

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>GRASK TRUCK GROUP, INC. 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CEDAR RAPIDS TRUCK CENTER, INC.</u></p> <p><u>8100 N. FAIRMOUNT STREET</u> <u>DAVENPORT, IA 52802</u></p>	<p>1c Effective date of plan <u>01/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>42-1004970</u></p> <p>2c Plan Sponsor's telephone number <u>563-391-4300</u></p> <p>2d Business code (see instructions) <u>441210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2025	JAMES E CHRISTY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	213
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)	192
	6a(2)	196
	6b	1
	6c	23
	6d	220
	6e	0
	6f	220
	6g(1)	126
6g(2)	145	
6h	27	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3B 3D 3H

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	205958
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	9404550

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b** 65066

c Additions: (1) Contributions deposited during the year	7c(1)	90406
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	1359
(4) Transferred from separate account.....	7c(4)	119733
(5) Other (specify below)	7c(5)	5436

▶ LOAN REPAYMENT(S), FORFEITURES

(6) Total additions..... **7c(6)** 216934

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 282000

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	56
(2) Administration charge made by carrier	7e(2)	415
(3) Transferred to separate account.....	7e(3)	75571
(4) Other (specify below)	7e(4)	0

(5) Total deductions..... **7e(5)** 76042

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 205958

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves.....		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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 **10/01/2023** and ending **09/30/2024**

A Name of plan GRASK TRUCK GROUP, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CEDAR RAPIDS TRUCK CENTER, INC.	D Employer Identification Number (EIN) 42-1004970	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	5486	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	2696	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"/>

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 10/01/2023 and ending 09/30/2024

A Name of plan <u>GRASK TRUCK GROUP, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CEDAR RAPIDS TRUCK CENTER, INC.</u>	D Employer Identification Number (EIN) <u>42-1004970</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>FUTUREFUNDS SERIES ACCNT II OF GWL</u>		
b Name of sponsor of entity listed in (a):	<u>EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA</u>		
c EIN-PN <u>84-0467907-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>9404550</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)

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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan GRASK TRUCK GROUP, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CEDAR RAPIDS TRUCK CENTER, INC.	D Employer Identification Number (EIN) 42-1004970

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	32568	79148
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	5135606	9404550
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	65066	205958
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5233240	9689656
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5233240	9689656

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)	321188	
(B) Participants	2a(1)(B)	842021	
(C) Others (including rollovers)	2a(1)(C)	2208428	
(2) Noncash contributions	2a(2)	0	3371637
(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)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5099	
(F) Other	2b(1)(F)	1359	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6458
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1918757
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		5296852

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	817282	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		817282
f Corrective distributions (see instructions).....	2f		998
g Certain deemed distributions of participant loans (see instructions)	2g		13974
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	5486	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	2696	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8182
j Total expenses. Add all expense amounts in column (b) and enter total	2j		840436

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4456416
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WELGAARD**

(2) EIN: **42-1130301**

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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan GRASK TRUCK GROUP, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CEDAR RAPIDS TRUCK CENTER, INC.	D Employer Identification Number (EIN) 42-1004970	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 20-3691708

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	
--	----------	--

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

**GRASK TRUCK GROUP, INC.
401(k) PLAN
FINANCIAL STATEMENTS
FOR THE YEARS ENDED
SEPTEMBER 30, 2024 and 2023**

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REPORT OF INDEPENDENT AUDITOR

To the Plan Administrator and Plan Sponsor
Grask Truck Group, Inc. 401(k) Plan
Davenport, IA 52802

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

We have performed an audit of the accompanying financial statements of Grask Truck Group, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of September 30, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Grask Truck Group, Inc. 401(k) 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 audit 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 a qualified institution as of September 30, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion on the September 30, 2024 Financial Statements

In our opinion, based on our audit 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above 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 on the September 30, 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 Grask Truck Group, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 for the September 30, 2024 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Grask Truck Group, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date 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 September 30, 2024 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Grask Truck Group, Inc. 401(k) 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 Grask Truck Group, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

September 30, 2024 Supplemental Schedules Required by ERISA

The supplemental schedules of the Schedule of Assets Held at End of Year as of September 30, 2024 and the Schedule of Assets Acquired and Disposed of Within One Year as of September 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, 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 schedules, other than the information in the supplemental schedules 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 Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

September 30, 2023 Financial Statements

Management is responsible for the accompanying September 30, 2023 financial statement of Grask Truck Group Inc. 401(k) Plan, which comprises the statement of net assets available for benefits as of September 30, 2023, the statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the September 30, 2023 financial statements.

