

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: BODINE ALUMINUM, INC. PENSION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/26/1990
2a Plan sponsor's name (employer, if for a single-employer plan): TOYOTA MOTOR MANUFACTURING, MISSOURI, INC.
2b Employer Identification Number (EIN): 43-1537447
2c Plan Sponsor's telephone number: 636-462-2200
2d Business code (see instructions): 332110

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

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

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

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TOYOTA HUMAN RESOURCES DEPARTMENT 6565 HEADQUARTERS DRIVE, W1-3C PLANO, TX 75204-5965	3b Administrator's EIN 95-3141669 3c Administrator's telephone number 877-248-1635
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1002
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		
	6a(1)	899
	6a(2)	0
	6b	
	6c	
	6d	0
	6e	
	6f	0
	6g(1)	
	6g(2)	
	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 1I

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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 <u>BODINE ALUMINUM, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TOYOTA MOTOR MANUFACTURING, MISSOURI, INC.</u>	D Employer Identification Number (EIN) <u>43-1537447</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a		<u>18572728</u>
b Actuarial value	2b		<u>20430001</u>
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	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>103</u>	<u>2194500</u>	<u>2194500</u>
c For active participants	<u>899</u>	<u>18970128</u>	<u>20814225</u>
d Total	<u>1002</u>	<u>21164628</u>	<u>23008725</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
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		<u>5.01 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>0</u>
c Target normal cost	6c		

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	<u>07/30/2024</u>	Date
	<u>JESUS A FLORES-KOMIYAMA</u>	<u>23-07909</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>214-530-4200</u>	Telephone number (including area code)
	<u>500 NORTH AKARD STREET, SUITE 4300</u> <u>DALLAS, TX 75201</u>		
	Address of the firm		

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

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)		3091714
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		3091714
10	Interest on line 9 using prior year's actual return of <u>-18.58</u> %		-574440
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.63</u> %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		2217274
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	300000

Part III Funding Percentages			
14	Funding target attainment percentage	14	87.48 %
15	Adjusted funding target attainment percentage	15	88.14 %
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	105.85 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)		18(c)	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29
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
b Excess assets, if applicable, but not greater than line 31a			31b
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2878724	265255	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 265255
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			265255
36 Additional cash requirement (line 34 minus line 35).....			36 265255
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan BODINE ALUMINUM, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 TOYOTA MOTOR MANUFACTURING, MISSOURI, INC.	D Employer Identification Number (EIN) 43-1537447	

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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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)

RUSSELL INVESTMENTS TRUST COMPANY

91-1116938

(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 50	NA	230976	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>BODINE ALUMINUM, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TOYOTA MOTOR MANUFACTURING, MISSOURI, INC.</u>	D Employer Identification Number (EIN) <u>43-1537447</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP U.S. EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG DURATION FIXED INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>26-6609096-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-MANAGER BOND FUN</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-029</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan BODINE ALUMINUM, INC. PENSION PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 TOYOTA MOTOR MANUFACTURING, MISSOURI, INC.	D Employer Identification Number (EIN) 43-1537447

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	18572728	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	18572728	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	18572728	0

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		2552902
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2552902

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1453835	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	1078242	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2532077
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	230976	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		230976
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2763053

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-210151
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		18362577

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MOSS ADAMS, LLP

(2) EIN: 91-0189318

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)		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.)	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?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
TOYOTA MOTOR SALES, U.S.A., INC. PENSION PLAN	95-3141669	003

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 519205.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>BODINE ALUMINUM, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TOYOTA MOTOR MANUFACTURING, MISSOURI, INC.</u>	D Employer Identification Number (EIN) <u>43-1537447</u>	

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): <u>91-1116938</u>		
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	61

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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 _____.



Report of Independent Auditors and
Financial Statements
with Supplemental Schedule

Bodine Aluminum, Inc. Pension Plan

December 31, 2023 and 2022

Table of Contents

	Page
Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
Supplemental Schedule	
Schedule H, Line 4(j) – Schedule of Reportable Transactions	15

Report of Independent Auditors

To the Plan Administrator
Bodine Aluminum, Inc. Pension Plan

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Bodine Aluminum, Inc. Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Bodine Aluminum, Inc. Pension Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Bodine Aluminum, Inc. Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4(j) – Schedule of Reportable Transactions as of and for the year ended December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

Moss Adams LLP

Los Angeles, California
September 30, 2024

Financial Statements

Bodine Aluminum, Inc. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at fair value		
Commingled funds	\$ -	\$ 18,572,728
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 18,572,728</u>

See accompanying notes.

