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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TOLEDO TECHNOLOGIES HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 110

1c Effective date of plan 01/01/1986

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)
GT TECHNOLOGIES, INC

5859 E. EXECUTIVE DR.
WESTLAND, MI 48185

2b Employer Identification Number (EIN)
34-1526359

2c Plan Sponsor's telephone number
734-467-8371

2d Business code (see instructions)
325900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	AMY MCCORRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	206
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	**6a(1)**	28
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	14
b	Retired or separated participants receiving benefits	**6b**	97
c	Other retired or separated participants entitled to future benefits	**6c**	66
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	177
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	21
f	Total. Add lines **6d** and **6e**.	**6f**	198
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
TOLEDO TECHNOLOGIES HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 110

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GT TECHNOLOGIES, INC

D Employer Identification Number (EIN)
34-1526359

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	14134334
b Actuarial value	**2b**	14134334

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	121	9975973	9975973
b For terminated vested participants	57	1425159	1425159
c For active participants	28	2252606	2460904
d Total	206	13653738	13862036

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	79973
b Expected plan-related expenses	**6b**	104000
c Target normal cost	**6c**	183973

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

08/07/2026
Date

MELISSA PANE
Type or print name of actuary

26-08587
Most recent enrollment number

AON CONSULTING, INC.
Firm name

973-463-6165
Telephone number (including area code)

MSC # 17741, PO BOX 6718
SOMERSET, NJ 08875
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1258
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1258
10	Interest on line 9 using prior year's actual return of 6.58 %	0	83
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1341

Part III Funding Percentages

14	Funding target attainment percentage	14	101.95 %
15	Adjusted funding target attainment percentage	15	101.96 %
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	101.97 %
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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	183973
b Excess assets, if applicable, but not greater than line 31a	**31b**	183973

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TOLEDO TECHNOLOGIES HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 110

C Plan sponsor's name as shown on line 2a of Form 5500
GT TECHNOLOGIES, INC

D Employer Identification Number (EIN)
34-1526359

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AON CONSULTING, INC.

400 ATRIUM DR
SOMERSET, NJ 08873

(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?
16	RETAINED BY CLIENT	68528	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN HANCOCK RETIREMENT PLAN SERVIC

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 62	RETAINED BY CLIENT	32878	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PLANTE AND MORAN, PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	RETAINED BY CLIENT	11250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

WILSHIRE

210 SIXTH AVENUE
SUITE 3720
PITTSBURGH, PA 15222

(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?
37	RETAINED BY CLIENT	7139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

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:

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TOLEDO TECHNOLOGIES HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 110

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GT TECHNOLOGIES, INC

D Employer Identification Number (EIN)
34-1526359

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: BLACKROCK EQUITY INDEX CL 1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
20-3802168-001	C	1195829

a Name of MTIA, CCT, PSA, or 103-12 IE: BR MSCI ACWI EXUS IDX FEE R

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
81-1950980-013	C	367939

a Name of MTIA, CCT, PSA, or 103-12 IE: WILSHIRE MM LONG DUR CREDIT 1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
38-7275348-001	C	8068760

a Name of MTIA, CCT, PSA, or 103-12 IE: WILSHIRE MMGR DIVERS CREDIT 1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
38-7275321-001	C	2038450

a Name of MTIA, CCT, PSA, or 103-12 IE: WILSHIRE MMGR INTL EQUITY 1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
38-7275323-001	C	886382

a Name of MTIA, CCT, PSA, or 103-12 IE: WILSHIRE MMGR REAL ASSET 1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
38-7289847-001	C	720309

a Name of MTIA, CCT, PSA, or 103-12 IE: WILSHIRE MMGR US LC EQUITY 1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
38-7275320-001	C	1071063

a Name of MTIA, CCT, PSA, or 103-12 IE: WILSHIRE MMGR US SMID CAP EQ 1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST

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)
38-7275319-001	C	115409

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TOLEDO TECHNOLOGIES HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 110

C Plan sponsor's name as shown on line 2a of Form 5500
GT TECHNOLOGIES, INC

D Employer Identification Number (EIN)
34-1526359

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	14049954	14547084
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	84380	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	14134334	14547084
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	14134334	14547084

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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1711587
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1711587
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1157205	
(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)		1157205
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)	32878	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	11250	
(5) Investment advisory and investment management fees	2i(5)	75668	
(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)	21836	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		141632
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1298837
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		412750
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PLANTE AND MORAN, PLLC **(2)** EIN: 33-1498605

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587882.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TOLEDO TECHNOLOGIES HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 110

C Plan sponsor's name as shown on line 2a of Form 5500
GT TECHNOLOGIES, INC

D Employer Identification Number (EIN)
34-1526359

Part I Distributions

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

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

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

EIN(s): 80-0709115

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Toledo Technologies Hourly Pension Plan

Financial Report

December 31, 2025

Toledo Technologies Hourly Pension Plan

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Independent Auditor's Report

To the Plan Administrator
Toledo Technologies Hourly Pension Plan

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

We have performed audits of the financial statements of Toledo Technologies Hourly Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024 and the related statement of changes in accumulated plan benefits for the year 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended stating that the certified investment information, as described in Note 3 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 Audits of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- 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 Audits 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.

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Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 audits 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 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 GAAP.

Accordingly, the objective of the 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 GAAP.

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

To the Plan Administrator
Toledo Technologies Hourly Pension Plan

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year as of December 31, 2025 and reportable transactions for the year ended December 31, 2025 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL'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 DOL'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 DOL'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).

Plante & Moran, PLLC

Flint, Michigan
October 12, 2026

Toledo Technologies Hourly Pension Plan

Statement of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value:		
Common collective trust funds	$ 14,464,140	$ 14,049,954
Interest-bearing cash	82,944	84,380
Total investments at fair value	14,547,084	14,134,334
Net Assets Available for Benefits	**$ 14,547,084**	**$ 14,134,334**

See notes to financial statements.