Welgaard CPAs & Advisors

July 3, 2025

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GRASK TRUCK GROUP, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2024 and 2023

	<u>Audited 2024</u>	<u>Compiled 2023</u>
Assets		
Investments at fair value		
Pooled separate accounts	\$ 9,404,550	\$ 5,135,606
Investment at contract value		
Insurance company general account	205,958	65,066
Total investments	9,610,508	5,200,672
Receivables		
Notes receivable from participants	79,148	32,568
	79,148	32,568
Total Assets	9,689,656	5,233,240
Liabilities	-	-
 Net Assets Available for Benefits	 \$ 9,689,656	 \$ 5,233,240

See Notes to Financial Statements

GRASK TRUCK GROUP, INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended September 30, 2024 and 2023

	Audited 2024	Compiled 2023
Additions to net assets attributed to:		
Investment income:		
Net investment gain from pooled separate accounts	\$ 1,918,757	\$ 608,226
Interest income	1,359	713
Total investment income	1,920,116	608,939
Contributions		
Participant elective deferrals	842,021	650,979
Employer matching contributions	321,188	250,140
Rollover contributions	2,208,428	3,444
Total contributions	3,371,637	904,563
Other		
Interest income on notes receivable	5,099	1,632
Total additions	5,296,852	1,515,134
Deductions from net assets attributed to:		
Benefits paid to participants	817,282	317,693
Deemed distributions of participant loans	13,974	-
Corrective distributions	998	10,221
Administrative expenses paid	8,182	5,216
Total deductions	840,436	333,130
Net increase	4,456,416	1,182,004
Net assets available for benefits:		
Beginning of year	5,233,240	4,051,236
End of year	\$ 9,689,656	\$ 5,233,240

See Notes to Financial Statements

GRASK TRUCK GROUP, INC.
401(k) PLAN
Notes to Financial Statements
September 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF PLAN

The following description of Grask Truck Group, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Company contracts with Empower Retirement, LLC to act as the Plan Administrator to perform allocations of contributions and investment earnings. Great-West Trust Company, LLC, as custodian, holds the Plan's assets and executes investment transactions.

Eligibility

Employees of Cedar Rapids Truck Center, Inc., Quad-City Peterbilt, Inc. and Grask Truck Group of Kansas, Inc. (collectively, the "Company") who have attained the age of twenty-one and completed one year of service are permitted to participate in the Plan. Participants had to work a minimum of 1,000 hours during the determination period to obtain one year of service. Entry into the Plan is allowed on the first day of each month for eligible employees.

Contributions

Participants may contribute 1%-20% of eligible compensation on a pre-tax or after-tax basis. Participants who have attained the age of fifty before the end of the Plan year are eligible to make catch-up contributions. Contribution election forms are submitted to the Plan sponsor. Participants may also contribute amounts representing distributions from other qualified plans.

Company contributions consist of discretionary contributions, including matching and nonelective contributions. The match elected by the plan sponsor is 50% of each participant's elective deferrals not exceeding 6% of the participant's eligible compensation. The Company may elect to make additional discretionary contributions. No discretionary nonelective contributions were made during the years ended September 30, 2024 or 2023. Contributions are subject to certain Internal Revenue Service ("IRS") limits.

Notes receivable from participants

Participants may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000. Loans can be up to 60 months, or up to 120 months for the purchase of a primary residence. Outstanding loans are limited to one per participant at any given time, are secured by the balance in the participant's account, and bear a reasonable fixed interest rate, as determined by the plan administrator. At September 30, 2024 and 2023, notes receivable from participants bear interest between 3.25% and 8.5%. Principal and interest are paid ratably through payroll deductions.