Bodine Aluminum, Inc. Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 and 2022

	2023	2022
NET APPRECIATION (DEPRECIATION) IN FAIR VALUE OF INVESTMENTS	\$ 2,552,902	\$ (4,632,237)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	(1,453,835)	(3,352,859)
Purchase of annuity contracts	(1,078,242)	(27,802)
Administrative expenses	(230,976)	(82,809)
Total deductions	(2,763,053)	(3,463,470)
CHANGE IN NET ASSETS BEFORE TRANSFER	(210,151)	(8,095,707)
Transfer out to Toyota Motor Sales, U.S.A., Inc. Pension Plan	(18,362,577)	-
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	18,572,728	26,668,435
End of year	\$ -	\$ 18,572,728

See accompanying notes.

Bodine Aluminum, Inc. Pension Plan Notes to Financial Statements

Note 1 – Description of Plan

The following is a brief description of the Bodine Aluminum, Inc. Pension Plan (the Plan), as amended and restated effective January 1, 2012. Participants should refer to the official Plan Document for a complete description of the Plan's provisions.

General – The Plan is a defined benefit pension plan providing benefits to all eligible employees of Toyota Motor Manufacturing, Missouri, Inc. (the Company), formerly Bodine Aluminum, Inc., and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Effective January 1, 2021, the Plan was fully frozen.

The Plan is administered by the Toyota Motor North America Benefits Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Plan merger – The Plan was amended to reflect the merger of the Plan effective January 1, 2024, with and into the Toyota Motor Sales, U.S.A., Inc. Pension Plan. All net assets available for benefits and accumulated plan benefit obligations related to the Plan were transferred into the Toyota Motor Sales, U.S.A., Inc. Pension Plan effective December 31, 2023.

Benefit provisions – Participants are eligible for normal retirement as of the first day of the month following the attainment of age 65. Participants may elect early retirement upon reaching age 55 and having completed 10 years of credited service. In the event of disability, as determined under the terms of the Plan, and completion of at least 10 years of credited service, participants are eligible for disability retirement benefit. Participants are eligible for monthly pension benefits based upon formulas described in the Plan Document.

Participants may elect to receive pension benefits in several different forms including single life annuity, joint and survivor annuity, 50%, 66-2/3%, 75%, or 100% contingent annuitant option, 10-year certain and life annuity option, lump-sum distributions, or rollover distributions to an eligible retirement plan. For participants who elect to receive their benefit payments in the form of an annuity, the Plan purchases an insurance contract in the name of the participant. During 2023 and 2022, approximately \$1,078,000 and \$28,000 was paid to insurance companies for the purchase of annuities, respectively.

Vesting – Participants are fully vested in their benefits after five years of credited service, as defined by the Plan Document.

Bodine Aluminum, Inc. Pension Plan

Notes to Financial Statements

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), using the accrual method of accounting.

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

Contributions and funding policy – The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits anticipated to be paid to participants. Employee contributions are neither required nor allowed. The Company's contributions for 2023 and 2022 equaled or exceeded the minimum funding requirements of ERISA.

Investment valuation – The investments are stated at fair value. The Plan's trustee, Russell Investments Trust Company (Trustee), certified the fair market value of all investments. If available, quoted market prices are used to value investments. Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Income recognition – The Plan presents in the statements of changes in net assets available for benefits the net appreciation and depreciation in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Payment of benefits – Benefits are recorded when paid.

Plan expenses – The Company may pay the Plan's administrative expenses. The Plan also permits reasonable expenses to be paid from Plan assets. Expenses that are paid by the Company are excluded from these financial statements. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through September 30, 2024, which is the date the financial statements were available to be issued.

Bodine Aluminum, Inc. Pension Plan

Notes to Financial Statements

Note 3 – Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement (ASC 820)*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Fair value is based on assumptions that market participants would use, including a consideration of non-performance risk. FASB ASC 820 determines three levels of inputs that may be used to measure fair value as follows:

Level 1 – Quoted unadjusted prices in active markets that are accessible at the measurement date for identical assets or liabilities;

Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; and

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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

The Company assesses the levels of the investments at each measurement date, and transfers between levels are recognized on the measurement date in accordance with the Plan's accounting policy regarding the recognition of transfers between levels of the fair value hierarchy.

