# 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
ASSOCIATED SPRING UAW 629 PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 04/04/2024

**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)
ASSOCIATED SPRING US, LLC

801 W. BIG BEAVER ROAD
SUITE 300 - #337
TROY, MI 48084

**2b** Employer Identification Number (EIN)
99-1101264

**2c** Plan Sponsor's telephone number
414-510-8564

**2d** Business code (see instructions)
332900

**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 | KELLY KLUEGER |
| | **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: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 101 |
| **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)** | 101 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 98 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 1 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 100 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 100 |
| **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:

1B 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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(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)** [ ] **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
ASSOCIATED SPRING UAW 629 PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ASSOCIATED SPRING US, LLC

**D** Employer Identification Number (EIN)
99-1101264

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 6469236 |
| **b** Actuarial value | **2b** | 6469236 |

**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 | 0 | 0 | 0 |
| **b** For terminated vested participants | 0 | 0 | 0 |
| **c** For active participants | 101 | 5512939 | 6742942 |
| **d** Total | 101 | 5512939 | 6742942 |

**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** | 5.40 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 308599 |
| **b** Expected plan-related expenses | **6b** | 104000 |
| **c** Target normal cost | **6c** | 412599 |

**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

10/02/2026
Date

KATHLEEN BROPHY
Type or print name of actuary

26-08899
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

212-309-3965
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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) | 412735 | 105245 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 281392 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 131343 | 105245 |
| 10 | Interest on line 9 using prior year's actual return of 9.57 % | 17402 | 11301 |
| 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 5.32 % | | 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) | 148745 | 116546 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 92.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 92.00 % |
| 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 | 88.01 % |
| 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 |
|---|---|---|---|---|---|
| 10/15/2025 | 25796 | 0 | | | |
| 01/14/2026 | 99453 | 0 | | | |
| 09/15/2026 | 89356 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 214605 | 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 | 200617 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 5.00 % | 2nd segment: 5.27 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **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** | 412599 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 538997 | 53309 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ )_and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 465908 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 148745 | 116546 | 265291 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 200617 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 200617 |
| **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 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
ASSOCIATED SPRING UAW 629 PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ASSOCIATED SPRING US, LLC

**D** Employer Identification Number (EIN)
99-1101264

**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: DBGROWTH PORTFOLIO INSTITUTIONAL CL

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

| **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) |
|---|---|---|
| 82-0737797-187 | C | 2871343 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**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
ASSOCIATED SPRING UAW 629 PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED SPRING US, LLC

**D** Employer Identification Number (EIN)
99-1101264

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 188809 |
| **(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) | 26052 | 102832 |
| **(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) | 2664546 | 2871343 |
| **(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) | 3778638 | 4185715 |
| **(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 | 6469236 | 7348699 |
| **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 | 6469236 | 7348699 |

## 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) | 214605 | |
| **(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) | | 214605 |
| **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) | 163956 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 163956 |
| **(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) | | 433141 |
| (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) | | 111121 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 922823 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 8315 | |
| (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) | | 8315 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 50 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 50 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 8365 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 914458 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | 34995 |

## 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: COHNREZNICK LLP **(2)** EIN: 33-4144829

**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** | | | |
| **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) |
|---|---|---|
| ASSOCIATED SPRING PENSION PLAN FOR HOURLY RATE EMPLOYEES - MILWAUKEE USW 4547 | 99-1101264 | 004 |
| | | |
| | | |
| | | |

**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 589436.

# 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
ASSOCIATED SPRING UAW 629 PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED SPRING US, LLC

**D** Employer Identification Number (EIN)
99-1101264

## 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): _____ _____

**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_____.

# Associated Spring UAW 629 Pension Plan

## Financial Statements
## (With Supplementary Information)
## and Independent Auditor's Report

**December 31, 2025 and 2024**

CohnReznick

**Associated Spring UAW 629 Pension Plan**

**Index**


| | |
|---|---|
| Independent Auditor's Report | 2 |
| Statements of Net Assets Available for Benefits | 6 |
| Statements of Changes in Net Assets Available for Benefits | 7 |
| Notes to the Financial Statements | 8 |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 19 |

# Independent Auditor's Report

To the Plan Administrator of Associated Spring UAW 629 Pension Plan

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

We have performed audits of the financial statements of Associated Spring UAW 629 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)"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the year ended December 31, 2025 and for the period from April 4, 2024 to December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Associated Spring UAW 629 Pension 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 year ended December 31, 2025 and for the period from April 4, 2024 to December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

*Opinion*

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

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

*Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Associated Spring UAW 629 Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

*Responsibilities of Management for the Financial Statements*

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Associated Spring UAW 629 Pension Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Associated Spring UAW 629 Pension 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 Associated Spring UAW 629 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

*Other Matter - Supplemental Schedule Required by ERISA*

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule 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).



Hartford, Connecticut
October 7, 2026

**Associated Spring UAW 629 Pension Plan**

**Statements of Net Assets Available for Benefits**
**December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Interest-bearing cash | $ 102,832 | $ 26,052 |
| Investments, at fair value | 7,057,058 | 6,443,184 |
| **Receivables** | | |
| Employer contributions | 188,809 | - |
| **Total assets** | 7,348,699 | 6,469,236 |
| **Net assets available for benefits** | $ 7,348,699 | $ 6,469,236 |

See Notes to Financial Statements.

**Associated Spring UAW 629 Pension Plan**

**Statements of Changes in Net Assets Available for Benefits**
**Year Ended December 31, 2025 and**
**Period from April 4, 2024 to December 31, 2024**

| | 2025 | 2024 |
|---|---|---|
| **Additions** | | |
| **Investment income** | | |
| Interest and dividends | $ 163,956 | $ 270,455 |
| Net appreciation in fair value of investments | 544,262 | 159,018 |
| **Total investment income** | 708,218 | 429,473 |
| **Contributions** | | |
| Employer contributions | 214,605 | - |
| **Total additions** | 922,823 | 429,473 |
| **Deductions** | | |
| Benefits paid to participants | 8,315 | - |
| Administrative expenses | 50 | - |
| **Total deductions** | 8,365 | - |
| **Net increase prior to transfers** | 914,458 | 429,473 |
| Transfers (to) from another plan | (34,995) | 6,039,763 |
| Net assets available for benefits | | |
| Beginning of year | 6,469,236 | - |
| **End of year** | $ 7,348,699 | $ 6,469,236 |

See Notes to Financial Statements.

## 1. Description of Plan

The following description of the Associated Spring UAW 629 Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

On April 4, 2024, Associated Spring US, LLC (the "Company") completed its acquisition of the Associated Spring business from Barnes Group Inc. As part of this transaction, the Company assumed certain pension plan assets and liabilities related to active employees at the Associated Spring plant in Corry, Pennsylvania (the "Spin-Off Transaction"). Previously, these assets and liabilities were maintained under the Pension Plan established by Agreement between Barnes Group Inc. and The International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW and its Locals 38, 629, and 712 (the "Predecessor Plan").

To facilitate the Spin-Off Transaction, the Company established the Plan as a mirror of the Predecessor Plan. During 2024, assets totaling $6,039,763 were transferred from the Predecessor Plan into the Plan. The Plan is a noncontributory defined benefit plan covering certain hourly employees of the Company employed at the Corry, Pennsylvania facility, who are members of UAW Local 629 and have met the eligibility requirements of the Plan.

