

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC
1b Three-digit plan number (PN): 005
1c Effective date of plan: 07/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): TRUCK-LITE CO., LLC
2b Employer Identification Number (EIN): 27-4034515
2c Plan Sponsor's telephone number: 716-661-1247
2d Business code (see instructions): 336300

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

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

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

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

Form 5500 (2024) v. 240311

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	169
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)	28
	6a(2)	3
	6b	71
	6c	26
	6d	100
	6e	8
	6f	108
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 0
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUCK-LITE CO., LLC</u>	D Employer Identification Number (EIN) <u>27-4034515</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>13925435</u>
	b Actuarial value	2b	<u>15317979</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>93</u>	<u>14267288</u>
	b For terminated vested participants	<u>50</u>	<u>2046153</u>
	c For active participants	<u>28</u>	<u>1592698</u>
	d Total	<u>171</u>	<u>17906139</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.07 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>95000</u>
	c Target normal cost	6c	<u>95000</u>

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

SIGN HERE Signature of actuary <u>EDWIN L. MCNAMARA, JR.</u> Type or print name of actuary <u>GALLAGHER BENEFIT SERVICES, INC.</u> Firm name <u>3600 AMERICAN BLVD WEST, SUITE 500</u> <u>BLOOMINGTON, MN 55431</u> Address of the firm	<u>09/30/2025</u> Date <u>23-06568</u> Most recent enrollment number <u>952-918-3954</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	326577
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	326577
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.35</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		22
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		2
c	Total available at beginning of current plan year to add to prefunding balance		24
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	85.54 %
15	Adjusted funding target attainment percentage	15	85.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.65 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/15/2024	104803	0					
07/15/2024	104803	0					
02/07/2025	4700000	0					
			Totals ▶	18(b)	4909606	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4656290
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)			31a	95000
b Excess assets, if applicable, but not greater than line 31a			31b	0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	2588160		150538	
b Waiver amortization installment				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34	245538
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0	0
36 Additional cash requirement (line 34 minus line 35)			36	245538
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	4656290
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	4410752
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 TRUCK-LITE CO., LLC	D Employer Identification Number (EIN) 27-4034515	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PLANTE & MORAN, PLLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17	NONE	105100	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)

PNC BANK, NATIONAL ASSOCIATION

22-1146430

(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 51	NONE	67696	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GALLAGHER BENEFIT SERVICES, INC.

3600 AMERICAN BLVD WEST, SUITE 500
BLOOMINGTON, MN 55431

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	60625	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"/>

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)

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	13695	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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: KEVIN FERRIS	b EIN: 91-0675641
c Position: ENROLLED ACTUARY	
d Address: ONE PENNSYLVANIA PLAZA, 38TH FLOOR NEW YORK, NY 10119-2605	e Telephone: 646-473-3000

Explanation: IN 2023, TRUCK-LITE, INC. LLC CHANGED ACTUARIAL FIRMS. THERE WERE NO MATERIAL DISPUTES OR DISAGREEMENTS CONCERNING THE TERMINATION.

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:

<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC</p>	<p>B Three-digit plan number (PN) ▶ 005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUCK-LITE CO., LLC</p>	<p>D Employer Identification Number (EIN) 27-4034515</p>

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year		Amount overdue		
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year		Amount overdue		
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year		Amount overdue		
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
TRUCK-LITE	PLAN SPONSOR	PROHIBITED TRANSACTION UNDER IRC 4975	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
		2500	

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
TRUCK-LITE	PLAN SPONSOR	PROHIBITED TRANSACTION UNDER IRC 4975	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
		5000	

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
TRUCK-LITE	PLAN SPONSOR	PROHIBITED TRANSACTION UNDER IRC 4975	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
		12500	

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
TRUCK-LITE	PLAN SPONSOR	PROHIBITED TRANSACTION UNDER IRC 4975	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
		5000	

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 TRUCK-LITE CO., LLC	D Employer Identification Number (EIN) 27-4034515

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	30795	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	101010	4700000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	37763	34304
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	309127	144259
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13450259	8177939
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13928954	13056502
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13928954	13056502