Commingled funds – Units held in commingled funds (CFs) are valued using the net asset value (NAV) practical expedient of the CFs as reported by the CF managers. The NAV is based on the fair value of the underlying assets owned by the CFs, minus its liabilities, and then divided by the number of units outstanding. The NAV of a CF is calculated based on a compilation of primarily observable market information.

All investments held by the Plan at December 31, 2022, were valued using the NAV practical expedient and therefore no fair value hierarchy table is presented. The Plan held no investments at December 31, 2023, due to the Plan merger disclosed in Note 1.

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

Bodine Aluminum, Inc. Pension Plan

Notes to Financial Statements

Note 4 – Information Certified by the Trustee

The Plan's investments were held by the Trustee. The Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2023 and 2022.
- Net appreciation (depreciation) in fair value of investments reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022.

Note 5 – Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits has been estimated by the Plan's actuary. The following are the significant actuarial assumptions used:

Mortality basis	Pri-2012 table with modified MP-2019 projection scale as of December 31, 2023 and 2022, respectively, and the mortality projection scale for lump sum conversion was MP-2021 for both years.
Benefits payable upon termination of employment	Paid immediately
Retirement age assumptions	Retirement rates based on ages ranging from 55–70
Rate of return	6.4% and 6.0% as of December 31, 2023 and 2022, respectively

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. The Plan was merged into the Toyota Motor Sales, U.S.A., Inc. Pension Plan effective December 31, 2023.

Bodine Aluminum, Inc. Pension Plan
Notes to Financial Statements

Statements of Accumulated Plan Benefits

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated Plan benefits		
Vested accumulated benefits		
Vested benefits – other participants	\$ -	\$ 17,047,297
Participants with deferred benefits	-	2,087,730
	<u>-</u>	<u>19,135,027</u>
Total vested accumulated benefits	-	19,135,027
Nonvested accumulated benefits	-	1,651,426
	<u>-</u>	<u>1,651,426</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ -</u>	<u>\$ 20,786,453</u>

Statements of Changes in Accumulated Plan Benefits

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated Plan benefits at beginning of year	<u>\$ 20,786,453</u>	<u>\$ 29,696,169</u>
Increase (decrease) during the year attributable to		
Interest accumulation	527,632	983,459
Benefits paid	(2,532,077)	(3,380,661)
Assumption changes	(1,551,689)	(7,913,837)
Decrease in the discount period	1,172,331	1,401,323
Plan amendments	479,579	-
Transfer to Toyota Motor Sales, U.S.A., Inc. Pension Plan	(18,882,229)	-
	<u>(20,786,453)</u>	<u>(8,909,716)</u>
Net increase (decrease)	<u>(20,786,453)</u>	<u>(8,909,716)</u>
Actuarial present value of accumulated Plan benefits at end of year	<u>\$ -</u>	<u>\$ 20,786,453</u>

Decreases due to assumption changes were primarily due to changes in optional payment form conversions and interest rate assumptions.

Note 6 – Income Tax Status

The Plan has obtained a favorable tax determination letter from the Internal Revenue Service (IRS) dated February 11, 2014, that the Plan meets all qualification requirements currently in effect under Section 401(a) of the Internal Revenue Code of 1986, as amended (the Code), and that the trust established thereunder is exempt from federal income taxation under the provisions of Section 501(a) of the Code.

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

Bodine Aluminum, Inc. Pension Plan

Notes to Financial Statements

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

Note 7 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, including but not limited to changes in interest rates, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, and given recent volatility in the financial markets, it is reasonably possible that investment values could decline significantly in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions including, but not limited to, those pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Supplemental Schedule

Bodine Aluminum, Inc. Pension Plan
EIN: 43-1537447 PN: 003
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2023

(a) Identity	(b) Description	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Investments								
Russell Investment Trust Company*								
RITC LARGE CAP US EQUITY FUND	Series of 25,214 units sold	\$ -	\$ 1,224,660	\$ -	\$ -	\$ 1,225,526	\$ 1,224,660	\$ (866)

* A party-in-interest as defined under ERISA. Given the expansive scope of such definition, it is, however, possible that not every party-in-interest has been identified. Information certified as complete and accurate by The Northern Trust Company.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions as of January 1, 2023

Effective date The Plan was established on June 1, 1967. The most recent restatement was adopted on December 21, 2016 to reflect Toyota Motor North America, Inc. as the plan sponsor effective as of July 5, 2016, which was amended by the First Amendment adopted on December 18, 2017, by the Second Amendment adopted on December 19, 2018, by the Third Amendment adopted on December 21, 2019 and by the Fourth Amendment adopted on December 9, 2020.

