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
AUMOVIO, INC. DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 015

1c Effective date of plan 12/31/2024

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)
AUMOVIO, INC.

ONE CONTINENTAL DRIVE
AUBURN HILLS, MI 48326

2b Employer Identification Number (EIN)
51-0304065

2c Plan Sponsor's telephone number
704-583-3900

2d Business code (see instructions)
326200

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.	10/16/2026	STACI HARDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name CONTINENTAL AUTOMOTIVE, INC.

c Plan Name CONTINENTAL CONSOLIDATED DEFINED BENEFIT PENSION PLAN - AUTO

4b EIN 51-0304065

4d PN 015

5	Total number of participants at the beginning of the plan year	**5**	3174
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)**	343
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	287
b	Retired or separated participants receiving benefits	**6b**	1654
c	Other retired or separated participants entitled to future benefits	**6c**	969
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2910
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	193
f	Total. Add lines **6d** and **6e**.	**6f**	3103
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 1C 1I 3F 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
AUMOVIO, INC. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 015

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

D Employer Identification Number (EIN)
51-0304065

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	238062435
b Actuarial value	**2b**	243644309

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	1769	156032735	156032735
b For terminated vested participants	1097	47989575	47989575
c For active participants	345	20057756	20315893
d Total	3211	224080066	224338203

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1033000
c Target normal cost	**6c**	1033000

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

09/02/2026
Date

ERIC KARPEWICZ
Type or print name of actuary

26-07545
Most recent enrollment number

MERCER
Firm name

410-347-2889
Telephone number (including area code)

1050 CONNECTICUT AVE. NW
SUITE 700
WASHINGTON, DC 20036
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	12702412
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	12702412
10	Interest on line 9 using prior year's actual return of 2.40 %	0	304858
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 4.99 %		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	-24520939
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	37528209

Part III Funding Percentages

14	Funding target attainment percentage	14	91.87 %
15	Adjusted funding target attainment percentage	15	108.60 %
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	100.93 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	1033000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	18222103	1889017
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**	2922017

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2922017	2922017

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
AUMOVIO, INC. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 015

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

D Employer Identification Number (EIN)
51-0304065

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

STATE STREET BANK & TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 28 62 99	NONE	513373	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PIMCO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	485159	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MERCER

1050 CONNECTICUT AVENUE NW
SUITE 700
WASHINGTON, DC 20036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 62	RECORDKEEPING	308528	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CLEARVIEW GROUP

200 GLENRIDGE POINT PARKWAY
SUITE 400
ATLANTA, GA 30342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	86431	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NRS

12 GILL STREET SUITE 2600
WOBURN, MA 01801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPING	11981	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
AUMOVIO, INC. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 015

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

D Employer Identification Number (EIN)
51-0304065

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: AUMOVIO, INC. DBP TRUST

b Name of sponsor of entity listed in (a): AUMOVIO, INC.

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)
51-0304065-014	M	238022083

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
AUMOVIO, INC. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 015

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

D Employer Identification Number (EIN)
51-0304065

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1793239	1453668
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	236285100	238022083
(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)		
(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	238078339	239475751
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	217452	386246
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	217452	386246
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	237860887	239089505

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9568	
(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)		9568
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		21199197
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		21208765
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17913059	
(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)		17913059
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)	163254	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	571590	
(6) Bank or trust company trustee/custodial fees	2i(6)	516893	
(7) Actuarial fees	2i(7)	157255	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	336444	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1745436
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19658495
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1550270
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		321652

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: GREERWALKER ATTEST, PLLC **(2)** EIN: 42-4022015

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)
CONTINENTAL CONSOLIDATED DEFINED BENEFIT PENSION PLAN - TIRE	34-1417030	016

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 592908.

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
AUMOVIO, INC. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 015

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

D Employer Identification Number (EIN)
51-0304065

Part I Distributions

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

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

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

EIN(s): 36-3046063

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** | 42

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: 13.90 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 80.10 %
High-Yield Debt: 0.90 % Real Assets: _____% Cash or Cash Equivalents: _____% Other: 5.10 %

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_____.

10/15/2026

Dear DOL 5500,

The independent audit of the Plan's financial statements for the year ended December 31, 2025, is currently in progress. As a result, the audited financial statements and Independent Qualified Public Accountant's report are not available as of the date of this filing. The Plan Administrator intends to amend the Form 5500 to include the required audit report and financial statements upon completion of the audit.

Staci Hardy

Head of Benefits, US
AUMOVIO, Inc.

10/15/2026

Dear DOL 5500,

The independent audit of the Plan's financial statements for the year ended December 31, 2025, is currently in progress. As a result, the audited financial statements and Independent Qualified Public Accountant's report are not available as of the date of this filing. The Plan Administrator intends to amend the Form 5500 to include the required audit report and financial statements upon completion of the audit.

Staci Hardy

Head of Benefits, US
AUMOVIO, Inc.

10/15/2026

Dear DOL 5500,

The independent audit of the Plan's financial statements for the year ended December 31, 2025, is currently in progress. As a result, the audited financial statements and Independent Qualified Public Accountant's report are not available as of the date of this filing. The Plan Administrator intends to amend the Form 5500 to include the required audit report and financial statements upon completion of the audit.