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)	4909606	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4909606
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	76838	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		76838
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	399160	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		399160
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	331	
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-65492
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5320443

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5945779	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5945779
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	67696	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	74320	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	105100	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		247116
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6192895

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-872452
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: **MRPR GROUP, PC**

(2) EIN: **38-2141969**

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		25000
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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 555236.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUCK-LITE CO., LLC</u>	D Employer Identification Number (EIN) <u>27-4034515</u>	

Part I	Distributions
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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
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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): 22-1146430

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		28
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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.)
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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
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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.
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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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Defined Benefit Pension Plan for Classified
Salaried Employees of Truck-Lite Co., LLC
Erie, Pennsylvania

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

We have performed audits of the financial statements of Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' 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

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

Emphasis of Matter

As described in Note 7 to the financial statements, the governing body of Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC approved a plan of liquidation on August 4, 2024, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the normal GAAP basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC'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.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules - Schedule of Assets (Held at End of Year), Schedule of Reportable Transactions and Schedule of Nonexempt Prohibited Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

As discussed in the supplemental schedule of Nonexempt Prohibited Transactions, although not considered material, during 2024 the Plan paid \$25,000 in fees that were incurred by the Truck-Lite Pennsylvania Non-Exempt Employees Pension Plan. When this transaction was identified during 2025, Truck-Lite Co. LLC prepared Form 5330 and will file and pay the excise tax related to this fee. Our opinion on the ERISA-required supplemental schedules is not modified with respect to this matter.

In forming our opinion on the supplement schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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, are 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

MRRR Group, PC

Southfield, Michigan
September 16, 2025

Plan Name: Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC
Plan Sponsor: Truck-Lite Co., LLC
EIN / PN: 27-4034515/ 005

Schedule SB, Part V - Summary of Actuarial Methods and Assumptions

Assumptions

Funding Interest Rates

Lookback Month Year

September 2023

	<u>MAP-21 Interest Rates</u> (Stabilized rates)	<u>PPA Interest Rates</u> (Non-stabilized rates)
Segment 1	4.75%	3.62%
Segment 2	4.87%	4.46%
Segment 3	5.59%	4.52%
Effective Rate	5.07%	4.42%

Mortality

Funding

IRS 2024 Static Mortality Table for small plans as described in IRS Regulation 1.430(h)(3)-1(c) for plan years on or after January 1, 2024. The IRS 2024 Static Mortality Table is the Pri-2012 Mortality Table, combined for annuitants and nonannuitants and projected for mortality improvement by 2024 Adjusted Scale MP-2021, as described in the applicable regulations.

Accounting

Pri-2012 Total Database Amounts-Weighted Mortality Tables projected generationally using Scale MP-2021

Retirement Age

The following Table of Retirement Probability is assumed

Age	Rate
55-60	4% at each age
61	7%
62	15%
63	11%
64	15%
65	100%

Termination Rates

Termination rates varying by age based on Crocker-Sarason-Straight T-9. The termination rates assumed represent an estimate of future experience in the plan. Sample rates are illustrated below.

Age	Rate
25	7.7%
30	7.2%
35	6.3%
40	5.2%
45	4.0%
50	2.6%
55	0.9%
60	0.1%

Plan Name: Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC
Plan Sponsor: Truck-Lite Co., LLC
EIN / PN: 27-4034515/ 005

Schedule SB, Part V - Summary of Actuarial Methods and Assumptions

Form of Payment Life Annuity

Marital Status

Percent Married 80%

Age Difference Males are assumed to be 3 years older than females

Loading for Expenses Expenses expected for the short plan year

Disability Incidence Not Applicable

Changes in Assumptions Since Last Valuation

For funding purposes, the segment rates and mortality assumptions were updated for the 2024 plan year, as required for minimum funding calculations by Treasury regulations under IRC section 430, as modified by MAP-21/HATFA/BBA/ARPA/IIJA legislation.