Toledo Technologies Hourly Pension Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions - Net realized and unrealized gains on investments	$ 1,711,588	$ 888,883
Deductions		
Benefits paid directly to participants or beneficiaries	1,157,205	1,011,921
Administrative expenses	141,633	109,776
Total deductions	1,298,838	1,121,697
Net Increase (Decrease)	412,750	(232,814)
Net Assets Available for Benefits		
Beginning of year	14,134,334	14,367,148
End of year	**$ 14,547,084**	**$ 14,134,334**

See notes to financial statements.

Toledo Technologies Hourly Pension Plan

Statement of Accumulated Plan Benefits

December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefit payments	$	9,581,087
Other vested participants		3,515,864
Total vested benefits		13,096,951
Nonvested benefits		196,364
Total Actuarial Present Value of Accumulated Plan Benefits	**$**	**13,293,315**

See notes to financial statements.

Toledo Technologies Hourly Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	$	14,643,053
Increase (decrease) during the year attributable to:		
Interest accumulation		707,064
Benefits paid		(1,011,921)
Changes in actuarial assumptions		(852,016)
Actuarial experience gains and losses - Net		(192,865)
Net decrease		(1,349,738)
Actuarial Present Value of Accumulated Plan Benefits - End of year	**$**	**13,293,315**

See notes to financial statements.

Note 1 - Plan Description

The following description of Toledo Technologies Hourly Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan sponsored by GT Technologies, Inc. (the "Company"). The administrative committee of the Plan and the plan administrator control and manage the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Eligibility and Vesting

Generally, all hourly employees represented by either the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America Local Toledo Stamping Division No. 12 and Precision Components Division Local Union No. 12 (collectively, UAW Local 12) or UAW Local No. 4444 (UAW Local 4444) are eligible to participate in the Plan.

Any employee of UAW Local 12 hired or rehired after April 1, 2007 shall not be eligible to participate in the Plan and earn additional credited years of service. In addition, any employee of UAW Local 4444 hired after May 1, 2008 shall not be eligible to participate in the Plan.

Employees are fully vested for normal retirement benefits after five years of service. There is no partial vesting of benefits.

Pension Benefits

The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement, death, and disability benefits. The individual pension benefit is equal to credited service times a monthly pension basic benefit. Special provisions for retirement at other than the normal retirement age, as well as death and disability provisions, are described in the Plan and union agreements. Employees with at least 10 years of vesting service and who are age 55 may elect early retirement at a reduced monthly retirement benefit payable immediately after attaining age 55 in accordance with the plan document.

For participants included in the UAW Local 4444 union and UAW Local 12 union, the monthly pension basic benefit rate that is multiplied by participants' credited years of service is $38 and $32, respectively.

Participants in UAW Local 12 with less than 30 years of credited service receive their pension supplement benefit on the first day following the later of their 58th birthday or their retirement date through the participants' 62nd birthday.

Payment of Benefits

Distributions are payable upon retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested value of the participant's accumulated plan benefits if less than $5,000 or in various installment annuities.

Note 1 - Plan Description (Continued)

Party-in-interest Transactions

Certain plan assets are in investment funds managed by John Hancock Trust Company LLC. John Hancock Trust Company LLC is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines. The Company also paid certain administrative fees on behalf of the Plan.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The Plan's investments are stated at fair value. The common collective trust funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. The interest-bearing cash is valued at fair value based on its outstanding balance. See Note 4 for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Benefit Payments

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to the following:

(a) Retired or terminated employees or their beneficiaries
(b) Beneficiaries of employees who have died
(c) Present employees or their beneficiaries

Benefits are calculated based on active employees' credited years of service multiplied by a specified pension multiplier.

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2024 are summarized as follows:

Actuarial cost method	Standard unit credit cost method
Interest rate	5.65 percent per annum
Mortality basis	Amounts-weighted aggregate rates from the Pri-2012 mortality study with blue collar adjustments projected generationally from 2012 with scale MP-2021
	Amounts-weighted aggregate disabled retiree rates from the Pri-2012 mortality study projected generationally from 2012 using scale MP-2021
Retirement	Normal retirement age of 65, but in no case earlier than age of 55

The decrease in accumulated plan benefits due to changes in actuarial assumptions for the 2024 valuation was due to a change in the interest rate of 5.00 percent per annum to 5.65 percent per annum.

Note 2 - Summary of Significant Accounting Policies (Continued)

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.

As discussed in Note 5, the Company elected to terminate the Plan subsequent to December 31, 2025. The effect of the termination is not reflected in the December 31, 2024 valuation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plan and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 12, 2026, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

John Hancock Trust Company LLC (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, supplemental schedule of assets held at end of year, and supplemental schedule of reportable transactions, are based solely on information certified by the Trustee.

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Note 4 - Fair Value Measurements (Continued)

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2025 and 2024:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2025	
	Investments (at Fair Value)	Level 2
Interest-bearing cash	$ 82,944	$ 82,944
Investments measured at NAV:		
Common collective trust funds (1)	13,743,831	
Common collective trust funds (2)	720,309	
Total investments at fair value	$ 14,547,084	

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2024	
	Investments (at Fair Value)	Level 2
Interest-bearing cash	$ 84,380	$ 84,380
Investments measured at NAV:		
Common collective trust funds (1)	12,843,486	
Common collective trust funds (2)	1,206,468	
Total investments at fair value	$ 14,134,334	

(1) This class represents investments in actively managed common collective trust funds that are direct filing entities.

(2) This class represents investments in actively managed common collective trust funds with investments in real estate. The investments may include real estate property or real estate investment funds.

There were no unfunded commitments or redemption restrictions on the investments described above.

Note 5 - Plan Termination

Effective May 15, 2026, the Company, as the plan sponsor, passed a resolution exercising its right to terminate the Plan with an effective date of August 31, 2026, in accordance with the Pension Benefit Guaranty Corporation (PBGC) provisions and reporting requirements. The net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations. As of the effective date of the termination, participants became 100 percent vested in plan benefits. As the decision to terminate the Plan occurred after December 31, 2025, the impact of the plan termination is not reflected in the Plan's financial statements as of December 31, 2025.

Subsequent to December 31, 2025, the Plan adopted the liquidation basis of accounting. Liquidation of assets through distributions to participants is expected to occur during 2026 and 2027 through offering lump sum distributions to participants and purchasing annuity contracts for the remaining accumulated plan benefits.