Staci Hardy

Head of Benefits, US
AUMOVIO, Inc.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

Group	Active Participant Count	Weighted Average Retirement Age
(1) Former CPP Plan	140	63
(2) Former Legacy Hourly Plan – Teves	44	64
(3) Former Legacy Salaried – Teves Non-GF	157	61
(4) Former Legacy Salaried – Teves GF	4	61
Total	**345**	**62**

Former Continental NA Pension Plan (CPP) participants

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	10,000	500	27,500
56	5.0%	9,500	475	26,600
57	5.0%	9,025	451	25,721
58	5.0%	8,574	429	24,864
59	5.0%	8,145	407	24,028
60	15.0%	7,738	1,161	69,640
61	15.0%	6,577	987	60,181
62	15.0%	5,591	839	51,992
63	15.0%	4,752	713	44,906
64	15.0%	4,039	606	38,776
65	25.0%	3,433	858	55,791
66	25.0%	2,575	644	42,487
67	25.0%	1,931	483	32,348
68	25.0%	1,448	362	24,623
69	25.0%	1,086	272	18,739
70	100.0%	815	815	57,032
Total			10,000	625,230
Average				63

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

Former Pension Plan for Hourly-Paid Employees of Continental Automotive, Inc. and Certain Affiliated Companies (Legacy Hourly Teves) participants

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.00%	10,000	300	16,500
56	3.00%	9,700	291	16,296
57	3.00%	9,409	282	16,089
58	3.00%	9,127	274	15,881
59	3.00%	8,853	266	15,670
60	3.00%	8,587	258	15,457
61	10.00%	8,330	833	50,811
62	10.00%	7,497	750	46,480
63	10.00%	6,747	675	42,507
64	15.00%	6,072	911	58,295
65	40.00%	5,162	2,065	134,199
66	40.00%	3,097	1,239	81,758
67	40.00%	1,858	743	49,798
68	30.00%	1,115	334	22,744
69	30.00%	780	234	16,155
70	100%	546	546	38,241
Total			10,000	636,880
Average				64

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

Former Pension Plan for Salaried Employees of Continental Automotive, Inc. and Certain Affiliated Companies (Legacy Salaried Teves) participants

(A)	(B)		(C)		(D)		(E)	
Age	Retirement		Lx		#Retirees		#Retirees x Age	
	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
50	3.36%	2.50%	10,000	10,000	336	250	16,800	12,500
51	3.24%	2.50%	9,664	9,750	313	244	15,969	12,431
52	3.12%	2.50%	9,351	9,506	292	238	15,171	12,358
53	3.00%	2.50%	9,059	9,268	272	232	14,404	12,281
54	2.76%	2.50%	8,787	9,036	243	226	13,097	12,200
55	7.50%	7.50%	8,544	8,810	641	661	35,247	36,345
56	7.50%	7.50%	7,903	8,149	593	611	33,197	34,231
57	7.50%	7.50%	7,310	7,538	548	565	31,255	32,229
58	7.50%	7.50%	6,762	6,973	507	523	29,418	30,335
59	7.50%	7.50%	6,255	6,450	469	484	27,681	28,543
60	10.00%	10.00%	5,786	5,966	579	597	34,719	35,800
61	10.00%	10.00%	5,207	5,369	521	537	31,768	32,757
62	15.00%	15.00%	4,686	4,832	703	725	43,589	44,947
63	10.00%	10.00%	3,983	4,107	398	411	25,099	25,881
64	10.00%	10.00%	3,585	3,696	359	370	22,948	23,662
65	30.00%	30.00%	3,226	3,326	968	998	62,927	64,887
66	30.00%	30.00%	2,258	2,328	678	699	44,726	46,119
67	30.00%	30.00%	1,581	1,630	474	489	31,783	32,773
68	30.00%	30.00%	1,107	1,141	332	342	22,580	23,283
69	30.00%	30.00%	775	799	232	240	16,038	16,538
70	100%	100%	542	559	542	559	37,966	39,148
Total					**10,000**	**10,000**	**606,382**	**609,247**
Average							**61**	**61**

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

Actuarial Assumptions for January 1, 2025 Funding Valuation

Discount rate sponsor elections		
Segment rates or full yield curve	Segment	
Look-back months	4	
	Stabilized	**Nonstabilized**
First 5 years	5.07%	5.07%
Next 15 years	5.31%	5.33%
Over 20 years	5.50%	5.36%
Mortality sponsor elections		
Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2025 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with the IRS regulation 1.430(h)(3)-1.	
Pre-1995 disabilities	Former CPP and Huntsville participants: Revenue Ruling 96-7 table for participants who became disabled before 1995. Former Legacy Salaried and Legacy Hourly Teves Participants: Same as healthy	
Post-1994 disabilities	Former CPP and Huntsville participants: Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits. Former Legacy Salaried and Legacy Hourly Teves Participants: Same as healthy	
Cash balance plans		
Cash balance interest credit	4.25%	
Annuity conversion	2025 IRS applicable mortality table under Section 417(e) and funding valuation discount rate assumptions per regulations	
Other economic assumptions		
Expected investment return	4.50% for calendar year 2023 (4.25% for calendar year 2023 for Former Huntsville plan), 4.25% for calendar year 2024 and 5.00% for calendar year 2025	
Expenses	$1,033,000 added to current year normal cost	

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

Rationale for Economic Assumptions

- Cash balance interest accumulation rate – This assumption is based on a long-term view of 30-year Treasury yields.
- Expected investment return – The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's January 2025 Capital Markets Outlook for the plan's target asset mix. The expected return on assets assumption is net of an adjustment of 8 bps for investment expenses assumed to be paid from plan assets.
- Expenses – Equal to prior year's actual administrative expense rounded to nearest $1,000, adjusted for increase in anticipated PBGC premiums.