Methods

Actuarial Asset Value Market Value of Assets adjusted to reflect investment gains and losses over a 2-year period preceding the valuation date

Actuarial Cost Method Unit Credit

Change in Methods Since Last Valuation None

Assumption Rationale

Interest Rate For funding purposes, the interest rates are prescribed by statute.

Mortality For funding purposes, the mortality table is prescribed by statute.

For accounting purposes, the mortality and projection scale tables are the most recent standard tables available for private pension plans. The plan does not have credible experience to develop a plan specific mortality assumption.

Retirement Age The retirement age assumption was set by the prior actuary. We believe it to be reasonable. The size of the population is not large enough for a credible experience study.

Plan Name: Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC

Plan Sponsor: Truck-Lite Co., LLC

EIN / PN: 27-4034515/ 005

Schedule SB, Part V - Summary of Actuarial Methods and Assumptions

Models

Actuarial Valuation System

Liabilities shown in this report were determined using third-party actuarial valuation software. This software is designed for the specific purpose of modeling pension plan liabilities and costs and is the standard pension valuation software used by Gallagher Benefit Services, Inc. The results in this report are based on various inputs into the software model, including the plan provisions and assumptions shown in this report, and demographic and financial information provided by the Truck-Lite Co., LLC. While the results have been tested and reviewed for overall accuracy and consistency, we have relied upon the validity of the underlying software coding in preparing this report.

Published Demographic Tables

The demographic tables described above are standard published tables developed by organizations with the required expertise.

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**SCHEDULE H, LINE 4j -
SCHEDULE OF REPORTABLE TRANSACTIONS - IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2024
EIN: 27-4034515 PLAN #: 005**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - a single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Fidelity	Fidelity Government Port-Ins FD	\$ 7,138,446	\$ -	\$ 7,138,446	\$ 7,138,446	\$ -
Fidelity	Fidelity Government Port-Ins FD	4,410,073	-	4,410,073	4,410,073	-
Vanguard	Vanguard L/T Invest GR FD	4,000,000	-	4,000,000	4,000,000	-
Vanguard	Vanguard L/T Invest GR FD	869,195	-	869,195	869,195	-
Vanguard	Vanguard Intm Term Investment	3,000,000	-	3,000,000	3,000,000	-
Fidelity	Fidelity Government Port-Ins FD	-	6,658,047	6,658,047	6,658,047	-
Fidelity	Fidelity Government Port-Ins FD	-	4,715,497	4,715,497	4,715,497	-
iShares	iShares Core S&P 500	-	2,460,457	1,688,559	2,460,570	771,898
Vanguard	Vanguard L/T Invest GR FD	-	2,341,516	2,694,723	2,341,516	(353,207)
Vanguard	Vanguard Long Term Treasury Fund	-	802,905	1,213,847	802,905	(410,942)
Vanguard	Vanguard Intm Term Investment	-	1,737,984	1,822,488	1,737,984	(84,504)
Category (iii) - a series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
iShares	iShares Core S&P 500 Sales - 4	\$ -	\$ 3,249,328	\$ 2,277,565	\$ 3,249,328	\$ 971,763
Vanguard	Vanguard LT Invest GR FD Purchases - 14 Sales - 2	5,021,396 -	- 2,435,756	5,021,396 2,817,555	5,021,396 2,435,756	- (381,799)
Vanguard	Vanguard Long Term Treasury Fund Purchases - 12 Sales - 3	52,222 -	- 1,123,647	52,222 1,738,323	52,222 1,123,647	- (614,676)
Vanguard	Vanguard Intm Term Investment Grade Admr FD Purchases - 16 Sales - 1	3,610,617 -	- 1,737,984	3,610,617 1,822,488	3,610,617 1,737,984	- (84,504)
Vanguard	Vanguard Intm Term Treasury FD Admiral Shares Purchases - 14 Sales - 2	409,269 -	- 811,637	409,269 893,276	409,269 811,637	- (81,639)
Fidelity	Fidelity Government Port-Ins FD Purchases - 4 Sales - 8	11,784,903 -	- 11,949,771	11,784,903 11,949,771	11,784,903 11,949,771	- -