GRASK TRUCK GROUP, INC.
401(k) PLAN
Notes to Financial Statements
September 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

Participant accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, Company matching contributions, Company discretionary matching contributions and an allocation of the Company's discretionary profit sharing contribution and Plan earnings, and charged with an allocation of contract charges and Plan losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Normal retirement

For purposes of this Plan, normal retirement is permitted at the age of sixty-five. Early retirement is not allowed.

Vesting

Participants are immediately vested in their elective deferrals, plus earnings thereon, as described in the Plan. Participants vest in the Company's matching contributions and nonelective contributions, plus earnings thereon, on a six year graded cliff. A participant vests at a rate of 20% per year-end after their second year and is fully vested after six years of continuous service. Employees will become fully vested if they reach the normal retirement age, become disabled or die during employment. Lastly, employees participating in the Plan who turn sixty-five while employed by the Company will become fully vested no later than their sixty-fifth birthday.

Payment of benefits

Vested benefits may be distributed in a lump sum, equal installments, or in partial withdrawals upon termination of service with the Company (including termination of service due to death, disability, or retirement). If the total vested amount which a participant is entitled to receive upon termination is less than \$5,000, the vested balance will be automatically distributed to the participant in a lump sum. In-service distributions are permitted for participants who are at least fifty-nine and a half years of age and are limited to their vested account balance. Hardship distributions are also allowed for qualified participants.

Forfeited accounts

On September 30, 2024 and 2023, forfeited non-vested accounts totaled \$9,563 and \$13,642, respectively. Forfeitures are used to reduce future Company contributions or pay Plan expenses. Participants forfeited \$5,317 and \$3,973, respectively, during the years ended September 30, 2024 and 2023. The Plan used \$9,525 and \$3,413, respectively, to reduce Company contributions during the years ended September 30, 2024 and 2023.

Plan termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to terminate the Plan subject to the provisions of ERISA. In the event that the Plan terminates, participants will become 100% vested in Company contributions and allocated Plan earnings, and the accrued benefits of all participants shall be distributed to participants as provided in the Plan.

GRASK TRUCK GROUP, INC.
401(k) PLAN
Notes to Financial Statements
September 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

Use of estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment valuation and income recognition

The Plan's investments are stated at fair value except for the fully-benefit responsive investment contract, which is stated at contract value. Fair value is determined by the Plan custodian using market quotations or other available information. Investments in pooled separate accounts are reported at fair value based on the Plan's pro rata share of fund equity as determined by the custodian, based on the fair values of the underlying investments.

Contract value is the relevant measure for the portion of the net assets attributable to the fully benefit-responsive investment contract because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Unrealized appreciation in the fair value of investments held at year-end and realized gains and losses on sales of investments during the year are determined using the beginning of the year fair value or purchase price if acquired subsequent to that date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Contributions receivable

Receivable balances are unsecured. There are no recorded receivable balances for either Plan year. Therefore, no allowance for credit losses has been recorded.

Payment of benefits

Benefit payments are recorded when paid. Approximately \$108,000 of distributions were requested prior to year end and were paid out subsequent to the September 30, 2024 plan year end.

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from the financial statements. Fees related to benefit payments are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

GRASK TRUCK GROUP, INC.
401(k) PLAN
Notes to Financial Statements
September 30, 2024 and 2023

NOTE 3 – TAX STATUS

The Plan document is a Great-West Trust Company, LLC defined contribution pre-approved plan. The pre-approved plan received an opinion letter from the IRS dated June 30, 2020 which states that the pre-approved plan document satisfies the applicable provisions of the Internal Revenue Code ("IRC"). The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Generally accepted accounting principles require 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 Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024 and 2023 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

The Plan is subject to routine audits by regulatory authorities; however there are currently no audits for any tax periods in progress. Plan years 2020 and prior are closed to examination by regulatory authorities. Penalties and interest, if any, would have been paid by the Plan sponsor. There were no penalties and interest incurred for the year ended September 30, 2024 and 2023.