Demographic assumptions	
• Withdrawal	Former CPP participants: 75% of the Mercer modified 2003 SOA Turnover Table. Former Legacy Hourly Teves participants: 45% of the Mercer modified 2003 SOA Turnover Table. Former Legacy Salaried Teves participants: 60% of the Mercer modified 2003 SOA Turnover Table. See tables of sample rates
• Disability incidence	Former CPP and Legacy Salaried Teves participants: 82% of the 1985 Pension Disability Table-Class 1. Former Legacy Hourly Teves participants: 82% of the 1985 Pension Disability Table-Class 2. 100% of Teves Culpeper participants becoming disabled are assumed to be eligible for Social Security disability benefits. See tables of sample rates
• Retirement age	**Former CPP participants:** **Attained age** / **Percentage** 55-59 / 5% 60-64 / 15% 65-69 / 25% 70 / 100% For disabled participants, 100% rate at age 65 and later

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

- Retirement age

	Percentage		
Attained age	**Former Legacy Hourly Teves Active**	**Former Legacy Salaried Teves Non GF Active**	**Former Legacy Salaried Teves GF Active**
50	0.00%	3.36%	2.50%
51	0.00%	3.24%	2.50%
52	0.00%	3.12%	2.50%
53	0.00%	3.00%	2.50%
54	0.00%	2.76%	2.50%
55	3.00%	7.50%	7.50%
56	3.00%	7.50%	7.50%
57	3.00%	7.50%	7.50%
58	3.00%	7.50%	7.50%
59	3.00%	7.50%	7.50%
60	3.00%	10.00%	10.00%
61	10.00%	10.00%	10.00%
62	10.00%	15.00%	15.00%
63	10.00%	10.00%	10.00%
64	15.00%	10.00%	10.00%
65	40.00%	30.00%	30.00%
66	40.00%	30.00%	30.00%
67	40.00%	30.00%	30.00%
68	30.00%	30.00%	30.00%
69	30.00%	30.00%	30.00%
70 and above	100.00%	100.00%	100.00%

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

• Benefit commencement age – former CPP Cash Balance	
– Future vested deferred	Lump sum at age 55; Annuity at age 61
– Current vested deferred	Lump sum at age 55; Annuity at age 61
• Benefit commencement age – former CPP Final Average Earnings	
– Future vested deferred	64
– Current vested deferred	62
• Benefit commencement age – former Huntsville, Legacy Salaried Teves, & Legacy Hourly Teves	
– Future vested deferred	65, N/A for former Huntsville
– Current vested deferred	65

Spouse assumptions	**Former CPP**		**Former Huntsville**	
	Male Participants	Female Participants	Male Participants	Female Participants
– Percentage married	80%	80%	75%	50%
– Spouse age difference	3 years younger	3 years older	3 years younger	3 years older

	Former Legacy Hourly Teves and Legacy Salaried Teves	
	Male Participants	Female Participants
– Percentage married	85%	85%
– Spouse age difference	3 years younger	3 years older

Form of payment — Former CPP Cash Balance	**Lump sum**	**Single life**	**50% J&S**	**100% J&S**
• Active retirements	85%	7.5%	7.5%	0%
• Future vested deferred	85%	7.5%	7.5%	0%
• Future disabilities	100%	0%	0%	0%
• Future deaths	100%	0%	0%	0%
• Current vested deferred	70%	15%	15%	0%

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

Form of payment — Former CPP Final Average Earnings	**Lump sum**	**Single life**	**50% J&S**	**100% J&S**
• Active retirements	0%	50%	50%	0%
• Future vested deferred	0%	50%	50%	0%
• Future disabilities	0%	100%	0%	0%
• Future deaths	0%	0%	100%	0%
• Current vested deferred	0%	50%	50%	0%

Form of payment — Former Huntsville	**Single life**
• Current vested deferred	100%

Form of payment — Former Legacy Salaried Teves	**Single life**	**75% J&S**	**50% J&S**
• Active retirements	35%	65%	0%
• Future vested deferred	35%	65%	0%
• Future disabilities	100%	0%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	35%	65%	0%

Form of payment — Former Legacy Hourly Teves	**Single Life**	**75% J&S**	**50% J&S**
• Active retirements	75%	25%	0%
• Future vested deferred	75%	25%	0%
• Future disabilities	100%	0%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	75%	25%	0%

Unpredictable contingent event assumptions	Not applicable

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

Table of Sample Rates

Attained age	Former CPP		
		Disability incidence	
	Withdrawal	Male	Female
20	19.50%	0.02%	0.02%
25	13.50%	0.03%	0.04%
30	9.15%	0.04%	0.07%
35	6.53%	0.06%	0.11%
40	5.18%	0.10%	0.17%
45	4.58%	0.17%	0.26%
50	4.20%	0.29%	0.44%
55	3.30%	0.59%	0.78%
60	2.55%	1.03%	0.95%
65	0.00%	1.44%	1.11%

Attained age	Former Legacy Hourly Teves		
		Disability incidence	
	Withdrawal	Male	Female
20	11.70%	0.05%	0.05%
25	8.10%	0.08%	0.08%
30	5.49%	0.11%	0.14%
35	3.92%	0.16%	0.21%
40	3.11%	0.26%	0.29%
45	2.75%	0.41%	0.43%
50	2.52%	0.68%	0.70%
55	0.00%	1.23%	1.22%
60	0.00%	1.86%	1.47%
65	0.00%	2.48%	1.72%