Covered employees Employees of Toyota Motor North America, Inc., Toyota Credit de Puerto Rico Corp., Toyota de Puerto Rico Corp., Toyota Logistics Services, Inc., Toyota Motor Credit Corporation, Toyota Motor Insurance Services, Inc., TRD U.S.A., Inc., Caltly Design Research, Inc., Toyota Financial Savings Bank, and Toyota Motor North America, Inc. Employees covered by a collective bargaining agreement may participate only if so provided in the collective bargaining agreement. As of July 1, 2005, Toyota Technical Center (TTC) only participates with respect to employees who were hired prior to January 1, 2005. TTC employees who elected to cease active participation in the plan, who failed to make an election to remain active in the Plan, or who were rehired by TTC on or after January 1, 2005 receive a frozen benefit accrued as of June 30, 2005. Effective April 1, 2006, Toyota Motor Engineering and Manufacturing North America, Inc. (TEMA) became a participating company with respect to TTC employees, and effective April 1, 2015, TEMA and each other Toyota North America manufacturing company (NAMC), became a participating company, without adopting the Plan, for purposes of any active plan participant whose employment is transferred to TEMA or a NAMC.

Participation Date First of the month coinciding with or following becoming a covered employee. Eligible employees of Toyota de Puerto Rico Corp. as of April 1, 2005 became participants as of April 1, 2005.

The plan was closed to new entrants (and rehires) effective January 1, 2015, with certain limited exceptions. Effective June 1, 2016, benefits were frozen for employees in the Baltimore Parts Distribution Center whose participation

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

was governed by a collective bargaining agreement, subject to a limited exception.

Definitions

Vesting service	One year for each anniversary year in which the employee completes at least one hour of service with Toyota Motor North America, Inc. or affiliate in each of at least 6 months during the 12 month anniversary year, or in which the employee completes at least 1,000 hours of service during the anniversary year.
Credited Service	One year (or fractional year) for each anniversary year in which a participant has 12 (less than 12) calendar months of employment, capped at 25 years. For Toyota de Puerto Rico Corp. participants, credited service excludes any service prior to June 1, 1994.
Pensionable Pay	Base pay determined on the basis of a monthly rate for full-time employees including truck drivers, or actual base pay for part-time employees, overtime, lump sum merit, shift and lead differential for truck drivers, incentive pay, Band D premium pay, and 50% of bonus/gift, prior to any 401(k) pretax deferrals or pretax reductions to pay for health insurance or qualified transportation fringe benefits.
Final average earnings	The average of the highest 60 consecutive months of Pensionable Pay as an active participant during the 120-month period ending on the termination date.
Social Security benefit	The projected amount of the participant's primary Social Security benefit at age 65 (or current age if older) according to the law in effect at the date of termination of employment assuming zero future earnings between date of termination and age 65.

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD)	62&5, i.e., first of month coincident with or immediately following the attainment of age 62, or the fifth anniversary of the Participation Date, whichever is later (for participants who terminated prior to October 1, 1988 and former Toyota Group participants who terminated prior to January 1, 2000, NRD is the first of month coinciding with or immediately following attainment of age 65).
Monthly pension benefit	Monthly amount equal to 1/12 of: 2% of Final Average Earnings less 2% of estimated Social Security Benefit, times credited service not in excess of 25 years.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service. Participants who terminated prior to October 1, 1989 need to have attained ten years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death prior to annuity starting date while eligible for normal, early, postponed, or deferred vested retirement benefits, providing the Participant has been married, or has had a domestic partner, for at least one year.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 5.0% for each year of payment before NRD.
Postponed retirement	Monthly pension benefit determined at late retirement date.