Effective June 1, 2025, the Plan was amended and restated pursuant to the 2025-2028 Pension Agreement between Associated Spring US, LLC and UAW Local 629. The amendment increased the monthly benefit multipliers applicable to eligible participants, modified certain early retirement provisions, and incorporated various administrative and technical updates.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Associated Spring Benefits Committee is responsible for oversight of the Plan, evaluates the Plan's investment offerings, and monitors investment performance.

### Funding policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement.

For the 2025 Plan year, the minimum required contribution was $465,908. The Company satisfied this requirement through the application of $148,745 and $116,546 of the Plan's carryover and prefunding balances, respectively, and cash contributions totaling $214,605, which were credited at a discounted value of $200,617 for minimum funding purposes.

For the 2024 Plan year, the minimum required contribution was $281,392. The Company elected to apply a portion of the carryover balance allocated to the Plan through the Spin-Off Transaction to satisfy this requirement.

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

**Pension benefits**
The Plan provides retirement income based on a formula that considers years of credited service and a fixed dollar multiplier.

For participants hired prior to September 1, 2010, the pension multiplier is as follows:

| Retirement date | Pension Multiplier |
|---|---|
| April 4, 2024 to March 31, 2025 | $46.25 |
| April 1, 2025 to May 31, 2025 | $47.00 |
| June 1, 2025 to May 31, 2026 | $47.25 |
| June 1, 2026 to May 31, 2027 | $47.75 |
| June 1, 2027 to May 31, 2028 | $48.50 |

For participants hired on or after September 1, 2010 and before January 1, 2018, the pension multiplier is as follows:

| Retirement date | Pension Multiplier |
|---|---|
| April 4, 2024 to March 31, 2025 | $28.25 |
| April 1, 2025 to May 31, 2025 | $29.00 |
| June 1, 2025 to May 31, 2026 | $29.50 |
| June 1, 2026 to May 31, 2027 | $30.00 |
| June 1, 2027 to May 31, 2028 | $30.75 |

Future increases to the monthly benefit multiplier are contingent upon the achievement of specified gross profit percentage thresholds. Employees hired on or after January 1, 2018 are not eligible to participate in the Plan. Credited service generally includes all years worked, with 1,700 hours of service in a calendar year equating to one year of credited service, as further described in the Plan agreement.

Normal retirement benefits are payable at age 65 after at least five years of vesting service. Early retirement benefits are available at age 55 with at least 10 years of vesting service and are subject to reductions of 0.5% per month prior to age 62, or prior to age 58 for participants with 30 or more years of credited service. Participants retiring early with 30 or more years of credited service receive an additional early retirement supplement of $1,000 per month until age 62. Effective June 1, 2025, the Plan was amended to extend the period over which the early retirement supplement is payable for participants retiring on or after that date until age 65.

Benefits are generally paid as a straight-life annuity or, if elected, as a qualified joint and survivor annuity.

### Death and disability benefits

The Plan provides for survivor benefits which include a preretirement surviving spouse pension payable if the participant dies with a vested benefit and was married for at least one year, and a surviving spouse income benefit of $700 per month ($500 if eligible for Social Security) for up to 24 months. Post-retirement surviving spouse benefits are available through joint and survivor options of 55%, 75%, or 100% continuation.

The Plan also provides disability benefits to participants with at least 10 years of credited service who become totally and permanently disabled before age 65. If not eligible for Social Security, the disability benefit includes an additional $28.50 per year of credited service. A special disability supplement is available for participants who have received Social Security disability benefits for at least 24 months and are enrolled in Medicare Part B.

## 2. Summary of accounting policies

### Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

### Use of estimates

The preparation of financial statements in accordance 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 changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

### Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's benefits committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 5 for discussion of fair value measurements.

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

### Payment of benefits

Benefits payments to participants are recorded upon distribution.

**Administrative expenses**
The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. Certain actuarial expenses were paid on behalf of the Plan by another defined benefit pension plan sponsored by the Company (see Note 8). In addition, certain investment-related expenses are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

For the year ended December 31, 2025, there were $50 of administrative expenses paid by the Plan. There were no administrative expenses paid by the Plan during the period from April 4, 2024 to December 31, 2024.

**Subsequent events**
Subsequent events were evaluated through October 7, 2026, the date the financial statements were available to be issued.

## 3. Actuarial present value of accumulated plan benefits

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

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and April 4, 2024. Had the January 1, 2025 valuation been performed as of December 31, 2024, there would be no material differences. The significant actuarial assumptions used in the valuations were:

| Assumption | January 1, 2025 | April 4, 2024 |
|---|---|---|
| Discount rate | 5.25% | 5.25% |
| Mortality | Pri-2012 with scale MP-2021 | Pri-2012 with scale MP-2019 |
| Retirement age | Based upon a table of retirement rates (average retirement age of 62) | Based upon a table of retirement rates (average retirement age of 61) |

The actuarial method used to determine the normal cost and actuarial liability is the Unit Credit Actuarial Cost Method.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The following presents the actuarial present value of accumulated plan benefits as of December 31, 2024:

| | December 31, 2024 |
|---|---|
| **Vested benefits** | |
| Active participants | $ 5,510,544 |
| Nonvested benefits | 1,127,591 |
| **Total actuarial present value of accumulated plan benefits** | $ 6,638,135 |

The following presents the statement of changes in accumulated plan benefits for the period from April 4, 2024 to December 31, 2024:

| | Period from April 4, 2024 to December 31, 2024 |
|---|---|
| **Actuarial present value of accumulated plan benefits at beginning of year** | $ 6,194,207 |
| **Increase (decrease) during the year attributable to** | |
| Benefits accumulated | 199,905 |
| Decrease in the discount period | 234,984 |
| Actuarial gains | (8,011) |
| Assumption changes | 17,050 |
| **Net change** | 443,928 |
| **Actuarial present value of accumulated plan benefits at end of year** | $ 6,638,135 |

## 4. Plan termination

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested benefits.

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

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

## 5. Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under FASB ASC Topic 820, *Fair Value Measurement*, are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:

  - Quoted prices for similar assets or liabilities in active markets;

  - Quoted prices for identical or similar assets or liabilities in inactive markets;

  - Inputs other than quoted prices that are observable for the asset or liability; and

  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Investments measured at NAV:* Consisting of a collective trust fund, valued at the NAV of units of the collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust fund, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

| **Assets at fair value as of December 31, 2025** | **Level 1** | **Level 2** | **Level 3** | **Total** |
|---|---|---|---|---|
| Mutual funds | $ 4,185,715 | $ - | $ - | $ 4,185,715 |
| **Total assets in the fair value hierarchy** | 4,185,715 | - | - | 4,185,715 |
| Investments measured at NAV (a) | - | - | - | 2,871,343 |
| **Total investments, at fair value** | $ 4,185,715 | $ - | $ - | $ 7,057,058 |

| **Assets at fair value as of December 31, 2024** | **Level 1** | **Level 2** | **Level 3** | **Total** |
|---|---|---|---|---|
| Mutual funds | $ 3,778,638 | $ - | $ - | $ 3,778,638 |
| **Total assets in the fair value hierarchy** | 3,778,638 | - | - | 3,778,638 |
| Investments measured at NAV (a) | - | - | - | 2,664,546 |
| **Total investments, at fair value** | $ 3,778,638 | $ - | $ - | $ 6,443,184 |

(a) In accordance with FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**Fair value of investments that calculate NAV**

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024:

| December 31, 2025 | Fair Value | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|---|---|---|---|---|
| DB Growth Portfolio | $ 2,871,343 | $ - | Daily | 5 Business Days |

| December 31, 2024 | Fair Value | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|---|---|---|---|---|
| DB Growth Portfolio | $ 2,664,546 | $ - | Daily | 5 Business Days |

## 6. Information certified by Trustee

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan’s financial statements and supplemental schedule was agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank, the Plan's Trustee and a qualified institution. The certified information includes investments reported in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the related investment activity (including net appreciation in fair value of investments, interest, and dividends) reported in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2025 and for the period from April 4, 2024 through December 31, 2024, and the information reported in the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025.