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

	Former Legacy Salaried Teves		
		Disability incidence	
Attained age	Withdrawal	Male	Female
20	15.60%	0.02%	0.02%
25	10.80%	0.03%	0.04%
30	7.32%	0.04%	0.07%
35	5.22%	0.06%	0.11%
40	4.14%	0.10%	0.17%
45	3.66%	0.17%	0.26%
50	3.36%	0.29%	0.44%
55	0.00%	0.59%	0.78%
60	0.00%	1.03%	0.95%
65	0.00%	1.44%	1.11%

Rationale for Significant Demographic Assumptions

- Withdrawal rates and retirement rates assumptions are based on the experience study *Continental Automotive, Inc. Pension Plans Actuarial Assumptions Review* report dated December 21, 2015 using data from 2012 through 2014 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.

- The form of payment and benefit commencement age assumptions are based on the experience study completed in November 2019 using data from 2014 through 2018 for former participants in the CPP plan.

- The form of payment assumption for former Huntsville, Legacy Hourly Teves and Legacy Salaried Teves participants is based on the experience study *Continental Automotive, Inc. Pension Plans Actuarial Assumptions Review* report dated December 21, 2015 using data from 2012 through 2014 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.

- The disability decrement assumption is 82% of the 1985 Pension Disability Table - Class 1 for former CPP and Legacy Salaried Teves participants and 82% of the 1985 Pension Disability Table - Class 2 for former Legacy Hourly Teves participants. The plan’s relatively small size would not support a credible decrement study; therefore, use of a standard table is appropriate.

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

Actuarial Methods for Funding

Asset Methods

The asset valuation method is an average of the adjusted market value for each year during the last 6 months preceding the valuation date. The adjusted market value is the market value at each determination date 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. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date.
- **Participants excluded:** No actuarial liability is included for non-vested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions

Former Continental NA Pension Plan (CPP) participants

Effective date and plan year	Original plan: January 1, 2008 Restated plan: January 1, 2015 Last amended: January 1, 2019 Plan year: January 1
Status of the plan	Effective January 1, 2011, all benefits accrued under the plan were frozen
Significant events that occurred during the year	Effective December 31, 2024, the CPP and Huntsville plans were merged into the AUMOVIO, Inc. Defined Benefit Plan (formerly known as Continental Consolidated Defined Benefit Pension Plan – Auto (Auto Plan)) and the Legacy Hourly and Legacy Salaried plans were merged into the Continental Consolidated Defined Benefit Pension Plan – Tire (Tire Plan). Immediately following the mergers, the auto participants were transferred from the Tire Plan to the AUMOVIO, Inc. Defined Benefit Plan.
DEFINITIONS	
• Covered employees	January 1 or July 1 coincident with or following completion of six months of Vesting Service, but not before January 1, 2008
• Participation	Effective January 1, 2010, the Continental NA Pension Plan for Union Employees (CPP Union) merged into the Plan. Any individual who was a participant in the CPP Union as of December 31, 2009 became a participant in this Plan on that date. Effective January 1, 2019, 211 Powertrain employees were transferred to the Continental Powertrain Pension Plan. Participation in the plan is closed
• Vesting service	From date of hire
• Credited service	Elapsed time in years from membership date
• Pensionable earnings	Eligible compensation includes base pay, bonuses, overtime pay, shift differential, commissions, salary continuation payments, and Section 125 contributions. Compensation shall not exceed the limit described in IRC section 401(a)(17)
• Final average earnings	Certain plan participants had a choice to remain covered by the Final Average Pay formula if age plus vesting points equaled 55 or more on January 1, 2001. All other participants are covered under the Cash Balance formula described later in this section
• Accrued benefit	The pension is greater of (a) or (b): a) 1.125% of AFC up to $12,000 plus 1.50% of such AFC in excess of $12,000, all multiplied by years of Benefit Service. AFC is the average annual Total Cash Compensation in the 4 consecutive plan years out of the last 10 plan years prior to the Normal Retirement date which produces the highest such average

Schedule SB, Part V — Summary of Plan Provisions

b) The minimum benefit

NORMAL RETIREMENT	
• Eligibility	Later of age 65 or completion of three years of Vesting Service
• Benefit	A life annuity starting at normal retirement equal to the Accrued Benefit
EARLY RETIREMENT	
• Eligibility	Age 55 with 10 years of Vesting Service
• Benefit	The annual pension is the accrued benefit deferred to age 65 or if payments commence before age 65, such accrued benefit is reduced by 5/12ths for each of the first 24 months by which the starting date precedes age 62 and by 1/2% for each additional month in excess of 24 months. There is no reduction if the starting date is between ages 62 and 65
DEFERRED VESTED	
• Eligibility	100% vested with three years of Vesting Service
• Benefit	The annual pension is determined as in Normal Retirement (a) above, but reduced actuarially, using 7.00% interest and the UP 1984 mortality table, if payments begin after age 55 but before age 65
DISABILITY	
• Eligibility	Ten years of Vesting Service or qualifies for Workmen's Compensation in connection with disability
• Benefit	The annual pension is the accrued benefit based on Normal Retirement (a) above. The participant shall be credited with Vesting and Benefit Service during the period of disability prior to the earliest commencement of retirement benefits, the participant's death, or the participant's recovery from disability. Benefit Service is not imputed after January 1, 2011. Participants may elect to commence a reduced benefit as early as age 55 reduced in accordance with the Early Retirement provisions
PRE-RETIREMENT DEATH	
• Eligibility	Eligibility occurs on death after three years of vesting service
• Final Average Pay Participants	50% of the pension the participant would have received under the 50% Joint & Survivor option
OTHER BENEFITS	
• Benefit	Certain operating companies receive special minimum benefits based on the terms of agreement when they entered the Siemens Pension Plan. In