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Termination with deferred vested benefit For participants who terminated on or after October 1, 1987 and completed at least 10 years of vesting service, monthly pension benefit determined as of termination date, reduced 5% for each year the annuity starting date is prior to age 62 and the fifth anniversary of the Participation Date.

For participants who terminated prior to October 1, 1987 and completed at least 10 years of vesting service, the reduction factor is 3% for each of the first five years prior to age 65, and 4% for each year of payment prior to age 60.

For participants who terminated with between 5 and 9 years of vesting service, retirement prior to NRD can occur if the termination occurred on or after July 1, 1994, and the reduction factor is 7% for each year before NRD.

Notwithstanding the above, former Toyota Group participants who terminated prior to January 1, 2000 have a reduction factor of 6% for each year prior to age 65.

Benefits cannot commence prior to NRD if participant does not satisfy the stipulated vesting service requirements above.

Death with preretirement spouse benefits Monthly preretirement spouse benefit is payable to spouses of all vested participants who die before payments have begun.

(1) If eligible for early retirement, the amount which would have been payable to the spouse had the participant retired the day before his death occurred, having elected a 50% joint and survivor annuity with his spouse named as the survivor. Monthly payment may begin as early as the first day of the month following the participant's death and will continue for the spouse's life.

(2) If not eligible for early retirement, the amount that would have been payable to the spouse had the participant terminated on the date he died, survived to his earliest retirement age, retired (having elected a 50% joint and survivor annuity with his spouse named as the survivor), then died the day after retirement. Monthly payments may begin on what would have been the participant's earliest retirement date and continue for the spouse's life.

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Forms of payment	<p>Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% or 75% joint and survivor annuity, a five-year or 10-year certain and life annuity, or a life annuity. Former Toyota Group retirees can elect to receive their accrued benefit as of December 31, 2000 under the Toyota Group Pension Plan in a lump sum payment. Vested active participants also have a one-time opportunity to elect a lump sum payment following termination of employment, whether eligible for early/normal retirement or not, to the extent the present value of their entire benefits at termination of employment does not exceed \$25,000. This lump sum election must be made within ninety days following the date the participant was informed of their eligibility for the lump sum.</p>
Maximum on benefits	<p>All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining benefit cost but not for determining contributions.</p>

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected. After the actuarial valuation was completed and effective December 31, 2023, the Bodine Aluminum, Inc. Pension Plan (EIN/PN 43-1537447/003) was merged into this plan.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN:	95-3141669/003
Plan Sponsor:	Toyota Motor North America, Inc.
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2023

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-
25-29	0	0	2	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-
30-34	0	0	104	46	1	0	0	0	0	0
	-	-	124,337	132,561	-	-	-	-	-	-
35-39	0	0	97	148	86	1	0	0	0	0
	-	-	121,746	131,873	127,585	-	-	-	-	-
40-44	0	0	76	154	255	83	5	0	0	0
	-	-	115,562	130,186	126,810	127,605	-	-	-	-
45-49	0	0	58	122	252	319	115	0	0	0
	-	-	120,443	140,644	130,681	154,021	171,611	-	-	-
50-54	0	0	36	107	255	323	392	0	0	0
	-	-	126,543	151,077	124,919	135,659	157,826	-	-	-
55-59	0	0	21	77	163	242	454	0	0	0
	-	-	133,032	127,685	135,810	136,029	159,764	-	-	-
60-64	0	0	10	44	102	126	239	0	0	0
	-	-	-	123,668	116,956	122,947	153,420	-	-	-
65-69	0	0	7	15	20	34	36	0	0	0
	-	-	-	-	111,258	142,900	162,282	-	-	-
70 & over	0	0	0	3	2	4	8	0	0	0
	-	-	-	-	-	-	-	-	-	-

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

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
 EIN / PN: 95-3141669/003
 Plan Sponsor: Toyota Motor North America, Inc.
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January 2023¹
- Interest Rate Segment Rates

Interest rates: Reflecting Stabilization

- First segment rate 4.75%
- Second segment rate 5.00%
- Third segment rate 5.74%
- Effective interest rate 5.37%

Annual rates of increase:

■ Salaries:

– Representative rates:

- Base pay Age graded scale from 2.0% (ages 60+) to 7.5% (ages 29 and under) which produces an overall weighted average increase of approximately 3.1% for 2023.
Increases assumed to occur July 1.
- – Bonus 125% of target