## 7. Tax status

For the period from April 4, 2024 to December 31, 2024, the Plan operated under the plan agreement of the Predecessor Plan. The Internal Revenue Service ("IRS") has determined and informed Barnes Group Inc. by a letter dated January 5, 2017, that the Predecessor Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). Effective June 1, 2025, the Plan was amended and restated pursuant to the 2025-2028 Pension Agreement between Associated Spring US, LLC and UAW Local 629. Although the Plan has not received a separate determination letter from the IRS and has been amended since the transfer of assets and liabilities from the Predecessor Plan, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

## 8. Related party and party-in-interest transactions

The collective trust fund held by the Plan is managed by Great Gray Trust Company and sub-advised by CapFinancial Partners, LLC d/b/a CAPTRUST Financial Advisors ("CAPTRUST"). CAPTRUST is the Plan's investment advisor and, therefore, these transactions qualify as party-in-interest transactions. Indirect fees incurred by the Plan for investment management are included in the net appreciation in fair value of investments.

Certain actuarial costs associated with maintaining the Plan were paid by another defined benefit plan sponsored by the Company. During 2025, assets totaling $34,995 were transferred to the related plan as reimbursement for such costs, which qualifies as a party-in-interest transaction under ERISA. The reimbursement is reflected as a transfer out in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025.

As described in Note 2, the Company paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party-in-interest transactions under ERISA.

## 9. Risks and uncertainties

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

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

## Supplementary Information

**Associated Spring UAW 629 Pension Plan**
**EIN: 99-1101264**
**Plan Number: 001**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**December 31, 2025**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| Mutual funds | | | | |
| | Allspring | Allspring Core Bond Fund | $ 1,624,840 | $ 1,687,745 |
| | Fidelity | Fidelity Advisor Total Bond Fund | 1,217,717 | 1,269,011 |
| | Fidelity | Fidelity U.S Bond Index Fund | 1,168,140 | 1,228,959 |
| | | | 4,010,697 | 4,185,715 |
| Collective trust fund | | | | |
| * | Great Gray Trust Company | DB Growth Portfolio | 2,319,025 | 2,871,343 |
| | | | $ 6,329,722 | $ 7,057,058 |

* Denotes a party-in-interest.

See Independent Auditor's Report.

CohnReznick

Independent Member of Nexia

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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a
## Schedule of Active Participant Data as of January 1, 2025

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | **Under 1** | **1-4** | **5-9** | **10-14** | **15-19** | **20-24** | **25-29** | **30-34** | **35-39** | **40 & Over** | **Total** |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| 30-34 | 0 | 0 | 11 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| 35-39 | 0 | 0 | 6 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| 40-44 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 45-49 | 0 | 0 | 2 | 5 | 0 | 5 | 2 | 0 | 0 | 0 | 14 |
| 50-54 | 0 | 0 | 7 | 2 | 0 | 2 | 10 | 1 | 0 | 0 | 22 |
| 55-59 | 0 | 1 | 2 | 1 | 2 | 4 | 12 | 0 | 1 | 0 | 23 |
| 60-64 | 0 | 0 | 2 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 5 |
| 65-69 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 1 | 33 | 23 | 2 | 11 | 29 | 1 | 1 | 0 | 101 |

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

**Interest rate basis**

- Applicable month: January
- Interest rate basis: Segment Rates from Month of Valuation Date

| **Interest rates** | **Reflecting Stabilization** | **Not Reflecting Stabilization** |
|---|---|---|
| • First segment rate | 5.00% | 5.00% |
| • Second segment rate | 5.27% | 5.27% |
| • Third segment rate | 5.50% | 5.40% |
| • Effective interest rate | 5.40% | 5.34% |

**Annual rates of increase**

- Compensation: N/A
- Future Social Security wage bases: N/A

**Plan-related expenses** $104,000 added to current year normal cost

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

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

### Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

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

# SCHEDULE SB ATTACHMENTS

**Mortality**

- **Healthy** — Single blended table of rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using adjusted Scale MP-2021).The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.
- **Disabled** — Same for pre-1995 and post-1994 disabilities as described above for Healthy Mortality.

**Termination** — Rates varying by age and service

**Representative Termination Rates**

| Percentage leaving during the year | |
|---|---|
| **Ultimate** | |
| Attained Age | Rates |
| 20 | 8.9% |
| 25 | 6.6% |
| 30 | 4.6% |
| 35 | 3.9% |
| 40 | 3.6% |
| 45 | 3.3% |
| 50 | 2.9% |
| 55 | 2.6% |
| 60+ | 2.3% |

| Percentage leaving during the year | |
|---|---|
| **Select** | |
| Service | Rates |
| 0 | 30.0% |
| 1 | 15.0% |
| 2 | 15.0% |
| 3 | 15.0% |
| 4 | 10.0% |

# SCHEDULE SB ATTACHMENTS

**Disability**

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

| Percentage becoming disabled during the year | | |
|---|---|---|
| Age | Males | Females |
| 20 | 0.151% | 0.089% |
| 25 | 0.219% | 0.150% |
| 30 | 0.309% | 0.252% |
| 35 | 0.431% | 0.388% |
| 40 | 0.597% | 0.547% |
| 45 | 0.829% | 0.777% |
| 50 | 1.224% | 1.201% |
| 55 | 2.118% | 1.962% |
| 60 | 3.240% | 2.326% |
| 65 | 4.369% | 2.718% |
| 69 | 5.452% | 3.331% |
| 70 | 0.000% | 0.000% |

100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.

**Retirement**

Rates varying by age

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

| Percentage retiring during the year | | |
|---|---|---|
| Age | Rates | |
| | <30 years of service | 30+ years of service |
| Under 55 | 0.0% | 0.0% |
| 55-61 | 5.0% | 10.0% |
| 62 | 10.0% | 10.0% |
| 63-64 | 20.0% | 20.0% |
| 65 | 40.0% | 50.0% |
| 66-68 | 40.0% | 30.0% |
| 69 | 40.0% | 75.0% |
| 70 and above | 100.0% | 100.0% |

**Unpredictable Contingent Event Benefit (UCEB) assumptions**

None assumed.

