2025

Investment Type and Issuer	Description of Investment	Cost	Current Value
Pooled Separate Accounts			
Principal Life Insurance Company *	Principal LDI Intermediate Duration Separate Account	6,041,405	\$ 6,469,291
Principal Life Insurance Company *	Principal LDI Long Duration Separate Account	6,031,312	6,359,766
Total Pooled Separate Accounts			<u>12,829,057</u>
Mutual Funds			
American Funds	American Funds American Mutual R6 Fund	566,985	643,913
Fidelity	Fidelity 500 Index Fund	387,398	479,046
T. Rowe Price	T. Rowe Price Dividend Growth I Fund	423,767	475,122
JP Morgan	JP Morgan Large Cap Growth R6 Fund	128,525	161,852
Fidelity	Fidelity Mid Cap Stock K Fund	290,491	303,246
MFS Investment Manager	MFS International Diversification R6 Fund	295,496	355,377
Total Mutual Funds			<u>2,418,556</u>
			<u>\$ 15,247,613</u>

* Party-in-interest to the Plan.