Note 6 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Accordingly, no provision for income taxes has been made in the accompanying financial statements. Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Toledo Technologies Hourly Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 34-1526359, Plan No. 110
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Common collective trust funds:		
John Hancock Trust Company LLC	BlackRock Equity Index Cl 1	$ 793,931	$ 1,195,829
	BR MSCI ACWI exUS Index Fee R	254,834	367,939
	Wilshire MM Long Duration Credit 1	7,494,303	8,068,760
	Wilshire MMgr Diverse Credit 1	1,694,127	2,038,450
	Wilshire MMgr International Equity 1	595,194	886,382
	Wilshire MMgr Real Asset 1	578,635	720,309
	Wilshire MMgr US Large Cap Equity 1	690,234	1,071,063
	Wilshire MMgr US Small-Mid Cap Equity 1	92,246	115,408
John Hancock Trust Company LLC	Interest-bearing cash	82,944	82,944
	Total	**$ 12,276,448**	**$ 14,547,084**

Toledo Technologies Hourly Pension Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 34-1526359, Plan No. 110
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
John Hancock Trust Company LLC	Wilshire MM Long Duration Credit 1	$ 2,300,604	$ -	$ 2,300,604	$ 2,300,604	$ -
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
John Hancock Trust Company LLC	Wilshire MM Long Duration Credit 1:					
	Purchases - 10	2,883,789	-	2,883,789	2,883,789	-
	Sales - 37	-	892,569	852,067	892,569	40,502
John Hancock Trust Company LLC	BlackRock Equity Index Cl 1:					
	Purchases - 5	178,481	-	178,481	178,481	-
	Sales - 42	-	743,053	519,303	743,053	223,750
John Hancock Trust Company LLC	Wilshire MMgr US Large Cap Equity 1:					
	Purchases - 6	129,086	-	129,086	129,086	-
	Sales - 41	-	809,482	564,201	809,482	245,281

There were no Category (ii) or (iv) reportable transactions during the year.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

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

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Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor after applying ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Optional Payment Form Election Percentage	50% elect single life annuity 50% elect automatic Joint and Survivor option
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).
Disabled	Revenue Ruling 96-7 mortality table for disability before January 1, 1995
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

For ERISA Requirements

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Market value of assets
Trust Expenses Included in Target Normal Cost	$104,000 Based on the prior year actual plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year, rounded to the nearest $1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates

Age	Rate
50	10.00%
51	10.00%
52	10.00%
53	10.00%
54	10.00%
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	10.00%
62	25.00%
63	25.00%
64	25.00%
65	75.00%
66	25.00%
67+	100.00%

Table 2—Page 1 of 4

Withdrawal Rates—Male

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	15.00%	12.90%	12.90%	12.90%
16	15.00%	12.90%	12.90%	12.90%
17	15.00%	12.90%	12.90%	12.90%
18	15.00%	12.90%	12.90%	12.90%
19	15.00%	12.90%	12.90%	12.90%
20	15.00%	12.90%	12.90%	12.90%
21	15.00%	12.90%	12.90%	12.90%
22	15.00%	12.90%	12.90%	12.90%
23	15.00%	12.10%	12.10%	12.10%
24	15.00%	11.20%	11.20%	11.20%
25	15.00%	10.40%	10.40%	10.40%
26	15.00%	10.00%	9.50%	9.50%
27	15.00%	10.00%	8.70%	8.70%
28	15.00%	10.00%	8.20%	8.20%
29	15.00%	10.00%	7.70%	7.70%
30	15.00%	10.00%	7.10%	7.10%
31	15.00%	10.00%	6.60%	6.60%
32	15.00%	10.00%	6.10%	6.10%
33	15.00%	10.00%	5.70%	5.70%
34	15.00%	10.00%	5.30%	5.30%
35	15.00%	10.00%	5.00%	4.90%
36	15.00%	10.00%	5.00%	4.50%
37	15.00%	10.00%	5.00%	4.10%
38	15.00%	10.00%	5.00%	3.80%
39	15.00%	10.00%	5.00%	3.40%
40	15.00%	10.00%	5.00%	3.10%
41	15.00%	10.00%	5.00%	2.70%
42	15.00%	10.00%	5.00%	2.40%
43	15.00%	10.00%	5.00%	2.20%
44	15.00%	10.00%	5.00%	1.90%

Table 2—Page 2 of 4

Withdrawal Rates—Male

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	15.00%	10.00%	5.00%	1.70%
46	15.00%	10.00%	5.00%	1.40%
47	15.00%	10.00%	5.00%	1.20%
48	15.00%	10.00%	5.00%	1.00%
49	15.00%	10.00%	5.00%	0.70%
50	15.00%	10.00%	5.00%	0.50%
51	15.00%	10.00%	5.00%	0.20%
52+	15.00%	10.00%	5.00%	0.00%

Table 2—Page 3 of 4

Withdrawal Rates—Female

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	20.90%	20.90%	20.90%	20.90%
16	20.90%	20.90%	20.90%	20.90%
17	20.90%	20.90%	20.90%	20.90%
18	20.90%	20.90%	20.90%	20.90%
19	20.90%	20.90%	20.90%	20.90%
20	20.90%	20.90%	20.90%	20.90%
21	20.90%	20.90%	20.90%	20.90%
22	20.90%	20.90%	20.90%	20.90%
23	19.30%	19.30%	19.30%	19.30%
24	17.70%	17.70%	17.70%	17.70%
25	16.10%	16.10%	16.10%	16.10%
26	15.00%	14.50%	14.50%	14.50%
27	15.00%	12.90%	12.90%	12.90%
28	15.00%	12.10%	12.10%	12.10%
29	15.00%	11.20%	11.20%	11.20%
30	15.00%	10.40%	10.40%	10.40%
31	15.00%	10.10%	10.10%	10.10%
32	15.00%	10.00%	9.90%	9.90%
33	15.00%	10.00%	9.60%	9.60%
34	15.00%	10.00%	9.30%	9.30%
35	15.00%	10.00%	9.10%	9.10%
36	15.00%	10.00%	8.80%	8.80%
37	15.00%	10.00%	8.50%	8.50%
38	15.00%	10.00%	8.30%	8.30%
39	15.00%	10.00%	8.00%	8.00%
40	15.00%	10.00%	7.80%	7.80%
41	15.00%	10.00%	7.50%	7.50%
42	15.00%	10.00%	7.20%	7.20%
43	15.00%	10.00%	7.00%	7.00%
44	15.00%	10.00%	6.70%	6.70%