**Benefit commencement date:**

- Preretirement death benefit — Employee with five years of service and married one full year prior to death.
- Future vested deferred — Future terminated vested participants are assumed to commence at the earlier of age 63 with 10 years of vesting service and age 65.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

- Current vested deferred — Terminated vested participants are assumed to commence at the earlier of age 63 with 10 years of vesting service and age 65.
- Disability benefit — Employee with 10 years of credited service who is deemed totally and permanently disabled prior to attaining his/her 65th birthday.
- Retirement benefit — The first day of the month coinciding with or next following the later of Participant's 65th birthday or 5th anniversary of date of employment.
- Supplementary medical insurance benefits (Part B Medicare) — Any retiree, or surviving spouse of a retiree, or a surviving spouse of an employee who died before retirement who has provided satisfactory evidence that the participant is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare).

**Form of payment**

- Single Participants — Assumed to elect single life annuity

  - Males - Married

| Form of Payment | Lump Sum | Single Life | 55% J&S |
|---|---|---|---|
| Active Retirements | 0% | 35% | 65% |
| Future Vested Deferred | 0% | 35% | 65% |
| Future Disabilities | 0% | 35% | 65% |
| Future Deaths | 0% | 0% | 100% |
| Current vested deferred | 0% | 35% | 65% |

  - Females - Married

| Form of Payment | Lump Sum | Single Life | 55% J&S |
|---|---|---|---|
| Active Retirements | 0% | 50% | 50% |
| Future Vested Deferred | 0% | 50% | 50% |
| Future Disabilities | 0% | 50% | 50% |
| Future Deaths | 0% | 0% | 100% |
| Current vested deferred | 0% | 50% | 50% |

**Percent married** — 80% of males; 60% of females. Used to value pre-retirement surviving spouse benefits and in determining the coverage level expected to be elected at commencement.

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

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **At-risk assumptions** | For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment. |
| **Timing of benefit payments** | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement. |

## Methods

| | |
|---|---|
| **Valuation date** | First day of plan year |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Decrement timing** | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Actuarial value of assets [for determining minimum required contributions]** | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued except plan's future unpredictable contingent event benefits since there is a de minimis likelihood that they will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not. |

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2025 Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, no adjustments to the data were necessary.

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

# 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
Associated Spring UAW 629 Pension Plan

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Associated Spring US, LLC

**D** Employer Identification Number (EIN)
99-1101264

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

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

## Part I Basic Information

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

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 6,469,236 |
| **b** Actuarial value | **2b** | 6,469,236 |

**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 | 0 | 0 | 0 |
| **b** For terminated vested participants | 0 | 0 | 0 |
| **c** For active participants | 101 | 5,512,939 | 6,742,942 |
| **d** Total | 101 | 5,512,939 | 6,742,942 |

**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** | 5.40% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 308,599 |
| **b** Expected plan-related expenses | **6b** | 104,000 |
| **c** Target normal cost | **6c** | 412,599 |

**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** Kathleen Brophy KB — Signature of actuary

10/2/2026 — Date

Kathleen Brophy — Type or print name of actuary

2608899 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

212-309-3965 — Telephone number (including area code)

PO Box 674401
Houston TX 77267 — 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) | 412,735 | 105,245 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 281,392 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 131,343 | 105,245 |
| 10 | Interest on line 9 using prior year's actual return of 9.57% | 17,402 | 11,301 |
| 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 5.32% | | 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) | 148,745 | 116,546 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 92.00% |
| 15 | Adjusted funding target attainment percentage | 15 | 92.00% |
| 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 | 88.01% |
| 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 |
|---|---|---|---|---|---|
| 10/15/2025 | 25,796 | 0 | | | |
| 01/14/2026 | 99,453 | 0 | | | |
| 09/15/2026 | 89,356 | 0 | | | |
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| | | | | | |
| | | | Totals ► 18(b) | 214,605 | 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 | 200,617 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 5.00 % | 5.27 % | 5.50% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **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** | 412,599 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 538,997 | 53,309 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 465,908 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 148,745 | 116,546 | 265,291 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 200,617 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 200,617 |

**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 ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

| | |
|---|---|
| Plan Name: | Associated Spring UAW 629 Pension Plan |
| EIN / PN: | 99-1101264/001 |
| Plan Sponsor: | Associated Spring US LLC |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

**Interest rate basis**

- Applicable month: January
- Interest rate basis: Segment Rates from Month of Valuation Date

| **Interest rates** | **Reflecting Stabilization** | **Not Reflecting Stabilization** |
|---|---|---|
| • First segment rate | 5.00% | 5.00% |
| • Second segment rate | 5.27% | 5.27% |
| • Third segment rate | 5.50% | 5.40% |
| • Effective interest rate | 5.40% | 5.34% |

**Annual rates of increase**

- Compensation: N/A
- Future Social Security wage bases: N/A

**Plan-related expenses** $104,000 added to current year normal cost

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

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

### Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

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

# SCHEDULE SB ATTACHMENTS

**Mortality**

- **Healthy** — Single blended table of rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using adjusted Scale MP-2021).The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.
- **Disabled** — Same for pre-1995 and post-1994 disabilities as described above for Healthy Mortality.

**Termination** — Rates varying by age and service

**Representative Termination Rates**

| Percentage leaving during the year | |
|---|---|
| **Ultimate** | |
| Attained Age | Rates |
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| 50 | 2.9% |
| 55 | 2.6% |
| 60+ | 2.3% |

| Percentage leaving during the year | |
|---|---|
| **Select** | |
| Service | Rates |
| 0 | 30.0% |
| 1 | 15.0% |
| 2 | 15.0% |
| 3 | 15.0% |
| 4 | 10.0% |

# SCHEDULE SB ATTACHMENTS

**Disability**

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

| Percentage becoming disabled during the year | | |
|---|---|---|
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100% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.

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Rates varying by age

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

| Percentage retiring during the year | | |
|---|---|---|
| Age | Rates | |
| | <30 years of service | 30+ years of service |
| Under 55 | 0.0% | 0.0% |
| 55-61 | 5.0% | 10.0% |
| 62 | 10.0% | 10.0% |
| 63-64 | 20.0% | 20.0% |
| 65 | 40.0% | 50.0% |
| 66-68 | 40.0% | 30.0% |
| 69 | 40.0% | 75.0% |
| 70 and above | 100.0% | 100.0% |

**Unpredictable Contingent Event Benefit (UCEB) assumptions**

None assumed.

**Benefit commencement date:**

- Preretirement death benefit — Employee with five years of service and married one full year prior to death.
- Future vested deferred — Future terminated vested participants are assumed to commence at the earlier of age 63 with 10 years of vesting service and age 65.

Plan Name: Associated Spring UAW 629 Pension Plan
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Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

- Current vested deferred — Terminated vested participants are assumed to commence at the earlier of age 63 with 10 years of vesting service and age 65.
- Disability benefit — Employee with 10 years of credited service who is deemed totally and permanently disabled prior to attaining his/her 65th birthday.
- Retirement benefit — The first day of the month coinciding with or next following the later of Participant's 65th birthday or 5th anniversary of date of employment.
- Supplementary medical insurance benefits (Part B Medicare) — Any retiree, or surviving spouse of a retiree, or a surviving spouse of an employee who died before retirement who has provided satisfactory evidence that the participant is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare).