Schedule SB, Part V — Summary of Plan Provisions

	addition, certain benefit provisions from prior plans that were subsequently merged into the Plan continue
CASH BALANCE FORMULA	
• Account Balance	The Cash Balance formula applies to all participants except for those who chose to remain under the Final Average Pay formula. The cash balance account is increased monthly with Pay and Interest Credits (no additional pay credits accrued after plan freeze)
• Interest Credits	Based on the 30-year Treasury rate for the August immediately preceding the Plan Year
• Pay Credits	Based on Vesting Service: Service: <5; 5 – 9; 10 – 14; 15 – 19; 20 – 24; 25 – 29; 30 + Pay Credit: 3.00%; 3.75%; 4.50%; 6.00%; 7.50%; 9.00%; 11.25%
PRE- RETIREMENT DEATH	
	Account balance payable to beneficiary determined as of beneficiary commencement date (as early as participant's date of death but no later than participant's age 65)
UNPREDICTABLE CONTINGENT EVENT BENEFITS	
• Event	N/A
• Eligibility	N/A
• Benefit	N/A
FORM OF BENEFITS	
• Automatic form for unmarried participants	Life annuity
• Late Retirement factors	UP 1984 Mortality table and 7% interest
• Automatic form for married participants	50% joint and survivor annuity
• Optional forms	Joint and survivor annuity (100%, 75%, 66 2/3%, 50%) 120 months certain and life

Schedule SB, Part V — Summary of Plan Provisions

	Lump Sum (for Cash Balance participants only)
• Lump sum cash-out	Benefit paid immediately to participant as a lump sum if the Actuarial Equivalent of the age-65 monthly retirement benefit payable as a Life Annuity is less than $5,000
• Optional form conversion factors (excluding lump sum payments)	7.00% interest and UP 1984 mortality table
• Optional form conversion factors (lump sum payments)	IRC Section 417(e) mortality table for the applicable year and interest based on 3-segment yield curve with 4 months look-back (with comparison to 5 month look-back for 2015 only)
MISCELLANEOUS	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. When plan benefits were frozen, the limit was $195,000

Schedule SB, Part V — Summary of Plan Provisions

Former Pension Plan for Salaried Employees of Continental Automotive, Inc. and Certain Affiliated Companies (Legacy Salaried Teves) participantS

Effective date and plan year	Original plan: January 1, 1965 Restated plan: January 1, 2015 Last amended: January 1, 2019 Plan year: Calendar Year
Status of the plan	Effective June 30, 2005, employees whose age plus service as of that date was less than 60 accrue no further benefits. Effective December 31, 2010, benefit accruals under the plan were frozen for grandfathered group.
Significant events that occurred during the year	Effective December 31, 2024, the CPP and Huntsville plans were merged into the AUMOVIO, Inc. Defined Benefit Plan (formerly known as Continental Consolidated Defined Benefit Pension Plan – Auto (Auto Plan)) and the Legacy Hourly and Legacy Salaried plans were merged into the Continental Consolidated Defined Benefit Pension Plan – Tire (Tire Plan). Immediately following the mergers, the auto participants were transferred from the Tire Plan to the AUMOVIO, Inc. Defined Benefit Plan.
Definitions	
Participation	All Continental Teves and AM salaried employees who were members of the plan on April 30, 2005. Effective January 1, 2019, 17 Powertrain employees were transferred to the newly created Continental Powertrain Pension Plan. No new entrants are allowed.
Pensionable earnings	Eligible compensation includes base pay, cash bonuses, overtime pay, cost of living adjustments, commissions, and merit increases. Compensation shall not exceed the limit described in IRC section 401(a)(17).
Normal retirement	
Eligibility	Age 65
Benefit	2% of final average salary during the 5 consecutive years of service in last 10 years giving the highest average, multiplied by service up to 25 years, plus 1.5% of such final average salary multiplied by service between 25 and 40 years, reduced by 1.25% of the Social Security benefit multiplied by service up to 40 years.
Special early retirement	
Eligibility	Age 55 and 15 years of service, or age 50 with age and service totaling 80 or more years.
Benefit	Accrued pension can commence as early as age 50 and is reduced 5/12 of 1% for each month that payments commence prior to age 60, but not less than 75% of the unreduced benefit that would have been payable at age 60. Social Security reduction is not applied before age 62.
Early retirement	
Eligibility	Age 55 and 10 years of service.
Benefit	Accrued pension deferred to age 65 or an immediate benefit reduced 1/4 of 1% for each month that payments commence prior to age 65. Social Security reduction is not applied before age 62.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
Eligibility	5 years of service
Benefit	A monthly amount equal to the normal retirement benefit accrued at termination payable at normal retirement or a reduced benefit payable after age 55 with 10 years of service. Benefit is reduced by 1/360 for each month up to age 60, and 1/180 for each month from age 60 to normal retirement date.
Pre-retirement death	
Eligibility	Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date which could have been elected by deceased participant.
Benefit	Accrued pension at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died. For a terminated vested participant there is a charge for each year coverage is in effect after termination date. Coverage for which a charge is made may be waived with the consent of the spouse.
Supplemental death	
Eligibility	Election available upon the earlier of age 65 or age 55 with 10 years of service. Charge for coverage is 1/2 of 1% for each year in effect.
Benefit	25% of accrued pension, adjusted if beneficiary is more than 5 years younger.
Unpredictable contingent event benefits	N/A
Form of benefits	
Automatic form for unmarried participants	Life annuity
Automatic form for married participants	50% joint and survivor annuity
Spouse's Contingent Optional forms	o 90% (adjusted for difference in ages of more than 5 years) of benefit with 50% of the unreduced benefit payable to spouse after retired member's death. o 80% (adjusted for difference in ages of more than 5 years) of benefit with the reduced benefit payable to spouse after retired member's death. Spouse's contingent annuity options are not available for vested benefits.
Standard Optional forms	o Joint and survivor annuity (100%, 75% 50%) o Standard contingent annuity options are not available for vested benefits.
Optional form conversion factors	8.50% interest and GA 83 male and female mortality table.
Miscellaneous	
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. When plan benefits were frozen effect December 31, 2010, this limit was $195,000 and when plan benefits were frozen effective June 30, 2005, this limit was $170,000.