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


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

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

A Name of plan DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUCK-LITE CO., LLC	D Employer Identification Number (EIN) 27-4034515	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		13,925,435
b Actuarial value	2b		15,317,979
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	93	14,267,288	14,267,288
b For terminated vested participants	50	2,046,153	2,046,153
c For active participants	28	1,592,698	1,592,698
d Total	171	17,906,139	17,906,139
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.07%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		95,000
c Target normal cost	6c		95,000

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

SIGN HERE	 Signature of actuary	<u>09/30/2025</u> Date
	<u>Edwin l. mcnamara, jr.</u> Type or print name of actuary	<u>2306568</u> Most recent enrollment number
	<u>gallagher benefit services, inc.</u> Firm name	<u>952-918-3954</u> Telephone number (including area code)
	<u>3600 american blvd west, suite 500</u> <u>bloomington MN 55431</u> Address of the firm	

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 95,000

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

32 Amortization installments:

a Net shortfall amortization installment	Outstanding Balance	Installment
b Waiver amortization installment.....	2,588,160	150,538

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 245,538

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 245,538

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 4,656,290

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 4,410,752

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

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

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

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

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

ATTACHMENT TO SCHEDULE G

2024 FORM 5500

Defined Benefit Pension Plan For Classified Salaried Employees of Truck-Lite Co., LLC

EIN: 27-4034515

Plan Number: 005

The amounts specified on Schedule G represent four transactions worth \$25,000 that were prohibited transactions under IRC 4975 paid out of the trust for the Defined Benefit Pension Plan For Classified Salaried Employees of Truck-Lite Co., LLC (“Salaried Plan”). These expenses were charged to a separate plan under the same sponsor, Truck-Lite Pennsylvania Non-Exempt Employees Pension Plan (“PANE Plan”), EIN/PN 24-4034515/004, during the 2024 plan year, but erroneously paid out of the Salaried Plan trust.

The plan Sponsor, Truck-Lite Co., LLC, went through a plan termination for both the Salaried Plan and PANE Plan in August 2024. All benefits were subsequently and fully distributed and the trusts were closed in May 2025.

The Salaried Plan filed Form 5330s to comply with excise taxes related to these prohibited transactions under IRC Section 4975.

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

DECEMBER 31, 2024 AND 2023

AND

INDEPENDENT AUDITORS' REPORT

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

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INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Defined Benefit Pension Plan for Classified
Salaried Employees of Truck-Lite Co., LLC
Erie, Pennsylvania

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

We have performed audits of the financial statements of Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' 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

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

Emphasis of Matter

As described in Note 7 to the financial statements, the governing body of Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC approved a plan of liquidation on August 4, 2024, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the normal GAAP basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC'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.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules - Schedule of Assets (Held at End of Year), Schedule of Reportable Transactions and Schedule of Nonexempt Prohibited Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

As discussed in the supplemental schedule of Nonexempt Prohibited Transactions, although not considered material, during 2024 the Plan paid \$25,000 in fees that were incurred by the Truck-Lite Pennsylvania Non-Exempt Employees Pension Plan. When this transaction was identified during 2025, Truck-Lite Co. LLC prepared Form 5330 and will file and pay the excise tax related to this fee. Our opinion on the ERISA-required supplemental schedules is not modified with respect to this matter.

In forming our opinion on the supplement schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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, are 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

MRRR Group, PC

Southfield, Michigan
September 16, 2025

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
	<u>(In Liquidation)</u>	<u>(Ongoing)</u>
ASSETS:		
Investments at fair value:		
Interest bearing cash	\$ 144,259	\$ 309,127
Mutual funds	<u>8,177,939</u>	<u>13,450,259</u>
Total investments at fair value	8,322,198	13,759,386
Receivables:		
Employer	4,700,000	101,010
Other	<u>34,304</u>	<u>37,763</u>
Total receivables	4,734,304	138,773
Cash - non interest bearing	<u>-</u>	<u>30,795</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>13,056,502</u></u>	\$ <u><u>13,928,954</u></u>