- Future Social Security wage base increases 7.50% / 5.50% / 3.50% for 2023 / 2024 / thereafter

- Statutory increases in limits on compensation 6.50% / 4.50% / 2.50% for 2023 / 2024 / thereafter

¹ Based on yields through December 2022

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	This assumption is not applicable as the plan was closed to new entrants (and rehires) effective January 1, 2015.
Mortality	<p>Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2021) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2021).</p> <p>Same tables were used for disabled lives.</p>
Termination	Rates varying by age. Sample rates:

Percentage leaving during the year	
<u>Service</u>	<u>Rate</u>
1	16.00%
3	10.00%
5	8.75%
7	7.50%
9	6.25%
11	5.00%
13 – 20	3.75%
21 and up	2.00%

Retirement	Rates varying by age.
------------	-----------------------

Percentage retiring during the year	
<u>Age</u>	<u>Rate</u>
55 to 59	5%
60 to 61	10%
62 to 64	20%
65 to 71	30%
72 or over	100%

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Disability	Current disabled participants that have not retired are valued as regular active participants. No future rates of disability are assumed.
Benefit commencement date:	
■ Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
■ Deferred vested benefit	Age 62, except age 65 for participants who terminated prior to October 1, 1988 and former Toyota Group participants who terminated prior to January 1, 2000.
■ Retirement benefit	Upon termination of employment.
Percent married	85% of males; 65% of females.
Form of payment	100% of single participants are assumed to elect a single life annuity. For married participants 25% are assumed to elect a single life annuity and 75% are assumed to elect a 75% J&S annuity.
Spouse age	Females are assumed to be two years younger than males (if actual age unavailable)
Covered Pay	Annualized base salary as of January 1, 2023 plus overtime, lump sum merit, shift and lead differential for truck drivers, incentive pay, B and D premium pay, and 50% bonus/gifts as reported by company, adjusted for assumed annual salary increase expected to occur on July 1. Due to the fluctuating nature of compensation for truck drivers, twelve months of compensation are first averaged prior to projecting pay forward.
Plan-related expenses expected to be paid from plan assets	\$4,408,260 during 2023 plan year (based on actual expenses for 2022 plan year).

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets the plan year as required by regulations under IRC §430.
Decrement Timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described within Notice 2009-22). The average value must be within 10% of fair value, including contributions receivable.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Maximum tax deductible contribution

The estimated maximum deductible contribution is based on our understanding of IRC §404(a)(1). Regulatory guidance from the IRS/Treasury is pending. Allocations of costs to inventory have not been considered, and amounts deductible under state law may differ. Deductibility can be influenced by timing of contributions, differences between fiscal year and plan year, and differences (if any) between the years to which prior contributions were assigned for minimum funding purposes and the years in which they were deducted. Our results have not been adjusted for non-deducted contributions included in the valuation assets. We recommend that the plan sponsor review with tax counsel the tax-deductibility of all contributions as WTW does not provide legal or tax advice. Under the PPA, the deductible limit will be based on a calculation with respect to the plan year ending within the tax year. As such, the limit for the tax year ending in 2024 has been calculated as 100% of the 2023 plan year maximum deductible contribution.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Toyota Motor North America, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays an optional lump sum payment upon termination of employment for present values up to \$25,000 for vested participants who terminated employment on or after January 1, 2013 (formerly \$10,000 for earlier terminations). Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2023, some of which was provided through its third party administrator. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative expenses	Administrative expenses are estimated based on the actual expenses from the prior year.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	<p>Termination rates were based on an experience study conducted in 2023, with consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by service because of observed differences in termination rates by service.</p>
Retirement	<p>Retirement rates were based on an experience study conducted in 2023, with consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed retirement rates differ by age because of observed differences in retirement rates by age.</p>
Disability	Current disabled participants that have not retired are valued as regular active participants because they generally continue to earn credited service through their normal retirement date.
Benefit Commencement Date:	
■ Pre-retirement death benefit	Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer.

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

■ Deferred vested benefit

Deferred vested participants are assumed to begin benefits at normal retirement date (or current age if later). Prior experience suggests retirement occurs within a couple of years of the normal retirement date and the early commencement factors for deferred vested participants do not contain a significant amount of early retirement subsidy. The difference between this approach and using assumed commencement rates at earlier ages is therefore not expected to be significant.