Table 2—Page 4 of 4

Withdrawal Rates—Female

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	15.00%	10.00%	6.40%	6.40%
46	15.00%	10.00%	5.50%	5.50%
47	15.00%	10.00%	5.00%	4.60%
48	15.00%	10.00%	5.00%	3.70%
49	15.00%	10.00%	5.00%	2.80%
50	15.00%	10.00%	5.00%	1.80%
51	15.00%	10.00%	5.00%	0.90%
52+	15.00%	10.00%	5.00%	0.00%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.1287%	0.0630%	45	0.5951%	0.5357%
16	0.1287%	0.0630%	46	0.6440%	0.5756%
17	0.1287%	0.0630%	47	0.6930%	0.6156%
18	0.1287%	0.0630%	48	0.7880%	0.6914%
19	0.1287%	0.0630%	49	0.8831%	0.7672%
20	0.1287%	0.0630%	50	0.9781%	0.8429%
21	0.1287%	0.0630%	51	1.0732%	0.9187%
22	0.1287%	0.0630%	52	1.1682%	0.9945%
23	0.1370%	0.0715%	53	1.3433%	1.1198%
24	0.1453%	0.0799%	54	1.5185%	1.2451%
25	0.1535%	0.0884%	55	1.6936%	1.3703%
26	0.1618%	0.0968%	56	1.8688%	1.4956%
27	0.1701%	0.1053%	57	2.0439%	1.6209%
28	0.1796%	0.1211%	58	2.1785%	1.6387%
29	0.1892%	0.1370%	59	2.3132%	1.6565%
30	0.1987%	0.1528%	60	2.4478%	1.6744%
31	0.2083%	0.1687%	61	2.5825%	1.6922%
32	0.2178%	0.1845%	62	2.7171%	1.7100%
33	0.2354%	0.2034%	63	2.8517%	1.7278%
34	0.2531%	0.2223%	64	2.9864%	1.7456%
35	0.2707%	0.2412%	65+	3.1210%	1.9238%
36	0.2884%	0.2601%			
37	0.3060%	0.2790%			
38	0.3344%	0.3064%			
39	0.3629%	0.3337%			
40	0.3913%	0.3611%			
41	0.4198%	0.3884%			
42	0.4482%	0.4158%			
43	0.4972%	0.4558%			
44	0.5461%	0.4957%			

Toledo Technologies Hourly Pension Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 34-1526359, Plan No. 110
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
John Hancock Trust Company LLC	Wilshire MM Long Duration Credit 1	$ 2,300,604	$ -	$ 2,300,604	$ 2,300,604	$ -
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
John Hancock Trust Company LLC	Wilshire MM Long Duration Credit 1:					
	Purchases - 10	2,883,789	-	2,883,789	2,883,789	-
	Sales - 37	-	892,569	852,067	892,569	40,502
John Hancock Trust Company LLC	BlackRock Equity Index Cl 1:					
	Purchases - 5	178,481	-	178,481	178,481	-
	Sales - 42	-	743,053	519,303	743,053	223,750
John Hancock Trust Company LLC	Wilshire MMgr US Large Cap Equity 1:					
	Purchases - 6	129,086	-	129,086	129,086	-
	Sales - 41	-	809,482	564,201	809,482	245,281

There were no Category (ii) or (iv) reportable transactions during the year.

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
TOLEDO TECHNOLOGIES HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 110

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GT TECHNOLOGIES INC.

D Employer Identification Number (EIN)
34-1526359

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	14,134,334
b Actuarial value	**2b**	14,134,334

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	121	9,975,973	9,975,973
b For terminated vested participants	57	1,425,159	1,425,159
c For active participants	28	2,252,606	2,460,904
d Total	206	13,653,738	13,862,036

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	79,973
b Expected plan-related expenses	**6b**	104,000
c Target normal cost	**6c**	183,973

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 MELISSA PANE MP — Signature of actuary — 08/07/2026 — Date

MELISSA PANE — Type or print name of actuary — 2608587 — Most recent enrollment number

AON CONSULTING, INC. — Firm name — 973-463-6165 — Telephone number (including area code)

MSC # 17741, PO BOX 6718

SOMERSET NJ 08875 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,258
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1,258
10	Interest on line 9 using prior year's actual return of 6.58 %	0	83
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,341

Part III Funding Percentages

14	Funding target attainment percentage	14	101.95 %
15	Adjusted funding target attainment percentage	15	101.96 %
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	101.97 %
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 [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	183,973
b Excess assets, if applicable, but not greater than line 31a	**31b**	183,973

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	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 SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the plan was originally issued September 29, 2025. Valuation results were updated to reflect updates to the census data and change in asset valuation method to market value of assets. The AFTAP was not recertified because the change to the AFTAP was not material. The inputs used in the AFTAP certification are outlined below:

Adjusted Funding Target Attainment Percentage ("AFTAP")	Certified 9/29/2025	Reported on Line 15
a) Funding Target	$14,013,205	$13,862,036
b) Value of Plan Assets	$13,708,109	$14,134,334
c) Funding Balances	$1,341	$1,341
d) AFTAP	97.81%	101.96%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	5.00%	0.9039	2.73
61.5	10.00%	0.8587	5.28
62.5	25.00%	0.7729	12.08
63.5	25.00%	0.5796	9.20
64.5	25.00%	0.4347	7.01
65.5	75.00%	0.3260	16.02
66.5	25.00%	0.0815	1.36
67	100.00%	0.0611	4.10
	Weighted Average		63.30