See notes to financial statements

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u> <u>(In Liquidation)</u>	<u>2023</u> <u>(Ongoing)</u>
ADDITIONS:		
Investment income:		
Net appreciation (depreciation) in investments	\$ (65,161)	\$ 1,408,344
Interest and dividend income	<u>475,998</u>	<u>718,505</u>
Net investment income	410,837	2,126,849
Employer contributions	<u>4,909,606</u>	<u>101,010</u>
Total additions	5,320,443	2,227,859
DEDUCTIONS:		
Benefits paid to participants or beneficiaries	5,945,779	10,963,494
Administrative expenses	<u>247,116</u>	<u>255,141</u>
Total deductions	<u>6,192,895</u>	<u>11,218,635</u>
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(872,452)	(8,990,776)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>13,928,954</u>	<u>22,919,730</u>
NET ASSET AVAILABLE FOR BENEFITS, END OF YEAR	\$ <u><u>13,056,502</u></u>	\$ <u><u>13,928,954</u></u>

See notes to financial statements.

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 - Description of Plan

The following brief description of the Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC, ("the Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan terminated effective August 4, 2024. Accordingly, the descriptions below are provisions of the Plan prior to termination. See Note 7 for additional information.

General - The Plan is a defined benefit plan covering certain salaried employees of Truck-Lite Co., LLC (the "Company") who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employees become participants in the Plan following completion of the eligibility requirements described in the Plan. Individuals hired after May 31, 2008 are not eligible to participate. The Plan was frozen to new entrants and accrual of further benefits effective June 30, 2009. At that time, all participants became fully vested.

Pension Benefits - Eligible employees with at least one year of service are entitled to normal annual pension benefits beginning at the participant's normal retirement age of 65, as described in the Plan. The individual pension benefit is based on a formula using credited service and average monthly compensation, as set forth in the Plan. Special provisions for retirement at other than the normal retirement age are described in the Plan, if applicable. Employees may elect early retirement and receive a reduced monthly retirement benefit payable immediately in accordance with the plan agreement.

Pension benefits are payable in the form of a single life annuity for unmarried participants and an automatic 50 percent joint and survivor annuity for married participants unless otherwise elected. Participants can also elect a 100, 75, or 50 percent joint and survivor annuity.

Contributions - Contributions to the Plan are made at the discretion of the Company, except that such contributions cannot be less than the minimum required contribution, determined in accordance with the applicable section of the Internal Revenue Code (IRC) and any other applicable, Federal statutes regarding satisfaction of actuarially determined minimum funding standards. Contributions to the Plan met the minimum funding standards for 2024 and 2023. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Death Benefits - If an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, a death benefit equal to 50 percent of the benefit that would have been paid had the employee retired on the date of death or the benefit that the participant was receiving or will receive at retirement age will be paid to the participant's spouse for the rest of their life. No death benefit is payable for unmarried participants.

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 - Description of Plan - (Continued)

Administration - Under a trust agreement, PNC Bank was appointed trustee of the Plan. In accordance with the powers and duties of the trustee, as designated by the Company, the trustee administers the Plan in accordance with the orders of the pension board and invests the Plan's assets and the income therefrom as directed by the Plan's investment manager. Certain administrative fees incurred in administering the Plan are paid from the assets of the Plan.

NOTE 2 - Summary of Significant Accounting Policies

Basis of accounting - As discussed in Note 7 to the financial statements, during the year ended December 31, 2024, the plan sponsor submitted application for purposes of terminating the Plan effective August 4, 2024. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2023 from the going concern basis to the liquidation basis. Under liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process, and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition - Investments are carried at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Payment of benefits - Benefit payments to participants or beneficiaries are recorded upon distribution.

Administrative expenses - The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 - Summary of Significant Accounting Policies - (Continued)

Subsequent events - The Plan has evaluated subsequent events through September 16, 2025, the date the financial statements were available to be issued.