Form of payment

All annuity optional forms of payment are actuarially equivalent based on a 6% interest rate and the 1994 Group Annuity Reserving Unisex Mortality Table. The overall percentage of participants assumed to elect a single life annuity versus a joint survivor annuity was based on an experience study conducted in 2023, with consideration of whether any conditions have changed that would be expected to produce different results in the future. No lump sums are explicitly valued because (1) the vast majority of participants are not eligible for any lump sum payments; and (2) with the exception of a closed group of former Toyota Group participants that can elect to receive their accrued benefit as of December 31, 2000 at retirement in a lump sum payment, participants are only eligible for lump sums for present values under \$25,000, where the lump sum is offered as a one-time opportunity to be elected shortly after termination of employment.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2023

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2023	2,878,724	15.00000	2,878,724	265,255
Total				2,878,724	265,255

Plan Name: Bodine Aluminum, Inc. Pension Plan
EIN / PN: 43-1537447/003
Plan Sponsor: Toyota Motor Manufacturing, Missouri, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

In accordance with 1.430(h)(2)-1(e), automatic approval has been granted for some changes in funding methods permitted by the Pension Protection Act with respect to the interest rate methodology. The method for determining interest rates was changed from 3-segment rates to Full Yield Curve and thus is automatically approved

Plan Name: Bodine Aluminum, Inc. Pension Plan
EIN / PN: 43-1537447/003
Plan Sponsor: Toyota Motor Manufacturing, Missouri, Inc.
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

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
2023	3,699,170	1,832,651	117,494,204	123,026,025
2024	11,072,093	4,522,082	116,334,964	131,929,139
2025	18,587,201	6,281,631	114,905,630	139,774,462
2026	26,305,669	8,569,410	113,368,019	148,243,098
2027	34,036,280	11,207,021	111,700,580	156,943,881
2028	41,684,108	14,089,547	109,882,026	165,655,681
2029	49,228,830	17,623,729	107,919,670	174,772,229
2030	56,576,034	21,261,150	105,831,115	183,668,299
2031	63,740,553	24,352,826	103,593,594	191,686,973
2032	70,807,047	27,398,571	101,170,609	199,376,227
2033	77,774,910	30,412,382	98,606,559	206,793,851
2034	84,472,713	33,128,489	95,905,143	213,506,345
2035	90,742,827	35,961,086	93,031,819	219,735,732
2036	96,676,681	38,393,952	89,985,481	225,056,114
2037	102,160,837	40,222,781	86,767,547	229,151,165
2038	107,031,980	42,030,204	83,381,820	232,444,004
2039	111,201,053	43,714,814	79,834,683	234,750,550
2040	114,630,360	44,890,092	76,135,461	235,655,913
2041	117,342,861	45,770,367	72,296,439	235,409,667
2042	119,347,335	46,607,638	68,332,913	234,287,886
2043	120,779,495	47,199,241	64,263,083	232,241,819
2044	121,711,277	47,340,344	60,108,171	229,159,792
2045	122,167,769	47,292,553	55,892,589	225,352,911
2046	122,076,346	47,107,160	51,644,123	220,827,629
2047	121,323,244	46,733,923	47,393,849	215,451,016
2048	120,009,450	46,102,529	43,175,933	209,287,912
2049	118,215,652	45,176,759	39,026,799	202,419,210
2050	116,011,032	44,085,298	34,984,054	195,080,384
2051	113,393,070	42,890,285	31,085,234	187,368,589
2052	110,343,116	41,622,725	27,366,230	179,332,071
2053	106,906,865	40,200,174	23,859,762	170,966,801
2054	103,098,705	38,606,978	20,593,885	162,299,568
2055	98,932,822	36,877,650	17,590,760	153,401,232
2056	94,453,463	35,053,017	14,865,599	144,372,079
2057	89,750,602	33,167,582	12,426,095	135,344,279
2058	84,869,334	31,234,632	10,272,617	126,376,583
2059	79,858,472	29,268,379	8,398,431	117,525,282
2060	74,765,079	27,284,573	6,790,596	108,840,248
2061	69,633,820	25,299,928	5,431,208	100,364,956
2062	64,508,963	23,331,389	4,298,509	92,138,861
2063	59,434,987	21,395,557	3,368,312	84,198,856
2064	54,453,464	19,508,231	2,615,346	76,577,041
2065	49,603,314	17,683,886	2,014,295	69,301,495
2066	44,920,533	15,935,206	1,540,901	62,396,640
2067	40,437,678	14,272,936	1,172,738	55,883,352
2068	36,181,777	12,705,762	889,716	49,777,255
2069	32,175,144	11,240,208	674,365	44,089,717
2070	28,434,668	9,880,502	511,898	38,827,068
2071	24,971,651	8,628,735	390,114	33,990,500
2072	21,792,086	7,485,128	299,173	29,576,387