**Form of payment**

- Single Participants — Assumed to elect single life annuity

  - Males - Married

| Form of Payment | Lump Sum | Single Life | 55% J&S |
|---|---|---|---|
| Active Retirements | 0% | 35% | 65% |
| Future Vested Deferred | 0% | 35% | 65% |
| Future Disabilities | 0% | 35% | 65% |
| Future Deaths | 0% | 0% | 100% |
| Current vested deferred | 0% | 35% | 65% |

  - Females - Married

| Form of Payment | Lump Sum | Single Life | 55% J&S |
|---|---|---|---|
| Active Retirements | 0% | 50% | 50% |
| Future Vested Deferred | 0% | 50% | 50% |
| Future Disabilities | 0% | 50% | 50% |
| Future Deaths | 0% | 0% | 100% |
| Current vested deferred | 0% | 50% | 50% |

**Percent married** — 80% of males; 60% of females. Used to value pre-retirement surviving spouse benefits and in determining the coverage level expected to be elected at commencement.

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

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **At-risk assumptions** | For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment. |
| **Timing of benefit payments** | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement. |

## Methods

| | |
|---|---|
| **Valuation date** | First day of plan year |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Decrement timing** | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Actuarial value of assets [for determining minimum required contributions]** | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued except plan's future unpredictable contingent event benefits since there is a de minimis likelihood that they will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not. |

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2025 Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, no adjustments to the data were necessary.

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

# SCHEDULE SB ATTACHMENTS

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

### Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on September 1, 2021, reflecting amendments through December 31, 2021. Only provisions for employees covered under the transaction April 4, 2024 are listed.

**Covered employees**

Employee means any person who is a member of the collective bargaining unit represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW, and who is customarily employed by a participating division (Corry) on an hourly-rate basis (including hourly-rate persons on incentive pay plans).

**Participation date**

Immediately. No new participants will enter the plan after December 31, 2017.

**Status of the plan**

The plan has ongoing benefit accruals, however, effective January 1, 2018, the plan has been closed to new participants.

### Definitions

**Vesting service**

All years of service with the employer from date of employment to termination, retirement or death. Used to determine vesting, early retirement, and eligibility for surviving spouse pension and surviving spouse income benefit.

| Hours of Service in Plan Year | Years of Vested Service Earned |
|---|---|
| Less than 86 hours | 0 years |
| 86-255 hours | 1/10 year |
| 256-425 hours | 1/5 year |
| 426-595 hours | 3/10 year |
| 596-765 hours | 2/5 year |
| 766-935 hours | 1/2 year |
| 936-999 hours | 3/5 year |
| 1000 or more hours | 1 year |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Credited service** | All years of service with the employer from date of employment to termination, retirement or death. For purposes of Credited Service, 1,700 hours equals one year with pro-rated credit to the nearest 1/10th of a year. If an employee has fewer than 170 hours of service in any plan year, no service will be credited for such plan year. |
| **Social Security benefit** | The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65. All disabled employees are assumed to be eligible for Social Security benefits. |
| **Normal retirement date (NRD)** | First of month coinciding with or next following the later of participant's 65th birthday or 5th anniversary of date of employment. An active participant shall become 100% vested upon reaching Normal Retirement Date. |

# SCHEDULE SB ATTACHMENTS

**Monthly pension benefit**

Monthly pension retirement benefit for each year of credited service is calculated based on the following schedule for participants hired prior to September 1, 2010:

| Effective Dates | Monthly Benefit Multiplier |
|---|---|
| Retirement before July 1, 2022 | Amounts vary by date but are not used for our valuations |
| Retirement on or after July 1, 2022 prior to April 1, 2024 | $45.50 |
| Retirement on or after April 1, 2024 and prior to April 1, 2025 | $46.25 |
| Retirement on or after April 1, 2025 | $47.00 |

Monthly benefit for each year of Credited Service is calculated based on the following schedule for participants hired on or after September 1, 2010:

| Effective Dates | Monthly Benefit Multiplier |
|---|---|
| Retirement before January 1, 2022 | Amounts vary by date but are not used for our valuations |
| Retirement on or after January 1, 2022 and prior to April 1, 2024 | $27.50 |
| Retirement on or after April 1, 2024 and prior to April 1, 2025 | $28.25 |
| Retirement on or after April 1, 2025 | $29.00 |

**Pre-retirement cost**

The cost of the Pre-retirement Spouse benefit shall be borne by the plan.

## Eligibility for Benefits

**Normal retirement**

Retirement on NRD

**Early retirement**

Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service

**Deferred vested termination**

Termination for reasons other than death or retirement after completing at least five years of vesting service

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Disability (including additional disability benefit)** | Employee with 10 years of Credited Service who is deemed totally and permanently disabled prior to attaining his/her 65th birthday. The plan administrator shall have the discretion to determine disability under the plan. |
| **Special disability benefit** | Any employee who receives disability pension payments under the plan, who has received disability benefits under the Social Security Act for at least 24 consecutive months and who has provided satisfactory evidence that he/she is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare) under the federal Social Security Act. |
| **Plant closing benefit** | The closing of any of the plants of a participating division of Associated Spring on or after March 1, 1989, and the employee satisfies either of the following conditions:<br>a) Attained age 50, but not age 55, with at least 15 years of seniority, or<br>b) Attained age 45, but not age 55, with at least 20 years of seniority |
| **Preretirement Surviving Spouse Benefit** | Participant dies with a vested benefit who has been married to their surviving spouse at least one full year prior to death. |
| **Surviving spouse income benefit** | Upon the death of a Participant who has 10 or more years of Vesting Service, the surviving qualified spouse of the Participant will become eligible for a surviving spouse income benefit, provided that the Participant's death occurs before his/her seniority is broken. For purposes of this paragraph, a disabled pensioner's seniority is not deemed to be broken. |
| **Special age 65 benefit** | Any retiree, or surviving spouse of a retiree, or a surviving spouse of an employee who died before retirement who has provided satisfactory evidence that the Participant is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare). This benefit, in addition to his/her basic Normal Retirement benefit, will be payable on the first day of each month after his/her 65th birthday on which a pension is payable under the plan. |

# SCHEDULE SB ATTACHMENTS

## Benefits Paid Upon the Following Events

**Normal retirement**

The monthly pension benefit determined as of NRD

**Early retirement**

Normal Retirement benefit accrued to early retirement, reduced based on the schedule below:

| Retirement age | Credited service | Reduction |
|---|---|---|
| Less than age 62 | Less than 30 years | 0.5% per month prior to age 62 |
| Less than age 58 | 30 years or more | 0.5% per month prior to age 58 |
| Age 58 or over | 30 years or more | 0% |
| Age 62 or over | Any years | 0% |

Any employee who retires with 30 or more years of Credited Service and prior to their 62nd birthday will receive, in addition to the early retirement benefit otherwise payable, a monthly early retirement supplement until age 62. This supplement is calculated as follows:

| Effective Dates | Monthly Supplement |
|---|---|
| Retirement before September 1, 2021 | Amounts vary by date but are not used for our valuations |
| Retirement on or after September 1, 2021 | $1,000 |

**Deferred vested termination**

The amount of benefit should be calculated as for Normal Retirement. An employee's deferred vested benefit shall commence in full on his/ her normal retirement date, or at the Participant's option, reduced by 0.6% for each month for the first 5 years and reduced by 0.3% for each month for the second five years by which benefit commencement precedes his/her normal retirement date, at any time after attaining age 55, provided the employee has 10 or more years of Service.