NOTE 3 - Funding Policy

The Company's funding policy is to make the minimum amount required by Sections 412 and 430 of the IRC plus any additional amounts deemed appropriate by the Company management. The Plan is subject to the minimum funding requirements of ERISA and the minimum/maximum funding requirements of the IRC. The Company's contribution for the years ended December 31, 2024 and 2023 complied with the minimum funding requirements of ERISA and the IRC. The Company made contributions in the amount of \$4,909,606 and \$101,010 for the year ended December 31, 2024 and 2023, respectively.

NOTE 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 - Fair Value Measurements - (Continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

Interest bearing cash - The fair value of interest-bearing cash is based on its outstanding balance on the last business day of each period presented.

Mutual funds - Valued at the daily closing price as reported by the fund on the last business day of each period presented. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level within the fair value hierarchy the Plan investment assets at fair value, as of December 31, 2024 and 2023:

	<u>Assets at Fair Value as of December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments measured at fair value				
Interest bearing cash	\$ 144,259	\$ -	\$ -	\$ 144,259
Mutual funds	<u>8,177,939</u>	<u>-</u>	<u>-</u>	<u>8,177,939</u>
Total investments at fair value	<u>\$ 8,322,198</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,322,198</u>
	<u>Assets at Fair Value as of December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments measured at fair value				
Interest bearing cash	\$ 309,127	\$ -	\$ -	\$ 309,127
Mutual funds	<u>13,450,259</u>	<u>-</u>	<u>-</u>	<u>13,450,259</u>
Total investments at fair value	<u>\$ 13,759,386</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,759,386</u>

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 - Certified Investments

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments held as of December 31, 2024 and 2023, and net appreciation in fair value of investment and interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by PNC Bank, a qualified institution.

NOTE 6 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the IRC. Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 7 - Plan Termination - Liquidation Basis

Effective August 4, 2024, the Plan filed its notice of intent to terminate the Plan. Coinciding with the Plan termination, the Company provided each participant with an offer to receive their Plan benefit as a single lump sum payment during 2024. During 2025, the remaining annuities will carry over to a third party insurance carrier.

NOTE 8 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or vested terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 8 - Actuarial Present Value of Accumulated Plan Benefits - (Continued)

The actuarial present value of accumulated plan benefits was determined by the Plan's actuaries, Gallagher Benefit Services, Inc., relying on information provided by the Company. The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust accumulated plan benefits as defined by the plan document to reflect the time value of money and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and expected date of payment. The computation of the actuarial present value of accrued plan benefits was made as of January 1, 2024.

The following significant actuarial assumptions were used to determine the actuarial present value of accumulated Plan benefits for January 1, 2024:

Actuarial cost method	Unit Credit Actuarial Cost Method
Rate of return	5.19% per annum as of January 1, 2024. This assumption change resulted in a decrease in the actuarial present value of accumulated Plan benefits.
Mortality	Pri-2012 Total Dataset Employee/Retire Amount Weighted Mortality with Scale MP-2021 for males and females
Normal retirement	Between age 55 and 65; average retirement age was 65

The calculation of the actuarial present value of accumulated plan benefits attributable to participants in the Plan, which was made as of January 1, 2024, the most recent actuarial valuation, is as follows:

Actuarial present value of accumulated plan benefits - vested benefits:	
Participants currently receiving benefit payments	\$ 14,219,684
Other vested participants	<u>3,664,264</u>
Total vested benefits	17,883,948
Nonvested benefits	<u>78,794</u>
Total actuarial present value of accumulated plan benefits	\$ <u>17,962,742</u>

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**NOTES TO LIQUIDATION BASIS FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 8 - Actuarial Present Value of Accumulated Plan Benefits - (Continued)

A summary of significant changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2024, is as follows:

Actuarial present value of accumulated plan benefits - beginning of year:	\$ 27,334,234
Increase (decrease) during the year attributable to:	
Interest due to the increase in the discount period	1,192,724
Benefits paid	(10,963,494)
Experience (gains) and losses	(18,410)
Changes in actuarial assumptions	<u>417,688</u>
Net decrease	<u>(9,371,492)</u>
Actuarial present value of accumulated plan benefits – end of year	\$ <u>17,962,742</u>

NOTE 9 - Party-in-Interest Transactions

Certain Plan investments are managed by PNC Bank, the Plan's custodian. Transactions involving these investments are considered party-in-interest transactions. Fees paid by the Plan were for consulting services, actuarial services, investment management services and legal services. Total fees paid by the Plan were \$247,116 and \$255,141 for the years ended December 31, 2024 and 2023, respectively.