NOTE 4 – INVESTMENTS

All of the Plan investments are in participant directed accounts. During the year ended September 30, 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased in value \$1,918,757 and \$6,458 of interest was earned, including \$5,099 on participant loans. During the year ended September 30, 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased in value \$608,226 and \$2,345 of interest was earned, including \$1,632 on participant loans.

NOTE 5 – FAIR VALUE MEASUREMENTS

Investments, other than the insurance company general account, are reported at fair value on the statement of net assets available for benefits. In accordance with generally accepted accounting principles, the Plan has categorized its financial instruments based on the priority of the inputs to the valuation technique, into a three-level hierarchy as follows:

Level 1

Valuation is based upon quoted prices for identical instruments traded in active markets that the Plan has the ability to access as of the measurement date.

Level 2

Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable, or can be corroborated by, observable market data.

GRASK TRUCK GROUP, INC.
401(k) PLAN
Notes to Financial Statements
September 30, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3

Valuation is based upon significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at September 30, 2024.

Pooled Separate Accounts (PSA) – PSA are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The net asset value (NAV) of a PSA is based on the market value of its underlying investments. The net asset value of the pooled separate account held by the Plan have been determined to have a readily determinable fair value since the NAV is available to current investors and NAV is the basis for current transactions. Based on these facts, the PSAs held by the Plan are classified as level 2 in the fair value hierarchy.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of September 30, 2024. As required by accounting guidance, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

The following presents investments by level within the fair value hierarchy at September 30, 2024:

<u>Investment Category</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Pooled Separate Accounts</u>				
Fixed Income	\$ -	\$ 165,284	\$ -	\$ 165,284
International Equity	-	948,493	-	948,493
Large U.S. Equity	-	3,996,431	-	3,996,431
Small/Mid U.S. Equity	-	3,085,803	-	3,085,803
Balanced/Asset Allocation	-	1,117,858	-	1,117,858
Other	-	90,681	-	90,681
Total	\$ -	\$ 9,404,550	\$ -	\$ 9,404,550

The following presents investments by level within the fair value hierarchy at September 30, 2023:

<u>Investment Category</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Pooled Separate Accounts</u>				
Fixed Income	\$ -	\$ 115,013	\$ -	\$ 115,013
International Equity	-	717,074	-	717,074
Large U.S. Equity	-	1,997,575	-	1,997,575
Small/Mid U.S. Equity	-	1,782,518	-	1,782,518
Balanced/Asset Allocation	-	458,607	-	458,607
Other	-	64,820	-	64,820
Total	\$ -	\$ 5,135,607	\$ -	\$ 5,135,607

GRASK TRUCK GROUP, INC.
401(k) PLAN
Notes to Financial Statements
September 30, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

Transfers between fair value hierarchy levels are recognized at the beginning of the reporting period. There were no significant transfers between levels during the year presented.

The following presents information regarding investments in entities that calculate net asset value per share as of September 30, 2024:

	9/30/2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<u>Pooled Separate Accounts</u>				
Fixed Income	\$ 165,284	\$ -	Daily	None
International Equity	948,493	-	Daily	None
Large U.S. Equity	3,996,431	-	Daily	None
Small/Mid U.S. Equity	3,085,803	-	Daily	None
Balanced/Asset Allocation	1,117,858	-	Daily	None
Other	90,681	-	Daily	None
Total	\$ 9,404,550	\$ -		

The following presents information regarding investments in entities that calculate net asset value per share as of September 30, 2023:

	9/30/2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<u>Pooled Separate Accounts</u>				
Fixed Income	\$ 115,013	\$ -	Daily	None
International Equity	717,074	-	Daily	None
Large U.S. Equity	1,997,575	-	Daily	None
Small/Mid U.S. Equity	1,782,518	-	Daily	None
Balanced/Asset Allocation	458,607	-	Daily	None
Other	64,820	-	Daily	None
Total	\$ 5,135,607	\$ -		