# SCHEDULE SB ATTACHMENTS

**Disability (including additional disability benefit)**

Normal Retirement benefit plus an additional disability benefit, if not eligible for Social Security. This additional disability benefit for each year of Credited Service is calculated based on the following schedule:

| Effective Dates | Monthly Benefit |
|---|---|
| Retirement before September 1, 2011 | Amounts vary by date but are not used for our valuations |
| Retirement on or after September 1, 2011 | $37.50 |

Once eligible for a Social Security benefit, the disability benefit equals the Normal Retirement benefit.

**Special disability benefit**

The amount of the flat monthly benefit is calculated based on the following schedule:

This benefit will cease if the disabled person's coverage under Supplementary Medical Insurance Benefits (Part B Medicare) ends or if the disabled person's coverage under the Health Care Agreement is reduced to "cap level" coverage. If eligible and covered for retiree health care benefits, a surviving spouse is eligible to receive this benefit if the surviving spouse provides proof of enrollment in Supplementary Medical Insurance Benefits (Part B Medicare).

**Plant closing benefit**

a) Normal Retirement benefit unreduced at age 62, or

b) Normal Retirement benefit at age 55 reduced by 0.5% for each month by which benefit commencement precedes age 62.

c) If the employee has completed at least 30 years of Credited Service at the date of closing, his/her benefit is the Normal Retirement benefit unreduced at age 58 or reduced by 0.5% for each month by which benefit commencement precedes age 58. Additionally, he/she shall receive the early retirement supplement described above.

With respect to plant closing which occurs on or after March 1, 1992:

a) Any employee who is then employed at such division and has completed fewer than 30 years of Credited Service and elects option (b) above will receive, in addition to the plant closing benefit otherwise payable, a monthly special plant closing supplement.

b) Employees who have completed at least 10 years of Credited Service, but less than 30 years of Credited Service and attained age 55 and elects option (b) above will receive, in addition to the plant closing benefit otherwise payable, a monthly special plant closing supplement.

The amount of the special plant closing supplement shall be $18.33 per month per year of Credited Service. This benefit is payable until the earliest of death, attainment of age 62 and eligibility for Social Security.

**Preretirement Surviving Spouse Pension**

The amount of benefit shall equal the payments that would have been made to a spouse under the Joint & 55% Survivor option:

a) in the case of an active Participant who dies after age 55 with at least 10 years of Service, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death, or

b) in the case of an active Participant who dies after age 55 with fewer than 10 years of Service, if the Participant had:

   i) separated from service on date of death
   ii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
   iii) died on the day after such immediate pension payments had begun.
   iv) Benefit will be reduced using deferred vested reduction factors.

c) in the case of a Participant who dies prior to age 55, if the Participant had:

   i) survived to age 55
   ii) separated from service on the date of death (unless already separated from service, then the termination date will be used)
   iii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
   iv) died on the day after such immediate pension payments had begun.
   v) Benefit will be reduced using deferred vested reduction factors.

d) in the case of a Participant who dies after termination of employment after age 55, if the Participant had:
   i) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
   ii) died on the day after such immediate pension payments had begun.
   iii) Benefit will be reduced based on age and years of service at termination.

e) in the case of a Participant who dies prior to age 55 while receiving a Disability benefit, if the Participant had:
   i) separated from service on the date of death
   ii) elected to start receiving immediate pension payments (subject to a 54% reduction for early retirement)
   iii) died on the day after such immediate pension payments had begun.

f) in the case of a Participant who dies after age 55 but prior to age 62 with fewer than 30 years of Credited Service and while receiving a Disability benefit, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death as adjusted for early retirement. If such a Participant dies after his/her 62nd birthday, no reduction for early retirement will apply.

g) in the case of a Participant who dies after age 55 but prior to age 58 with 30 years or more of Credited Service and while receiving a Disability benefit, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death as adjusted for early retirement. If such a Participant dies after his/her 58th birthday, no reduction for early retirement will apply.

# SCHEDULE SB ATTACHMENTS

**Surviving spouse income benefit**

The amount of the flat monthly benefit is calculated based on the following schedule:

| Effective Dates | Monthly Benefit if Not Eligible for Social Security | Monthly Benefit if Eligible for Social Security |
|---|---|---|
| Retirement before March 1, 2024 | Amounts vary by date but are not used for our valuations | |
| Retirement on or after March 1, 2004 | $700 | $500 |

The surviving spouse income benefit will be payable monthly to the spouse beginning on the first day of the month following the Participant's death and will continue until the earlier of the death of such spouse or the 24th monthly payment.

If the surviving spouse is eligible to receive both the preretirement surviving spouse benefit and the surviving spouse income benefit, the surviving spouse will receive the greater of the two benefits. If the surviving spouse income benefit initially becomes payable, the preretirement surviving spouse pension will become payable to the spouse if the spouse is still alive when the surviving spouse income benefit payments end.

**Special 65 Age benefit**

The amount of the flat monthly benefit is calculated based on the following schedule:

| Effective Dates | Monthly Benefit |
|---|---|
| Retirement before March 1, 2024 | Amounts vary by date but are not used for our valuations |
| Retirement on or after March 1, 2004 | $32.00 |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

**Forms of payment**

Preretirement death benefits are payable only as described above.

Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects.

Otherwise, benefits are paid in the form of a 55% joint and survivor annuity option and will be the amount determined under the benefit formula multiplied by a factor generated using a 6% mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010, so long as the resulting amount is not less than the frozen benefit calculated at October 1, 2011 with the factors in effect at that date, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

The forms of benefit payment available to each Participant shall be the actuarial equivalent of his/her basic Normal Retirement benefit on a straight life annuity basis. The optional forms of benefit are as follows:

- Straight Life Annuity
- Surviving Spouse Option (55%, 75% or 100%)
- Level Income Option

**Optional form conversion factors**

Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed as follows:

a) For 55% contingent pensioner option: a 5% reduction plus/minus 1/2% for each year or part of the year where the spouse is more than 5 years younger/older than the participant.

b) For other contingent pensioner options, the more generous of the following:

1. A 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010

2. The flat rate reductions in effect prior to October 1, 2011 applied to the frozen benefit accrued to September 30, 2011.

c) Level Income Option: IRC §417(e) assumptions

| | |
|---|---|
| **Pension Increases** | None |
| **Plan participants' contributions** | None |
| **Maximum limits on benefits and pay** | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. This limit is indexed annually. For 2025, the limit is $280,000. |

Late retirement increases:

| | |
|---|---|
| • Active participants | The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70. |
| • Deferred vested participants | Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase. |
| **Shutdown benefits** | We are not aware of any corporate actions that would create future shutdown benefits in the Corry location; therefore, they are excluded. No previous shutdown benefits affect the participants covered under this valuation. |

## Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

None.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a
## Schedule of Active Participant Data as of January 1, 2025

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| 30-34 | 0 | 0 | 11 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| 35-39 | 0 | 0 | 6 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| 40-44 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 45-49 | 0 | 0 | 2 | 5 | 0 | 5 | 2 | 0 | 0 | 0 | 14 |
| 50-54 | 0 | 0 | 7 | 2 | 0 | 2 | 10 | 1 | 0 | 0 | 22 |
| 55-59 | 0 | 1 | 2 | 1 | 2 | 4 | 12 | 0 | 1 | 0 | 23 |
| 60-64 | 0 | 0 | 2 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 5 |
| 65-69 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 1 | 33 | 23 | 2 | 11 | 29 | 1 | 1 | 0 | 101 |

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32
## Schedule of Amortization Bases
## as of January 1, 2025

| Type of Base | Date Established | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|---|---|---|---|---|
| 1. Shortfall | 01/01/2025 | 15.00000 | (181,195) | (16,852) |
| 2. Shortfall | 01/01/2024 | 14.00000 | 720,192 | 70,161 |
| Total | | | 538,997 | 53,309 |

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

| | |
|---|---|
| Plan Name: | Associated Spring UAW 629 Pension Plan |
| EIN / PN: | 99-1101264/001 |
| Plan Sponsor: | Associated Spring US LLC |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

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

### Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on September 1, 2021, reflecting amendments through December 31, 2021. Only provisions for employees covered under the transaction April 4, 2024 are listed.