These fees are considered indirect fees and are automatically deducted from the Plan's investment account. The Plan paid certain expenses related to the Plan's operations to various service providers and the Company paid certain expenses related to Plan operations.

NOTE 10 - Risk and Uncertainties

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

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - LIQUIDATION BASIS
DECEMBER 31, 2024
EIN: 27-4034515 PLAN #: 005**

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fidelity	Fidelity Government Port-Ins	\$ 144,259	\$ 144,259
	Mutual Funds:			
	Vanguard	Vanguard Long-term Invest Gr Fd	4,892,824	4,470,509
	Vanguard	Vanguard Long term Treasury Fund	533,984	481,818
	Vanguard	Vanguard Intm Term Investment	3,000,030	2,901,922
	Vanguard	Vanguard Intm Term Treas Fd Admiral Shares	330,719	323,690
	Total Mutual Funds		<u>8,757,557</u>	<u>8,177,939</u>
	Total Investments		\$ <u>8,901,816</u>	\$ <u>8,322,198</u>

* A party in interest

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**SCHEDULE H, LINE 4j -
SCHEDULE OF REPORTABLE TRANSACTIONS - IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2024
EIN: 27-4034515 PLAN #: 005**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - a single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Fidelity	Fidelity Government Port-Ins FD	\$ 7,138,446	\$ -	\$ 7,138,446	\$ 7,138,446	\$ -
Fidelity	Fidelity Government Port-Ins FD	4,410,073	-	4,410,073	4,410,073	-
Vanguard	Vanguard L/T Invest GR FD	4,000,000	-	4,000,000	4,000,000	-
Vanguard	Vanguard L/T Invest GR FD	869,195	-	869,195	869,195	-
Vanguard	Vanguard Intm Term Investment	3,000,000	-	3,000,000	3,000,000	-
Fidelity	Fidelity Government Port-Ins FD	-	6,658,047	6,658,047	6,658,047	-
Fidelity	Fidelity Government Port-Ins FD	-	4,715,497	4,715,497	4,715,497	-
iShares	iShares Core S&P 500	-	2,460,457	1,688,559	2,460,570	771,898
Vanguard	Vanguard L/T Invest GR FD	-	2,341,516	2,694,723	2,341,516	(353,207)
Vanguard	Vanguard Long Term Treasury Fund	-	802,905	1,213,847	802,905	(410,942)
Vanguard	Vanguard Intm Term Investment	-	1,737,984	1,822,488	1,737,984	(84,504)
Category (iii) - a series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
iShares	iShares Core S&P 500 Sales - 4	\$ -	\$ 3,249,328	\$ 2,277,565	\$ 3,249,328	\$ 971,763
Vanguard	Vanguard LT Invest GR FD Purchases - 14 Sales - 2	5,021,396 -	- 2,435,756	5,021,396 2,817,555	5,021,396 2,435,756	- (381,799)
Vanguard	Vanguard Long Term Treasury Fund Purchases - 12 Sales - 3	52,222 -	- 1,123,647	52,222 1,738,323	52,222 1,123,647	- (614,676)
Vanguard	Vanguard Intm Term Investment Grade Admr FD Purchases - 16 Sales - 1	3,610,617 -	- 1,737,984	3,610,617 1,822,488	3,610,617 1,737,984	- (84,504)
Vanguard	Vanguard Intm Term Treasury FD Admiral Shares Purchases - 14 Sales - 2	409,269 -	- 811,637	409,269 893,276	409,269 811,637	- (81,639)
Fidelity	Fidelity Government Port-Ins FD Purchases - 4 Sales - 8	11,784,903 -	- 11,949,771	11,784,903 11,949,771	11,784,903 11,949,771	- -