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

Schedule SB, line 23 — Information on Use of Multiple Sets of Mortality Tables

The 2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii) was used for healthy lives while the Revenue Ruling 96-7 Mortality Table was used for disabled lives. Currently there are two disabled lives in this population.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor after applying ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Optional Payment Form Election Percentage	50% elect single life annuity 50% elect automatic Joint and Survivor option
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).
Disabled	Revenue Ruling 96-7 mortality table for disability before January 1, 1995
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

For ERISA Requirements

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Market value of assets
Trust Expenses Included in Target Normal Cost	$104,000 Based on the prior year actual plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year, rounded to the nearest $1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates

Age	Rate
50	10.00%
51	10.00%
52	10.00%
53	10.00%
54	10.00%
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	5.00%
61	10.00%
62	25.00%
63	25.00%
64	25.00%
65	75.00%
66	25.00%
67+	100.00%

Table 2—Page 1 of 4

Withdrawal Rates—Male

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	15.00%	12.90%	12.90%	12.90%
16	15.00%	12.90%	12.90%	12.90%
17	15.00%	12.90%	12.90%	12.90%
18	15.00%	12.90%	12.90%	12.90%
19	15.00%	12.90%	12.90%	12.90%
20	15.00%	12.90%	12.90%	12.90%
21	15.00%	12.90%	12.90%	12.90%
22	15.00%	12.90%	12.90%	12.90%
23	15.00%	12.10%	12.10%	12.10%
24	15.00%	11.20%	11.20%	11.20%
25	15.00%	10.40%	10.40%	10.40%
26	15.00%	10.00%	9.50%	9.50%
27	15.00%	10.00%	8.70%	8.70%
28	15.00%	10.00%	8.20%	8.20%
29	15.00%	10.00%	7.70%	7.70%
30	15.00%	10.00%	7.10%	7.10%
31	15.00%	10.00%	6.60%	6.60%
32	15.00%	10.00%	6.10%	6.10%
33	15.00%	10.00%	5.70%	5.70%
34	15.00%	10.00%	5.30%	5.30%
35	15.00%	10.00%	5.00%	4.90%
36	15.00%	10.00%	5.00%	4.50%
37	15.00%	10.00%	5.00%	4.10%
38	15.00%	10.00%	5.00%	3.80%
39	15.00%	10.00%	5.00%	3.40%
40	15.00%	10.00%	5.00%	3.10%
41	15.00%	10.00%	5.00%	2.70%
42	15.00%	10.00%	5.00%	2.40%
43	15.00%	10.00%	5.00%	2.20%
44	15.00%	10.00%	5.00%	1.90%

Table 2—Page 2 of 4

Withdrawal Rates—Male

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	15.00%	10.00%	5.00%	1.70%
46	15.00%	10.00%	5.00%	1.40%
47	15.00%	10.00%	5.00%	1.20%
48	15.00%	10.00%	5.00%	1.00%
49	15.00%	10.00%	5.00%	0.70%
50	15.00%	10.00%	5.00%	0.50%
51	15.00%	10.00%	5.00%	0.20%
52+	15.00%	10.00%	5.00%	0.00%

Table 2—Page 3 of 4

Withdrawal Rates—Female

	Years of Service			
Age	**0**	**1**	**2**	**3+**
15	20.90%	20.90%	20.90%	20.90%
16	20.90%	20.90%	20.90%	20.90%
17	20.90%	20.90%	20.90%	20.90%
18	20.90%	20.90%	20.90%	20.90%
19	20.90%	20.90%	20.90%	20.90%
20	20.90%	20.90%	20.90%	20.90%
21	20.90%	20.90%	20.90%	20.90%
22	20.90%	20.90%	20.90%	20.90%
23	19.30%	19.30%	19.30%	19.30%
24	17.70%	17.70%	17.70%	17.70%
25	16.10%	16.10%	16.10%	16.10%
26	15.00%	14.50%	14.50%	14.50%
27	15.00%	12.90%	12.90%	12.90%
28	15.00%	12.10%	12.10%	12.10%
29	15.00%	11.20%	11.20%	11.20%
30	15.00%	10.40%	10.40%	10.40%
31	15.00%	10.10%	10.10%	10.10%
32	15.00%	10.00%	9.90%	9.90%
33	15.00%	10.00%	9.60%	9.60%
34	15.00%	10.00%	9.30%	9.30%
35	15.00%	10.00%	9.10%	9.10%
36	15.00%	10.00%	8.80%	8.80%
37	15.00%	10.00%	8.50%	8.50%
38	15.00%	10.00%	8.30%	8.30%
39	15.00%	10.00%	8.00%	8.00%
40	15.00%	10.00%	7.80%	7.80%
41	15.00%	10.00%	7.50%	7.50%
42	15.00%	10.00%	7.20%	7.20%
43	15.00%	10.00%	7.00%	7.00%
44	15.00%	10.00%	6.70%	6.70%

Table 2—Page 4 of 4

Withdrawal Rates—Female

	Years of Service			
Age	**0**	**1**	**2**	**3+**
45	15.00%	10.00%	6.40%	6.40%
46	15.00%	10.00%	5.50%	5.50%
47	15.00%	10.00%	5.00%	4.60%
48	15.00%	10.00%	5.00%	3.70%
49	15.00%	10.00%	5.00%	2.80%
50	15.00%	10.00%	5.00%	1.80%
51	15.00%	10.00%	5.00%	0.90%
52+	15.00%	10.00%	5.00%	0.00%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.1287%	0.0630%	45	0.5951%	0.5357%
16	0.1287%	0.0630%	46	0.6440%	0.5756%
17	0.1287%	0.0630%	47	0.6930%	0.6156%
18	0.1287%	0.0630%	48	0.7880%	0.6914%
19	0.1287%	0.0630%	49	0.8831%	0.7672%
20	0.1287%	0.0630%	50	0.9781%	0.8429%
21	0.1287%	0.0630%	51	1.0732%	0.9187%
22	0.1287%	0.0630%	52	1.1682%	0.9945%
23	0.1370%	0.0715%	53	1.3433%	1.1198%
24	0.1453%	0.0799%	54	1.5185%	1.2451%
25	0.1535%	0.0884%	55	1.6936%	1.3703%
26	0.1618%	0.0968%	56	1.8688%	1.4956%
27	0.1701%	0.1053%	57	2.0439%	1.6209%
28	0.1796%	0.1211%	58	2.1785%	1.6387%
29	0.1892%	0.1370%	59	2.3132%	1.6565%
30	0.1987%	0.1528%	60	2.4478%	1.6744%
31	0.2083%	0.1687%	61	2.5825%	1.6922%
32	0.2178%	0.1845%	62	2.7171%	1.7100%
33	0.2354%	0.2034%	63	2.8517%	1.7278%
34	0.2531%	0.2223%	64	2.9864%	1.7456%
35	0.2707%	0.2412%	65+	3.1210%	1.9238%
36	0.2884%	0.2601%			
37	0.3060%	0.2790%			
38	0.3344%	0.3064%			
39	0.3629%	0.3337%			
40	0.3913%	0.3611%			
41	0.4198%	0.3884%			
42	0.4482%	0.4158%			
43	0.4972%	0.4558%			
44	0.5461%	0.4957%			