**Covered employees**

Employee means any person who is a member of the collective bargaining unit represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW, and who is customarily employed by a participating division (Corry) on an hourly-rate basis (including hourly-rate persons on incentive pay plans).

**Participation date**

Immediately. No new participants will enter the plan after December 31, 2017.

**Status of the plan**

The plan has ongoing benefit accruals, however, effective January 1, 2018, the plan has been closed to new participants.

### Definitions

**Vesting service**

All years of service with the employer from date of employment to termination, retirement or death. Used to determine vesting, early retirement, and eligibility for surviving spouse pension and surviving spouse income benefit.

| Hours of Service in Plan Year | Years of Vested Service Earned |
|---|---|
| Less than 86 hours | 0 years |
| 86-255 hours | 1/10 year |
| 256-425 hours | 1/5 year |
| 426-595 hours | 3/10 year |
| 596-765 hours | 2/5 year |
| 766-935 hours | 1/2 year |
| 936-999 hours | 3/5 year |
| 1000 or more hours | 1 year |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Credited service** | All years of service with the employer from date of employment to termination, retirement or death. For purposes of Credited Service, 1,700 hours equals one year with pro-rated credit to the nearest 1/10th of a year. If an employee has fewer than 170 hours of service in any plan year, no service will be credited for such plan year. |
| **Social Security benefit** | The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65. All disabled employees are assumed to be eligible for Social Security benefits. |
| **Normal retirement date (NRD)** | First of month coinciding with or next following the later of participant's 65th birthday or 5th anniversary of date of employment. An active participant shall become 100% vested upon reaching Normal Retirement Date. |

# SCHEDULE SB ATTACHMENTS

**Monthly pension benefit**

Monthly pension retirement benefit for each year of credited service is calculated based on the following schedule for participants hired prior to September 1, 2010:

| Effective Dates | Monthly Benefit Multiplier |
|---|---|
| Retirement before July 1, 2022 | Amounts vary by date but are not used for our valuations |
| Retirement on or after July 1, 2022 prior to April 1, 2024 | $45.50 |
| Retirement on or after April 1, 2024 and prior to April 1, 2025 | $46.25 |
| Retirement on or after April 1, 2025 | $47.00 |

Monthly benefit for each year of Credited Service is calculated based on the following schedule for participants hired on or after September 1, 2010:

| Effective Dates | Monthly Benefit Multiplier |
|---|---|
| Retirement before January 1, 2022 | Amounts vary by date but are not used for our valuations |
| Retirement on or after January 1, 2022 and prior to April 1, 2024 | $27.50 |
| Retirement on or after April 1, 2024 and prior to April 1, 2025 | $28.25 |
| Retirement on or after April 1, 2025 | $29.00 |

**Pre-retirement cost**

The cost of the Pre-retirement Spouse benefit shall be borne by the plan.

## Eligibility for Benefits

**Normal retirement**

Retirement on NRD

**Early retirement**

Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service

**Deferred vested termination**

Termination for reasons other than death or retirement after completing at least five years of vesting service

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Disability (including additional disability benefit)** | Employee with 10 years of Credited Service who is deemed totally and permanently disabled prior to attaining his/her 65th birthday. The plan administrator shall have the discretion to determine disability under the plan. |
| **Special disability benefit** | Any employee who receives disability pension payments under the plan, who has received disability benefits under the Social Security Act for at least 24 consecutive months and who has provided satisfactory evidence that he/she is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare) under the federal Social Security Act. |
| **Plant closing benefit** | The closing of any of the plants of a participating division of Associated Spring on or after March 1, 1989, and the employee satisfies either of the following conditions:<br>a) Attained age 50, but not age 55, with at least 15 years of seniority, or<br>b) Attained age 45, but not age 55, with at least 20 years of seniority |
| **Preretirement Surviving Spouse Benefit** | Participant dies with a vested benefit who has been married to their surviving spouse at least one full year prior to death. |
| **Surviving spouse income benefit** | Upon the death of a Participant who has 10 or more years of Vesting Service, the surviving qualified spouse of the Participant will become eligible for a surviving spouse income benefit, provided that the Participant's death occurs before his/her seniority is broken. For purposes of this paragraph, a disabled pensioner's seniority is not deemed to be broken. |
| **Special age 65 benefit** | Any retiree, or surviving spouse of a retiree, or a surviving spouse of an employee who died before retirement who has provided satisfactory evidence that the Participant is enrolled and covered for Supplementary Medical Insurance Benefits (Part B Medicare). This benefit, in addition to his/her basic Normal Retirement benefit, will be payable on the first day of each month after his/her 65th birthday on which a pension is payable under the plan. |

# SCHEDULE SB ATTACHMENTS

## Benefits Paid Upon the Following Events

**Normal retirement**

The monthly pension benefit determined as of NRD

**Early retirement**

Normal Retirement benefit accrued to early retirement, reduced based on the schedule below:

| Retirement age | Credited service | Reduction |
|---|---|---|
| Less than age 62 | Less than 30 years | 0.5% per month prior to age 62 |
| Less than age 58 | 30 years or more | 0.5% per month prior to age 58 |
| Age 58 or over | 30 years or more | 0% |
| Age 62 or over | Any years | 0% |

Any employee who retires with 30 or more years of Credited Service and prior to their 62nd birthday will receive, in addition to the early retirement benefit otherwise payable, a monthly early retirement supplement until age 62. This supplement is calculated as follows:

| Effective Dates | Monthly Supplement |
|---|---|
| Retirement before September 1, 2021 | Amounts vary by date but are not used for our valuations |
| Retirement on or after September 1, 2021 | $1,000 |

**Deferred vested termination**

The amount of benefit should be calculated as for Normal Retirement. An employee's deferred vested benefit shall commence in full on his/ her normal retirement date, or at the Participant's option, reduced by 0.6% for each month for the first 5 years and reduced by 0.3% for each month for the second five years by which benefit commencement precedes his/her normal retirement date, at any time after attaining age 55, provided the employee has 10 or more years of Service.

# SCHEDULE SB ATTACHMENTS

**Disability (including additional disability benefit)**

Normal Retirement benefit plus an additional disability benefit, if not eligible for Social Security. This additional disability benefit for each year of Credited Service is calculated based on the following schedule:

| Effective Dates | Monthly Benefit |
|---|---|
| Retirement before September 1, 2011 | Amounts vary by date but are not used for our valuations |
| Retirement on or after September 1, 2011 | $37.50 |

Once eligible for a Social Security benefit, the disability benefit equals the Normal Retirement benefit.