NOTE 6 – KEY GUARANTEED PORTFOLIO FUND

The Key Guaranteed Portfolio Fund provides for a guarantee of principal and interest. Guaranteed interest rates for new allocations are subject to change daily. This investment is a fully-benefit responsive contract with Empower Annuity Insurance Company of America as an investment option to Plan participants. Empower Annuity Insurance Company of America maintains the contributions in a general account. The net asset value of the Key Guaranteed Portfolio Fund held by the plan have been determined to not have a readily determinable fair value. The contract is included in the financial statements at contract value as reported to the Plan by Empower Annuity Insurance Company of America. Contract value is the relevant measure for fully-benefit responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

GRASK TRUCK GROUP, INC.
401(k) PLAN
Notes to Financial Statements
September 30, 2024 and 2023

NOTE 6 – KEY GUARANTEED PORTFOLIO FUND (CONTINUED)

Contract value represents contributions and transfers made under the contract, plus interest at a specified rate determined monthly and earned on a daily basis, less any withdrawals, administrative expenses or transfers out of the account. The average yield credited to participants was 1.45% and 1.30% for the Plan years ended September 30, 2024 and 2023.

NOTE 7 – INVESTMENT CERTIFICATION

The value of the investments at September 30, 2024 and 2023 and the related investment income and investment expense were certified as complete and accurate by Empower Trust Company, LLC under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

NOTE 8 – CONCENTRATIONS

The following table presents the investments that represent 5% or more of the Plan's net assets available for benefits at September 30, 2024:

<u>Investment</u>	<u>Investment type</u>	<u>Balance</u>	<u>% of assets</u>
Empower T Rowe Price MdCp Gr Fund	Pooled Separate Account	\$ 1,024,372	10.57%
Empower Large Cap Value Investor II	Pooled Separate Account	543,009	5.60%
Empower Large Cap Growth Inv	Pooled Separate Account	787,341	8.13%
Delaware Small Cap Core A	Pooled Separate Account	598,545	6.18%
Clear Bridge Small Cap Growth A	Pooled Separate Account	573,460	5.92%
American Funds Growth Fund of Amer R3	Pooled Separate Account	807,343	8.33%
Columbia Large Cap Value A	Pooled Separate Account	557,225	5.75%

The following table presents the investments that represent 5% or more of the Plan's net assets available for benefits at September 30, 2023:

<u>Investment</u>	<u>Investment type</u>	<u>Balance</u>	<u>% of assets</u>
Empower Large Cap Growth Inv	Pooled Separate Account	\$ 594,589	11.36%
Delaware Small Cap Core A	Pooled Separate Account	540,967	10.34%
Empower Large Cap Value Investor II	Pooled Separate Account	516,344	9.87%
Empower T Rowe Price MdCp Gr Fund	Pooled Separate Account	514,720	9.84%
Empower International Value Inv	Pooled Separate Account	317,463	6.07%
Clear Bridge Small Cap Growth A	Pooled Separate Account	271,387	5.19%
Invesco Global A	Pooled Separate Account	269,918	5.16%

NOTE 9 – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan is invested in an insurance company general account managed by Empower Annuity Insurance Company of America. These transactions qualify as party-in-interest transactions. In addition, administrative expenses of \$8,182 were paid by the plan for the year ended September 30, 2024. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each fund. These transactions are exempt and are not prohibited by ERISA.

GRASK TRUCK GROUP, INC.
401(k) PLAN
Notes to Financial Statements
September 30, 2024 and 2023

NOTE 10 – RISKS AND UNCERTAINTIES

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

NOTE 11 – SUBSEQUENT EVENTS

The plan was amended December 1, 2024 to change the eligibility period to 3 months of service from 1 year of service. Along with this change, the amendment also excludes all part-time, temporary and seasonal employees from the plan.

Subsequent events were evaluated through July 3, 2025, which is also the date the financial statements were available to be issued.