Schedule SB, Part V — Summary of Plan Provisions

UAW Local No. 12

Effective Date	Amended and restated effective January 1, 2015.
Participation	Members of UAW Local No. 12 on date that unit began participating or hired at a later date. Participation in the plan was closed for new hires after April 1, 2007.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly pension equal to a dollar amount multiplied by the number of years of credited service. The dollar amount is determined according to the following table:

Effective Date	Dollar Amount
	TSD Employees
After 4/1/2003	$24.00
After 4/1/2004	$26.00
After 4/1/2005	$27.00
After 4/1/2010	$28.00
After 4/1/2012	$29.00
After 4/1/2016	$30.00
After 4/10/2019	$32.00
	PCD Employees
After 4/1/2003	$20.00
After 4/1/2004	$22.00
After 4/1/2005	$23.00
After 6/18/2007	$27.00
After 4/11/2010	$28.00
After 4/11/2012	$29.00
After 4/1/2016	$30.00
After 4/10/2019	$32.00

Early Retirement

Eligibility	Age 55 and 10 years of credited service.
Benefit	The monthly early retirement benefit is equal to the accrued normal retirement benefit reduced 0.5% for each month that benefit payments precede age 58. For retirements on or after April 1, 1988, with 30 years of credited service, no reductions apply.

Disability Retirement

Eligibility	Ten years of credited service and total and permanent disability for five continuous months.
Benefit	The monthly disability retirement benefit is equal to the accrued normal retirement benefit. This amount is doubled until the participant becomes eligible for the unreduced Social Security benefit or reaches age 65, whichever occurs first.

Pension Supplement

Eligibility	Early retirement or disability retirement.
Benefit	A monthly pension payable from the later of participant commencement date or age 55 to age 62 (age 58 to age 62 if less than 30 years credited service) equal to a dollar amount multiplied by the number of years of credited service. The dollar amount is determined according to the following table:

Effective Date	Dollar Amount
	TSD Employees
Before 4/1/2004	$16.00
After 4/1/2004	$18.00
After 4/1/2010	$19.00
After 4/1/2012	$20.00
After 4/1/2016	$25.00
	PCD Employees
Before 4/1/2002	$15.00
After 4/1/2002	$16.00
After 4/1/2004	$17.00
After 4/1/2005	$18.00
After 4/11/2010	$19.00
After 4/11/2002	$20.00
After 4/12/2016	$25.00

Termination Benefit	
Eligibility	Five years of eligibility service.
Benefit	The monthly termination benefit is calculated as the normal retirement benefit, payable at normal retirement age. If a participant meets the service requirement for early retirement, the monthly termination benefit is equal to the accrued normal retirement benefit, payable after age 55 and reduced by 0.5% for each month that benefit commencement precedes age 65.
Preretirement Surviving Spouse Benefit	
Eligibility	Five years of eligibility service on date of death.
Benefit	60% of the benefit the participant would receive had he retired on the day of his death, survived to age 55 and elected the 60% contingent annuitant option.
Medicare Supplement	
Eligibility	Normal, Early, Deferred, or Disability retirement and age 65.
Benefit	
TSD Employees	$75 per month.
PCD Employees	$75 per month.
Unreduced Form of Payment	Life annuity.
Normal Form of Payment	
With Eligible Spouse	60% contingent annuitant option.
Without Eligible Spouse	Life annuity.
Optional Forms of Payment	75% contingent annuitant option.
Definitions	
Credited Service	Any calendar year in which the employee has 1,600 or more hours of service is counted as a full year toward credited service. For a calendar year with less than 1,600 compensated hours, 1/12 year of credit is given for every 133 hours, with an additional 1/12 year if the remaining hours are 67 or more.
Eligibility Service	Eligibility service is credited only for each year in which the employee received compensation for 1,000 or more hours. If at retirement or termination eligibility service is less than credited service, eligibility service is set equal to credited service.

UAW Local No. 4444

Effective Date

Amended and restated effective January 1, 2015.

Participation

Members of UAW Local No. 4444 on date that unit began participating or hire date.

Participation in the plan was closed for new hires after May 1, 2008.

Normal Retirement

Eligibility

Age 65.

Benefit

A monthly pension equal to a dollar amount multiplied by the number of years of credited service. The dollar amount is determined according to the following table:

Effective Date	Dollar Amount
After 5/1/2001	$26.00
After 5/1/2004	$28.00
After 5/1/2005	$29.00
After 5/1/2006	$29.50
After 5/1/2007	$30.00
After 5/1/2008	$34.00
After 7/1/2012	$35.00
After 5/1/2016	$36.00
After 5/1/2018	$36.50
After 2/28/2019	$37.00
After 2/28/2020	$37.50
After 2/28/2021	$38.00

Early Retirement

Eligibility

Age 55 and 10 years of credited service.

Benefit

The monthly early retirement benefit is equal to the accrued normal retirement benefit, reduced by 0.5% for each month that benefit payments precede age 58 (unreduced at age 55 if 30 years of credited service).

Disability Retirement

Eligibility

Ten years of credited service and total and permanent disability for 5 continuous months.