**Special disability benefit**

The amount of the flat monthly benefit is calculated based on the following schedule:

This benefit will cease if the disabled person's coverage under Supplementary Medical Insurance Benefits (Part B Medicare) ends or if the disabled person's coverage under the Health Care Agreement is reduced to "cap level" coverage. If eligible and covered for retiree health care benefits, a surviving spouse is eligible to receive this benefit if the surviving spouse provides proof of enrollment in Supplementary Medical Insurance Benefits (Part B Medicare).

**Plant closing benefit**

a) Normal Retirement benefit unreduced at age 62, or

b) Normal Retirement benefit at age 55 reduced by 0.5% for each month by which benefit commencement precedes age 62.

c) If the employee has completed at least 30 years of Credited Service at the date of closing, his/her benefit is the Normal Retirement benefit unreduced at age 58 or reduced by 0.5% for each month by which benefit commencement precedes age 58. Additionally, he/she shall receive the early retirement supplement described above.

With respect to plant closing which occurs on or after March 1, 1992:

a) Any employee who is then employed at such division and has completed fewer than 30 years of Credited Service and elects option (b) above will receive, in addition to the plant closing benefit otherwise payable, a monthly special plant closing supplement.

# SCHEDULE SB ATTACHMENTS

b) Employees who have completed at least 10 years of Credited Service, but less than 30 years of Credited Service and attained age 55 and elects option (b) above will receive, in addition to the plant closing benefit otherwise payable, a monthly special plant closing supplement.

The amount of the special plant closing supplement shall be $18.33 per month per year of Credited Service. This benefit is payable until the earliest of death, attainment of age 62 and eligibility for Social Security.

**Preretirement Surviving Spouse Pension**

The amount of benefit shall equal the payments that would have been made to a spouse under the Joint & 55% Survivor option:

a) in the case of an active Participant who dies after age 55 with at least 10 years of Service, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death, or

b) in the case of an active Participant who dies after age 55 with fewer than 10 years of Service, if the Participant had:

   i) separated from service on date of death
   ii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
   iii) died on the day after such immediate pension payments had begun.
   iv) Benefit will be reduced using deferred vested reduction factors.

c) in the case of a Participant who dies prior to age 55, if the Participant had:

   i) survived to age 55
   ii) separated from service on the date of death (unless already separated from service, then the termination date will be used)
   iii) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
   iv) died on the day after such immediate pension payments had begun.
   v) Benefit will be reduced using deferred vested reduction factors.

d) in the case of a Participant who dies after termination of employment after age 55, if the Participant had:
   i) elected to start receiving immediate pension payments with the Joint & 55% Survivor option in effect, and
   ii) died on the day after such immediate pension payments had begun.
   iii) Benefit will be reduced based on age and years of service at termination.

e) in the case of a Participant who dies prior to age 55 while receiving a Disability benefit, if the Participant had:
   i) separated from service on the date of death
   ii) elected to start receiving immediate pension payments (subject to a 54% reduction for early retirement)
   iii) died on the day after such immediate pension payments had begun.

f) in the case of a Participant who dies after age 55 but prior to age 62 with fewer than 30 years of Credited Service and while receiving a Disability benefit, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death as adjusted for early retirement. If such a Participant dies after his/her 62nd birthday, no reduction for early retirement will apply.

g) in the case of a Participant who dies after age 55 but prior to age 58 with 30 years or more of Credited Service and while receiving a Disability benefit, if the Participant had retired with an immediate Joint & 55% Survivor option on the day before his/her death as adjusted for early retirement. If such a Participant dies after his/her 58th birthday, no reduction for early retirement will apply.

# SCHEDULE SB ATTACHMENTS

**Surviving spouse income benefit**

The amount of the flat monthly benefit is calculated based on the following schedule:

| Effective Dates | Monthly Benefit if Not Eligible for Social Security | Monthly Benefit if Eligible for Social Security |
|---|---|---|
| Retirement before March 1, 2024 | Amounts vary by date but are not used for our valuations | |
| Retirement on or after March 1, 2004 | $700 | $500 |

The surviving spouse income benefit will be payable monthly to the spouse beginning on the first day of the month following the Participant's death and will continue until the earlier of the death of such spouse or the 24th monthly payment.

If the surviving spouse is eligible to receive both the preretirement surviving spouse benefit and the surviving spouse income benefit, the surviving spouse will receive the greater of the two benefits. If the surviving spouse income benefit initially becomes payable, the preretirement surviving spouse pension will become payable to the spouse if the spouse is still alive when the surviving spouse income benefit payments end.

**Special 65 Age benefit**

The amount of the flat monthly benefit is calculated based on the following schedule:

| Effective Dates | Monthly Benefit |
|---|---|
| Retirement before March 1, 2024 | Amounts vary by date but are not used for our valuations |
| Retirement on or after March 1, 2004 | $32.00 |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

**Forms of payment**

Preretirement death benefits are payable only as described above.

Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects.

Otherwise, benefits are paid in the form of a 55% joint and survivor annuity option and will be the amount determined under the benefit formula multiplied by a factor generated using a 6% mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010, so long as the resulting amount is not less than the frozen benefit calculated at October 1, 2011 with the factors in effect at that date, or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

The forms of benefit payment available to each Participant shall be the actuarial equivalent of his/her basic Normal Retirement benefit on a straight life annuity basis. The optional forms of benefit are as follows:

- Straight Life Annuity
- Surviving Spouse Option (55%, 75% or 100%)
- Level Income Option

**Optional form conversion factors**

Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed as follows:

a) For 55% contingent pensioner option: a 5% reduction plus/minus 1/2% for each year or part of the year where the spouse is more than 5 years younger/older than the participant.

b) For other contingent pensioner options, the more generous of the following:

1. A 6% interest assumption and a mortality assumption according to the RP2000 Mortality Tables for Males and Females with a weighting of 50% males and 50% females projected to 2010

2. The flat rate reductions in effect prior to October 1, 2011 applied to the frozen benefit accrued to September 30, 2011.

c) Level Income Option: IRC §417(e) assumptions

| | |
|---|---|
| **Pension Increases** | None |
| **Plan participants' contributions** | None |
| **Maximum limits on benefits and pay** | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. This limit is indexed annually. For 2025, the limit is $280,000. |

Late retirement increases:

| | |
|---|---|
| • Active participants | The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70. |
| • Deferred vested participants | Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase. |
| **Shutdown benefits** | We are not aware of any corporate actions that would create future shutdown benefits in the Corry location; therefore, they are excluded. No previous shutdown benefits affect the participants covered under this valuation. |

## Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

None.

| | |
|---|---|
| **Plan Name** | **Associated Spring UAW 629 Pension Plan** |
| **Plan Sponsor EIN** | **99-1101264** |
| **ERISA Plan #** | **001** |
| **Plan Year Ending** | **December 31, 2025** |

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

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

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32
## Schedule of Amortization Bases
## as of January 1, 2025

| Type of Base | Date Established | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|---|---|---|---|---|
| 1. Shortfall | 01/01/2025 | 15.00000 | (181,195) | (16,852) |
| 2. Shortfall | 01/01/2024 | 14.00000 | 720,192 | 70,161 |
| Total | | | 538,997 | 53,309 |

Plan Name: Associated Spring UAW 629 Pension Plan
EIN / PN: 99-1101264/001
Plan Sponsor: Associated Spring US LLC
Valuation Date: January 1, 2025