GRASK TRUCK GROUP, INC. 401(K) PLAN
EIN 42-1004970 PLAN 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2024

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment	Current value	
*	Empower	Empower Lifetime 2025 Fund Svc Pooled Separate Account	\$ 97,878
*	Empower	Empower Lifetime 2030 Fund Svc Pooled Separate Account	32,856
*	Empower	Empower Lifetime 2035 Fund Svc Pooled Separate Account	414,567
*	Empower	Empower Lifetime 2040 Fund Svc Pooled Separate Account	58,056
*	Empower	Empower Lifetime 2045 Fund Svc Pooled Separate Account	96,318
*	Empower	Empower Lifetime 2050 Fund Svc Pooled Separate Account	95,040
*	Empower	Empower Lifetime 2055 Fund Svc Pooled Separate Account	170,250
*	Empower	Empower Conservative Profile Fund Inv Pooled Separate Account	5,564
*	Empower	Empower Moderate Profile Funds Inv Pooled Separate Account	114,772
*	Empower	Empower Aggressive Profile Fund Inv Pooled Separate Account	32,557
*	Empower	Empower International Index Fund Inv Pooled Separate Account	160,893
*	Empower	Empower International Value Inv Pooled Separate Account	379,824
*	Empower	Empower Real Estate Index Fund Inv Pooled Separate Account	90,681
*	Empower	Empower Ariel Mid Cap Value Fund Inv Pooled Separate Account	126,515
*	Empower	Empower Small Cap Value Inv Pooled Separate Account	23,621
*	Empower	Empower S&P SmCap 600 Index Fund Pooled Separate Account	240,052
*	Empower	Empower T Rowe Price MdCp Gr Fund Pooled Separate Account	1,024,372
*	Empower	Empower S&P MidCap 400 Index Fund Pooled Separate Account	235,200
*	Empower	Empower Large Cap Value Investor II Pooled Separate Account	543,009
*	Empower	Empower Large Cap Growth Inv Pooled Separate Account	787,341

GRASK TRUCK GROUP, INC. 401(K) PLAN
EIN 42-1004970 PLAN 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (Continued)
September 30, 2024

(a)	(b)	(c)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment	Current value	
*	Empower	Empower S&P 500 Index Fund Inv Pooled Separate Account	476,650
*	Empower	Empower Bond Index Fund Inv Pooled Separate Account	36,918
*	Empower	Empower US Govt Securities Fund Inv Pooled Separate Account	9,917
*	Empower	Empower Multi-Sector Bond Inv Pooled Separate Account	36,450
	American Funds	American Funds EuroPacific Profile Fund Pooled Separate Account	107,417
	Invesco	Invesco Global A Pooled Separate Account	300,359
	Delaware	Delaware Small Cap Core A Pooled Separate Account	598,545
	Clear Bridge	Clear Bridge Small Cap Growth A Pooled Separate Account	573,460
	Fidelity	Fidelity Advisor Leveraged Co Stk M Pooled Separate Account	201,913
	Virtus Ceredex	Virtus Ceredex Mid-Cap Value Equity A Pooled Separate Account	62,125
	American Funds	American Funds Growth Fund of Amer R3 Pooled Separate Account	807,343
	Columbia	Columbia Large Cap Value A Pooled Separate Account	557,225
	Invesco	Invesco Comstock R Pooled Separate Account	381,649
	JP Morgan	JP Morgan US Research Enhanced Eq Pooled Separate Account	213,047
	Marsico	Marsico Focus Pooled Separate Account	230,167
	PIMCO	PIMCO Total Return Admin Pooled Separate Account	81,999
*	Empower	Key Guaranteed Portfolio Fund Insurance Company General Account	205,958
	Participant notes receivable	Participant Notes with Interest Rates Ranging From 3.25% to 8.5%	79,148
			\$ 9,689,656

* indicates party in interest

GRASK TRUCK GROUP, INC. 401(K) PLAN
EIN 42-1004970 PLAN 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF WITHIN YEAR
For the Year Ended September 30, 2024

(a) Identity of issue, borrower, lessor or similar party	(b) Description of investment	(c) Cost of acquisitions	(d) Proceeds of dispositions
Empower	Key Guaranteed Portfolio Fund Insurance Company General Account, 1.45%	\$ 210,258	\$ 66,516

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Grask Truck Group, Inc. 401(K) Plan
01-OCT-23 to 30-SEP-24