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
 EIN / PN: 95-3141669/003
 Plan Sponsor: Toyota Motor North America, Inc.
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2023

Age	Rate	Probability of Retirement	Weighted RetirementAge
55	0.05000	0.05000	2.75000
56	0.05000	0.04750	2.66000
57	0.05000	0.04513	2.57213
58	0.05000	0.04287	2.48639
59	0.05000	0.04073	2.40279
60	0.10000	0.07738	4.64269
61	0.10000	0.06964	4.24806
62	0.20000	0.12535	7.77186
63	0.20000	0.10028	6.31777
64	0.20000	0.08023	5.13444
65	0.30000	0.09627	6.25760
66	0.30000	0.06739	4.44771
67	0.30000	0.04717	3.16057
68	0.30000	0.03302	2.24542
69	0.30000	0.02311	1.59491
70	0.30000	0.01618	1.13262
71	0.30000	0.01133	0.80416
72	1.00000	0.02643	1.90279
			62.53188

Plan Name: Toyota Motor Sales, U.S.A., Inc. Pension Plan
EIN / PN: 95-3141669/003
Plan Sponsor: Toyota Motor North America, Inc.
Valuation Date: January 1, 2023

Bodine Aluminum, Inc. Pension Plan
EIN: 43-1537447 PN: 003
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2023

(a) Identity	(b) Description	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Investments Russell Investment Trust Company* RITC LARGE CAP US EQUITY FUND	Series of 25,214 units sold	\$ -	\$ 1,224,660	-	\$ -	\$ 1,225,526	\$ 1,224,660	\$ (866)

* A party-in-interest as defined under ERISA. Given the expansive scope of such definition, it is, however, possible that not every party-in-interest has been identified. Information certified as complete and accurate by The Northern Trust Company.

**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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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 BODINE ALUMINUM, INC. PENSION PLAN		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TOYOTA MOTOR MANUFACTURING, MISSOURI, INC.		D Employer Identification Number (EIN) 43-1537447	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I		Basic Information		
1	Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2023</u>
2	Assets:			
	a Market value.....	2a	18,572,728	
	b Actuarial value.....	2b	20,430,001	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment.....	0	0	0
	b For terminated vested participants.....	103	2,194,500	2,194,500
	c For active participants.....	899	18,970,128	20,814,225
	d Total.....	1,002	21,164,628	23,008,725
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
	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	5.01%	
6	Target normal cost			
	a Present value of current plan year accruals.....	6a	0	
	b Expected plan-related expenses.....	6b	0	
	c Target normal cost.....	6c	0	

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	<u>JF</u>	<u>7/30/2024</u>
	Signature of actuary	Date
	Jesus A Flores-Komiyama	2307909
	Type or print name of actuary	Most recent enrollment number
	Willis Towers Watson US LLC	214-530-4200
	Firm name	Telephone number (including area code)
	500 North Akard Street Suite 4300 Dallas TX 75201	
	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

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

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	3,091,714
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	3,091,714
10	Interest on line 9 using prior year's actual return of <u>-18.58%</u>	0	-574,440
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 <u>5.63%</u>		
	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	2,217,274
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	300,000

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	87.48%
15	Adjusted funding target attainment percentage.....	15	88.14%
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	105.85%
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?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input type="checkbox"/> Yes <input type="checkbox"/> 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: %	<input checked="" type="checkbox"/> N/A, full yield curve used
-------------------	-------------------	-------------------	--

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age..... **22** 64

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** 0

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	2,878,724	265,255
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** 265,255

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	265,255	265,255

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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