Benefit

The monthly disability retirement benefit is equal to the accrued normal retirement benefit. This amount is doubled until the participant becomes eligible for the unreduced Social Security benefit or reaches age 65, whichever occurs first.

Pension Supplement

Eligibility	Early retirement or disability retirement.
Benefit	A monthly pension payable from the later of participant commencement date or age 55 to age 62 (age 60 to age 62 if less than 30 years credited service) equal to a dollar amount multiplied by the number of years of credited service. The dollar amount is determined according to the following table:

Effective Date	Dollar Amount
After 5/1/2002	$14.00
After 5/1/2004	$16.00
After 5/1/2005	$17.00
After 5/1/2006	$17.50
After 5/1/2007	$18.00
After 5/1/2008	$21.00
After 5/1/2015	$25.00

Termination Benefit

Eligibility	Five years of eligibility service.
Benefit	The monthly termination benefit is calculated as the normal retirement benefit, payable at normal retirement age. If a participant meets the service requirement for early retirement, the monthly termination benefit is equal to the accrued normal retirement benefit, payable after age 55 and reduced by 0.5% for each month that benefit commencement precedes age 65.

Preretirement Surviving Spouse Benefit

Eligibility	Five years of eligibility service on date of death.
Benefit	60% (65% after May 1, 2015) of the benefit the participant would receive had he retired on the day of his death, survived to age 55 and elected the 60% (65% after May 1, 2015) contingent annuitant option.

Medicare Supplement

Eligibility	Normal, Early, Deferred or Disability retirement and age 65.
Benefit	$85 per month.

Unreduced Form of Payment	Life annuity.

Normal Form of Payment	
With Eligible Spouse	60% (65% after May 1, 2015) contingent annuitant option.
Without Eligible Spouse	Life annuity.
Optional Forms of Payment	75% contingent annuitant option.
Definitions	
Credited Service	Any calendar year in which the employee has 1,600 or more compensated hours is counted as a full year toward credited service. For a calendar year with less than 1,600 compensated hours, 1/12 year of credit is given for every 133 hours.
Eligibility Service	Eligibility service is credited a year for each year in which the employee received compensation for 1,000 or more hours. If at retirement or termination eligibility service is less than credited service, eligibility service is set equal to credited service.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB, line 25 — Change in Method

The funding valuation reflects the following method change:

- A change in the asset valuation method to market value of assets. This change meets the conditions for automatic approval provided in IRS Rev. Proc. 2017-56.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

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

N-28

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the plan was originally issued September 29, 2025. Valuation results were updated to reflect updates to the census data and change in asset valuation method to market value of assets. The AFTAP was not recertified because the change to the AFTAP was not material. The inputs used in the AFTAP certification are outlined below:

Adjusted Funding Target Attainment Percentage ("AFTAP")	Certified 9/29/2025	Reported on Line 15
a) Funding Target	$14,013,205	$13,862,036
b) Value of Plan Assets	$13,708,109	$14,134,334
c) Funding Balances	$1,341	$1,341
d) AFTAP	97.81%	101.96%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	5.00%	0.9039	2.73
61.5	10.00%	0.8587	5.28
62.5	25.00%	0.7729	12.08
63.5	25.00%	0.5796	9.20
64.5	25.00%	0.4347	7.01
65.5	75.00%	0.3260	16.02
66.5	25.00%	0.0815	1.36
67	100.00%	0.0611	4.10
	Weighted Average		63.30

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

Schedule SB, Part V — Summary of Plan Provisions

UAW Local No. 12

Effective Date	Amended and restated effective January 1, 2015.
Participation	Members of UAW Local No. 12 on date that unit began participating or hired at a later date. Participation in the plan was closed for new hires after April 1, 2007.
Normal Retirement	
Eligibility	Age 65.
Benefit	A monthly pension equal to a dollar amount multiplied by the number of years of credited service. The dollar amount is determined according to the following table:

Effective Date	Dollar Amount
	TSD Employees
After 4/1/2003	$24.00
After 4/1/2004	$26.00
After 4/1/2005	$27.00
After 4/1/2010	$28.00
After 4/1/2012	$29.00
After 4/1/2016	$30.00
After 4/10/2019	$32.00
	PCD Employees
After 4/1/2003	$20.00
After 4/1/2004	$22.00
After 4/1/2005	$23.00
After 6/18/2007	$27.00
After 4/11/2010	$28.00
After 4/11/2012	$29.00
After 4/1/2016	$30.00
After 4/10/2019	$32.00

Early Retirement

Eligibility	Age 55 and 10 years of credited service.
Benefit	The monthly early retirement benefit is equal to the accrued normal retirement benefit reduced 0.5% for each month that benefit payments precede age 58. For retirements on or after April 1, 1988, with 30 years of credited service, no reductions apply.

Disability Retirement

Eligibility	Ten years of credited service and total and permanent disability for five continuous months.
Benefit	The monthly disability retirement benefit is equal to the accrued normal retirement benefit. This amount is doubled until the participant becomes eligible for the unreduced Social Security benefit or reaches age 65, whichever occurs first.

Pension Supplement

Eligibility	Early retirement or disability retirement.
Benefit	A monthly pension payable from the later of participant commencement date or age 55 to age 62 (age 58 to age 62 if less than 30 years credited service) equal to a dollar amount multiplied by the number of years of credited service. The dollar amount is determined according to the following table:

Effective Date	Dollar Amount
	TSD Employees
Before 4/1/2004	$16.00
After 4/1/2004	$18.00
After 4/1/2010	$19.00
After 4/1/2012	$20.00
After 4/1/2016	$25.00
	PCD Employees
Before 4/1/2002	$15.00
After 4/1/2002	$16.00
After 4/1/2004	$17.00
After 4/1/2005	$18.00
After 4/11/2010	$19.00
After 4/11/2002	$20.00
After 4/12/2016	$25.00