Schedule SB, Part V — Summary of Plan Provisions

Former Pension Plan for Hourly-Paid Employees of Continental Automotive, Inc. and Certain Affiliated Companies (Legacy Hourly Teves) participants

Effective date and plan year	Original plan: October 30, 1987 Restated plan: January 1, 2015 Last amended: December 14, 2017 Plan year: Calendar year
Status of the plan	Effective May 1, 2008 benefit accruals under the plan were frozen.
Significant events that occurred during the year	Effective December 31, 2024, the CPP and Huntsville plans were merged into the AUMOVIO, Inc. Defined Benefit Plan (formerly known as Continental Consolidated Defined Benefit Pension Plan – Auto (Auto Plan)) and the Legacy Hourly and Legacy Salaried plans were merged into the Continental Consolidated Defined Benefit Pension Plan – Tire (Tire Plan). Immediately following the mergers, the auto participants were transferred from the Tire Plan to the AUMOVIO, Inc. Defined Benefit Plan.
Definitions	
• Participation	First of the month following attainment of age 21 and completion of 1 year of service. Participation in the plan is closed.
Normal retirement	
• Eligibility	Age 65
• Benefit	$28.00 multiplied by years of credited service not to exceed 40 years of service.
Early retirement	
• Eligibility	Age 55 and 10 years of service
• Benefit	Normal retirement benefit, reduced 1/15 for the first 5 years and 1/30 for the next 5 years, for commencement prior to age 65.
Deferred vested	
• Eligibility	5 years of service
• Benefit	Accrued benefit can be paid at age 55, with reduction for commencement before age 65.
Disability	
• Eligibility	Culpeper: Age 50 and 15 years of credited service. All others: Total and permanent disability and 10 years of service.
• Benefit	Culpeper: Accrued benefit at disability, payable until earlier of normal retirement age or death. All others: Accrued benefit at disability, payable at normal retirement date, or date that Social Security or LTD benefit cease, if earlier.
Pre-retirement death	
• Eligibility	Death after becoming eligible for a vested benefit. Benefit commences no earlier than earliest retirement date which could have been elected by deceased participant.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued pension at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died. For a terminated vested participant there is a charge for each year coverage is in effect after termination date. Coverage for which a charge is made may be waived with consent of the spouse.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% joint and survivor annuity
• Optional forms	• Life annuity • Joint and survivor annuity (50%, 75%, 100%)
• Optional form conversion factors	1951 GAM Pension Mortality table for males, set back 2 years for participants and 5 years for beneficiaries, and 6% interest.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. When plan benefits were frozen effective May 1, 2008, this limit was $185,000.

Schedule SB, Part V — Summary of Plan Provisions

Former Continental NA Automotive Union Pension Plan (Huntsville) participants

Effective date and plan year	Original plan: April 1, 2004 Restated January 1, 2015 Last Amended: September 1, 2017 Plan year: Calendar year
Plan history	Provides benefits to employees covered under agreements entered into between Siemens VDO Automotive Electronics Corporation and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America and those of its Local Unions (listed in Appendix H). Effective December 3, 2007, Continental AG acquired Siemens VDO Automotive Corporation.
Significant events that occurred during the year	Effective December 31, 2024, the CPP and Huntsville plans were merged into the AUMOVIO, Inc. Defined Benefit Plan (formerly known as Continental Consolidated Defined Benefit Pension Plan – Auto (Auto Plan)) and the Legacy Hourly and Legacy Salaried plans were merged into the Continental Consolidated Defined Benefit Pension Plan – Tire (Tire Plan). Immediately following the mergers, the auto participants were transferred from the Tire Plan to the AUMOVIO, Inc. Defined Benefit Plan.
Definitions	
• Eligibility	Only inactive participants in the plan.
• Vesting service	From date of hire.
• Total credited service	From date of hire.
• Automotive credited service	From later of date of hire and April 1, 2004.
Normal retirement	
• Eligibility	Age 65 with one or more years of Vesting Service
• Benefit	Years of Automotive Credited Service multiplied by applicable Basic Pension Rate based on job classification.