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
12025A1			85,320.71	97,877.98
12030A1			28,851.19	32,855.78
12035A1			363,266.96	414,567.39
12040A1			46,665.85	58,056.38
12045A1			74,228.54	96,317.88
12050A1			75,153.68	95,039.64
12055A1			123,680.69	170,250.24
IPBAXCP			4,397.48	5,564.27
IPBAXMP			92,882.51	114,771.83
IPBAXAP			19,037.58	32,556.92
192AFEP			79,833.94	107,417.10
1296MI			143,732.39	160,892.84
1381GN			271,621.22	379,823.81
186OGA			156,043.53	300,358.60
1434REI			74,479.16	90,681.12
1475DE			380,568.37	598,545.05
ISVAXAS			79,592.90	126,514.82
ISVAXLS			20,677.17	23,620.90
193MX6			196,895.43	240,052.22
1371LI			499,671.23	573,459.71
1225FL			136,602.85	201,913.02
1295MM			191,732.30	235,199.75
1MGRXTM			648,899.00	1,024,371.53
1292RQ			55,485.69	62,125.77
195AFGF			577,582.82	807,342.97
1294CD			438,709.15	557,225.42
1L2TLCX			344,551.84	543,008.75
1285MJL			332,133.37	787,341.48
194MX5			328,448.45	476,650.20
1147VS			313,740.67	381,648.54
1362JD			154,411.13	213,046.84
1LGRMAR			138,640.37	230,166.61
1BIMXBI			35,804.84	36,918.44
1BMSXLC			33,106.06	36,450.12
1BIMXUS			9,273.07	9,916.66
1BIMPTR			77,789.34	81,998.96
1KGF		1.450	190,214.78	196,395.36
			6,823,726.26	9,600,944.90
PARTICIPANT LOANS	VARIOUS	3.250-8.500	79,164.31	79,148.36
FORFEITURES			9,024.45	9,562.63

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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Grask Truck Group, Inc. 401(K) Plan
01-OCT-23 to 30-SEP-24

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INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

12025A1	Empower Lifetime 2025 Fund Svc	12030A1	Empower Lifetime 2030 Fund Svc
12035A1	Empower Lifetime 2035 Fund Svc	12040A1	Empower Lifetime 2040 Fund Svc
12045A1	Empower Lifetime 2045 Fund Svc	12050A1	Empower Lifetime 2050 Fund Svc
12055A1	Empower Lifetime 2055 Fund Svc	1PBAXCP	Empower Conservative Profile Fund Inv
1PBAXMP	Empower Moderate Profile Fund Inv	1PBAXAP	Empower Aggressive Profile Fund Inv
192AFEP	American Funds EuroPacific Growth R3	1296MI	Empower International Index Fund Inv
1381GN	Empower International Value Inv	186OGA	Invesco Global A
1434REI	Empower Real Estate Index Fund Inv	1475DE	Delaware Small Cap Core A
1SVAXAS	Empower Ariel Mid Cap Value Fund Inv	1SVAXLS	Empower Small Cap Value Inv
193MX6	Empower S&P SmCap 600 Index Fund Inv	1371LI	ClearBridge Small Cap Growth A
1225FL	Fidelity Advisor Leveraged Co Stk M	1295MM	Empower S&P MidCap 400 Index Fund Inv
1MGRXTM	Empower T Rowe Price MdCp Gr Fund Inv	1292RQ	Virtus Ceredex Mid-Cap Value Equity A
195AFGF	American Funds Growth Fund of Amer R3	1294CD	Columbia Large Cap Value A
1L2TLCX	Empower Large Cap Value Investor II	1285MJL	Empower Large Cap Growth Inv
194MX5	Empower S&P 500 Index Fund Inv	1147VS	Invesco Comstock R
1362JD	JPMorgan US Research Enhanced Equity A	1LGRMAR	Marsico Focus
1BIMXBI	Empower Bond Index Fund Inv	1BMSXLC	Empower Multi-Sector Bond Inv
1BIMXUS	Empower US Govt Securities Fund Inv	1BIMPTR	PIMCO Total Return Admin
1KGPf	Key Guaranteed Portfolio Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year