Termination Benefit	
Eligibility	Five years of eligibility service.
Benefit	The monthly termination benefit is calculated as the normal retirement benefit, payable at normal retirement age. If a participant meets the service requirement for early retirement, the monthly termination benefit is equal to the accrued normal retirement benefit, payable after age 55 and reduced by 0.5% for each month that benefit commencement precedes age 65.
Preretirement Surviving Spouse Benefit	
Eligibility	Five years of eligibility service on date of death.
Benefit	60% of the benefit the participant would receive had he retired on the day of his death, survived to age 55 and elected the 60% contingent annuitant option.
Medicare Supplement	
Eligibility	Normal, Early, Deferred, or Disability retirement and age 65.
Benefit	
TSD Employees	$75 per month.
PCD Employees	$75 per month.
Unreduced Form of Payment	Life annuity.
Normal Form of Payment	
With Eligible Spouse	60% contingent annuitant option.
Without Eligible Spouse	Life annuity.
Optional Forms of Payment	75% contingent annuitant option.
Definitions	
Credited Service	Any calendar year in which the employee has 1,600 or more hours of service is counted as a full year toward credited service. For a calendar year with less than 1,600 compensated hours, 1/12 year of credit is given for every 133 hours, with an additional 1/12 year if the remaining hours are 67 or more.
Eligibility Service	Eligibility service is credited only for each year in which the employee received compensation for 1,000 or more hours. If at retirement or termination eligibility service is less than credited service, eligibility service is set equal to credited service.

UAW Local No. 4444

Effective Date

Amended and restated effective January 1, 2015.

Participation

Members of UAW Local No. 4444 on date that unit began participating or hire date.

Participation in the plan was closed for new hires after May 1, 2008.

Normal Retirement

Eligibility

Age 65.

Benefit

A monthly pension equal to a dollar amount multiplied by the number of years of credited service. The dollar amount is determined according to the following table:

Effective Date	Dollar Amount
After 5/1/2001	$26.00
After 5/1/2004	$28.00
After 5/1/2005	$29.00
After 5/1/2006	$29.50
After 5/1/2007	$30.00
After 5/1/2008	$34.00
After 7/1/2012	$35.00
After 5/1/2016	$36.00
After 5/1/2018	$36.50
After 2/28/2019	$37.00
After 2/28/2020	$37.50
After 2/28/2021	$38.00

Early Retirement

Eligibility

Age 55 and 10 years of credited service.

Benefit

The monthly early retirement benefit is equal to the accrued normal retirement benefit, reduced by 0.5% for each month that benefit payments precede age 58 (unreduced at age 55 if 30 years of credited service).

Disability Retirement

Eligibility

Ten years of credited service and total and permanent disability for 5 continuous months.

Benefit

The monthly disability retirement benefit is equal to the accrued normal retirement benefit. This amount is doubled until the participant becomes eligible for the unreduced Social Security benefit or reaches age 65, whichever occurs first.

Pension Supplement

Eligibility	Early retirement or disability retirement.
Benefit	A monthly pension payable from the later of participant commencement date or age 55 to age 62 (age 60 to age 62 if less than 30 years credited service) equal to a dollar amount multiplied by the number of years of credited service. The dollar amount is determined according to the following table:

Effective Date	Dollar Amount
After 5/1/2002	$14.00
After 5/1/2004	$16.00
After 5/1/2005	$17.00
After 5/1/2006	$17.50
After 5/1/2007	$18.00
After 5/1/2008	$21.00
After 5/1/2015	$25.00

Termination Benefit

Eligibility	Five years of eligibility service.
Benefit	The monthly termination benefit is calculated as the normal retirement benefit, payable at normal retirement age. If a participant meets the service requirement for early retirement, the monthly termination benefit is equal to the accrued normal retirement benefit, payable after age 55 and reduced by 0.5% for each month that benefit commencement precedes age 65.

Preretirement Surviving Spouse Benefit

Eligibility	Five years of eligibility service on date of death.
Benefit	60% (65% after May 1, 2015) of the benefit the participant would receive had he retired on the day of his death, survived to age 55 and elected the 60% (65% after May 1, 2015) contingent annuitant option.

Medicare Supplement

Eligibility	Normal, Early, Deferred or Disability retirement and age 65.
Benefit	$85 per month.

Unreduced Form of Payment	Life annuity.

Normal Form of Payment	
With Eligible Spouse	60% (65% after May 1, 2015) contingent annuitant option.
Without Eligible Spouse	Life annuity.
Optional Forms of Payment	75% contingent annuitant option.
Definitions	
Credited Service	Any calendar year in which the employee has 1,600 or more compensated hours is counted as a full year toward credited service. For a calendar year with less than 1,600 compensated hours, 1/12 year of credit is given for every 133 hours.
Eligibility Service	Eligibility service is credited a year for each year in which the employee received compensation for 1,000 or more hours. If at retirement or termination eligibility service is less than credited service, eligibility service is set equal to credited service.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Toledo Technologies Hourly Pension Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 34-1526359, Plan No. 110
December 31, 2025

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Common collective trust funds:		
John Hancock Trust Company LLC	BlackRock Equity Index Cl 1	$ 793,931	$ 1,195,829
	BR MSCI ACWI exUS Index Fee R	254,834	367,939
	Wilshire MM Long Duration Credit 1	7,494,303	8,068,760
	Wilshire MMgr Diverse Credit 1	1,694,127	2,038,450
	Wilshire MMgr International Equity 1	595,194	886,382
	Wilshire MMgr Real Asset 1	578,635	720,309
	Wilshire MMgr US Large Cap Equity 1	690,234	1,071,063
	Wilshire MMgr US Small-Mid Cap Equity 1	92,246	115,408
John Hancock Trust Company LLC	Interest-bearing cash	82,944	82,944
	Total	**$ 12,276,448**	**$ 14,547,084**

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

Schedule SB, line 23 — Information on Use of Multiple Sets of Mortality Tables

The 2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii) was used for healthy lives while the Revenue Ruling 96-7 Mortality Table was used for disabled lives. Currently there are two disabled lives in this population.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Toledo Technologies Hourly Pension Plan
EIN: 34-1526359 PN: 110

Schedule SB, line 23 — Information on Use of Multiple Sets of Mortality Tables

The 2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii) was used for healthy lives while the Revenue Ruling 96-7 Mortality Table was used for disabled lives. Currently there are two disabled lives in this population.