Effective October 1

	2007	2008	2009	2010
Class A	$ 52.90	$ 53.10	$ 53.30	$ 53.55
Class B	$ 53.15	$ 53.35	$ 53.55	$ 53.80
Class C	$ 53.40	$ 53.60	$ 53.80	$ 54.05
Class D	$ 53.65	$ 53.85	$ 54.05	$ 54.30

Schedule SB, Part V — Summary of Plan Provisions

Early retirement

- Eligibility: Age 60 with 10 years of Vesting Service, or age 55 with 85 points or 30 or more years of Vesting Service.
- Benefit: The monthly benefit amount determined as the Normal Retirement benefit above based on Automotive Credited Service as of the early retirement date multiplied by an Early Retirement reduction factor.

  If the participant retires early with 30 or more years of Total Credited Service or combined years of age and years of Total Credited Service which totaled 85 points or more, the Early Retirement benefit payable after age 62 is recalculated without any reduction for Early Retirement.

Age	Early Retirement Factor
50	0.383
51	0.415
52	0.450
53	0.489
54	0.532
55	0.579
56	0.635
57	0.694
58	0.752
59	0.808
60	0.867
61	0.933
62+	1.000

Early retirement supplement

- Eligibility: Thirty or more years of Total Vesting Service
- Benefit: Temporary to age 62 benefit equal to the difference between (a) and (b) below:

  a) Early Retirement Benefit

  b) Total Monthly Benefit Amount based on benefit commencement date:

For Benefit Commencement Dates On or After	Total Monthly Benefit
October 1, 2007	$3,140
October 1, 2008	$3,150
October 1, 2009	$3,160
October 1, 2010	$3,170

Schedule SB, Part V — Summary of Plan Provisions

Interim supplement	
• Eligibility	Age 60 with 10 years of Total Credited Service or age 55 with 85 points, but less than 30 years of Total Credited Service
• Benefit	Temporary to age 62 benefit equal to years of Automotive Credited Service multiplied by the applicable Interim Rate.

	Effective October 1			
	2007	2008	2009	2010
Age 55	$ 22.35	$ 22.45	$ 22.55	$ 22.60
Age 56	$ 26.35	$ 26.50	$ 26.60	$ 26.70
Age 57	$ 31.90	$ 32.00	$ 32.15	$ 32.25
Age 58	$ 37.35	$ 37.50	$ 37.65	$ 37.80
Age 59	$ 41.65	$ 41.85	$ 42.00	$ 42.20
Age 60	$ 48.25	$ 48.45	$ 48.65	$ 48.85
Age 61	$ 48.25	$ 48.45	$ 48.65	$48.85

Special early retirement	
• Eligibility	Age 50 with 10 years of Total Credited Service.
• Benefit	Unreduced Normal Retirement benefit and a temporary supplement payable until age 62 equal to $51.20 times Automotive Credited Service.
Deferred vested	
• Eligibility	100% vested with five years of Vesting Service.
• Benefit	The monthly pension is determined as in Normal Retirement above, and reduced to reflect early retirement by five-ninths of one percent for each month prior to age 65, if applicable.
Disability	
• Eligibility	Ten years of Vesting Service
• Benefit	The monthly benefit amount determined as the Normal Retirement benefit above based on Automotive Credited Service as of the disability.
Pre-retirement death	
• Eligibility	Eligibility occurs on death in active service after five years of vesting service.
• Benefit prior to early retirement	50% of the Normal Retirement benefit that would have been payable to the participant as a single life annuity based on the years of Automotive Credited Service completed as of the date of death.
• Benefit after retirement	65% of the Normal Retirement benefit that would have been payable to the participant as a single life annuity based on the years of Automotive Credited Service completed as of the date of death.
Unpredictable contingent event benefits	
• Event	N/A
• Eligibility	N/A

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	N/A
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	65% joint and survivor annuity
• Optional forms	Joint and survivor annuity (100%, 75%, 65%, 50%)
• Optional form conversion factors	Maximum of: UP 1994 Male/Female mortality tables and 6.00% interest IRC Section 417(e) mortality table and 3-month lookback for interest rate
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415 in effect when employment terminated and accrued benefits were determined.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended December 31, 2024, are included in this valuation:

- **Most recent plan amendments included:** Amendment effective December 31, 2024
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions Specific to Funding

Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits, which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

Effective December 31, 2024, the CPP and Huntsville plans were merged into the AUMOVIO, Inc. Defined Benefit Plan (formerly known as Continental Consolidated Defined Benefit Pension Plan – Auto (Auto Plan)) and the Legacy Hourly and Legacy Salaried plans were merged into the Continental Consolidated Defined Benefit Pension Plan – Tire (Tire Plan). Immediately following the mergers, the auto participants were transferred from the Tire Plan to the AUMOVIO, Inc. Defined Benefit Plan.

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
AUMOVIO, INC. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 015

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

D Employer Identification Number (EIN)
51-0304065

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	238,062,435
b Actuarial value	**2b**	243,644,309

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	1,769	156,032,735	156,032,735
b For terminated vested participants	1,097	47,989,575	47,989,575
c For active participants	345	20,057,756	20,315,893
d Total	3,211	224,080,066	224,338,203

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,033,000
c Target normal cost	**6c**	1,033,000

Statement by Enrolled Actuary

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

SIGN HERE

EPK
Signature of actuary

09/02/2026
Date

ERIC KARPEWICZ
Type or print name of actuary

2607545
Most recent enrollment number

MERCER
Firm name

410-347-2889
Telephone number (including area code)

1050 CONNETICUT AVE. NW
SUITE 700
WASHINGTON DC 20036
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	12,702,412
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	12,702,412
10	Interest on line 9 using prior year's actual return of 2.40 %	0	304,858
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 4.99 %		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	-24,520,939
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	37,528,209

Part III Funding Percentages

14	Funding target attainment percentage	14	91.87 %
15	Adjusted funding target attainment percentage	15	108.60 %
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	100.93 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	1,033,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	18,222,103	1,889,017
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**	2,922,017

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,922,017	2,922,017

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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, line 26a — Schedule of Active Participants Data

Attained Age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44	2	6	2								10
45–49	1	31	23	1							56
50–54		26	37	24	6						93
55–59		26	37	32	10						105
60–64		14	23	18	9	1	1	1			67
65–69		5	5	2	1						13
70 & up								1			1
Total	3	108	127	77	26	1	1	2			345

In each cell, the number is the count of active participants for each age/service combination. Average frozen benefit or average cash-balance amount are not shown for plans with fewer than 1,000 active participants.

Schedule SB, line 25 — Change in Method

Method change since prior valuation

Since the plan merger and spin-in didn’t qualify for the automatic approval, an IRS funding method change application has been submitted and is pending approval. There were no other changes in actuarial methods since the last actuarial valuation as of January 1, 2024.

Schedule SB, line 32 — Schedule of Amortization Bases

Shortfall amortization charge

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2025 installment
2023	$	17,440,259	13	$	1,792,436
2024		5,366,378	14		524,045
2025		(4,584,534)	15		(427,464)
Total	$	18,222,103		$	1,889,017

Plan: AUMOVIO, Inc. Defined Benefit Plan
EIN/PN: 51-0304065/015

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	649,788	9,385,562	15,072,795	25,108,145
2026	855,161	1,361,691	14,711,983	16,928,835
2027	926,371	1,671,359	14,321,215	16,918,945
2028	1,029,691	1,968,451	13,923,786	16,921,928
2029	1,148,752	1,979,116	13,518,923	16,646,791
2030	1,267,378	2,168,874	13,093,890	16,530,142
2031	1,373,571	2,456,832	12,648,903	16,479,306
2032	1,456,342	2,581,274	12,193,116	16,230,732
2033	1,483,461	2,791,688	11,713,258	15,988,407
2034	1,490,865	2,792,422	11,223,419	15,506,706
2035	1,573,791	2,950,164	10,717,520	15,241,475
2036	1,554,137	3,082,064	10,197,750	14,833,951
2037	1,573,523	3,192,477	9,666,071	14,432,071
2038	1,551,538	3,184,857	9,125,098	13,861,493
2039	1,567,502	3,197,479	8,577,855	13,342,836
2040	1,556,089	3,202,601	8,027,626	12,786,316
2041	1,516,002	3,196,416	7,477,853	12,190,271
2042	1,479,769	3,163,482	6,932,041	11,575,292
2043	1,444,006	3,136,822	6,393,664	10,974,492
2044	1,395,332	3,087,527	5,866,157	10,349,016
2045	1,345,906	3,020,797	5,352,853	9,719,556
2046	1,305,046	2,934,541	4,856,907	9,096,494
2047	1,271,049	2,839,324	4,381,174	8,491,547
2048	1,216,066	2,736,892	3,928,178	7,881,136
2049	1,160,723	2,632,298	3,500,045	7,293,066
2050	1,122,105	2,520,158	3,098,444	6,740,707
2051	1,066,504	2,398,424	2,724,592	6,189,520
2052	1,018,788	2,272,430	2,379,306	5,670,524
2053	968,768	2,140,639	2,062,989	5,172,396
2054	916,524	2,004,714	1,775,610	4,696,848
2055	862,275	1,866,012	1,516,771	4,245,058
2056	806,366	1,725,804	1,285,717	3,817,887
2057	749,188	1,585,466	1,081,378	3,416,032
2058	691,200	1,446,427	902,371	3,039,998
2059	632,921	1,310,090	747,037	2,690,048
2060	574,913	1,177,777	613,537	2,366,227
2061	517,790	1,050,710	499,925	2,068,425
2062	462,171	929,964	404,207	1,796,342
2063	408,653	816,439	324,369	1,549,461
2064	357,799	710,844	258,441	1,327,084
2065	310,105	613,677	204,539	1,128,321
2066	265,973	525,225	160,909	952,107
2067	225,687	445,577	125,946	797,210
2068	189,413	374,624	98,188	662,225
2069	157,195	312,097	76,346	545,638
2070	128,971	257,587	59,299	445,857
2071	104,593	210,581	46,097	361,271
2072	83,821	170,490	35,949	290,260
2073	66,367	136,675	28,200	231,242
2074	51,903	108,476	22,319	182,698

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial Assumption Changes Since Prior Valuation

The following assumption changes have occurred since January 1, 2024 valuation.

- The expense component of normal cost increased from $362,000 (former CPP plan only) to $1,033,000 to reflect our expectations for the current plan year.
- Expected investment return increased from 4.25% for calendar year 2024 to 5.00% for calendar year 2025.