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

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**SCHEDULE H, LINE 4d -
SCHEDULE OF NONEXEMPT PROHIBITED TRANSACTIONS - IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2024
EIN: 27-4034515 PLAN #: 005**

(a)	(b)	(c)	(g)
<u>Identity of Party Involved</u>	<u>Relationship to Plan, Employer, or Other Party-in-Interest</u>	<u>Description of the Transaction</u>	<u>Transaction Expense</u>
Truck-Lite Pennsylvania Non-Exempt Employees Pension Plan	Related party through common ownership	Fees related to the party involved were paid out of the Defined Benefit Pension Plan for Classified Salaried Employee of Truck-Lite Co., LLC	\$ 25,000

Plan Name: Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC
Plan Sponsor: Truck-Lite Co., LLC
EIN / PN: 27-4034515/ 005

Schedule SB, Part V - Summary of Plan Provisions

This summary has been prepared for valuation purposes only. It summarizes the plan provisions necessary to perform the actuarial valuation.

Plan Name	Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC
Date Restated	January 1, 2015
Effective Date of Plan	November 1, 1997
Effective Date of Last Amendment	January 1, 2016
Plan Freeze Date	June 30, 2009
Plan Termination	August 4, 2024
Participation	Salaried employees attained age 21 with 1 year of service
Vesting Service	100% after completion of 5 years of vesting service
Normal Retirement Eligibility	Attainment of age 65 or the 5th anniversary of the date of participation; for participants who were covered by the Quaker State Corporation Salaried Pension Plan as of June 30, 1992, normal retirement occurs on the first day of the month in which the participant attains age 65.
Normal Retirement Benefit	For participants whose service was equal to or greater than 5 years as of February 28, 1993, the greater of the Basic Service Benefit or the Average Compensation Benefit I. For participants whose service was less than 5 years as of February 28, 1993, the greater of the Average Compensation Benefit II or the benefit the participant has accrued as a Basic Service Benefit or an Average Compensation Benefit I as of February 28, 1993
Basic Service Benefit	1.5% of the participant's compensation for each plan year plus, if applicable, any accrued benefit under the Truck-Lite Company, Inc., Pension Plan of Non-Union Employees on December 31, 1997.
Average Compensation Benefit I	2.75% of the participant's average monthly earnings multiplied by his credited service up to a maximum of 20 years, plus 1% of the participant's average monthly earnings multiplied by his credited service in excess of 20 years (but not to exceed 30 years), minus 2.2% of the participant's Primary Social Security amount multiplied by his credited service up to a maximum of 30 years.

Plan Name: Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC

Plan Sponsor: Truck-Lite Co., LLC

EIN / PN: 27-4034515/ 005

Schedule SB, Part V - Summary of Plan Provisions

Average Compensation Benefit II	1.05% of the participant's average monthly earnings multiplied by his credited service up to a maximum of 35 years, plus .5% of the participant's average monthly earnings in excess of covered compensation multiplied by his credited service up to a maximum of 35 years. Benefit accruals for the highly compensated employees were frozen as of October 31, 1999; they were again unfrozen and restored as of January 1, 2002 for any HCE still employed at January 1, 2002. Benefit accruals were frozen as of June 30, 2009
Late Retirement Eligibility	Retirement after normal retirement date
Late Retirement Benefit	Greater of accrued benefit at late retirement date, or actuarial equivalent of accrued benefit as of normal retirement date.
Vesting Schedule Eligibility	100% after completion of 5 years of vesting service
Vesting Schedule Benefit	Vested accrued benefit payable at normal retirement date.
Pre-Retirement Eligibility	Participant eligible for a vested benefit.
Pre-Retirement Benefit	50% of the benefit would have been payable at the participant's earliest commencement date under the Joint & 50% Contingent Annuitant option (spouse as the contingent annuitant).
Early Retirement Eligibility	Minimum age of 55 and 5 years of participation

Plan Name: Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC
Plan Sponsor: Truck-Lite Co., LLC
EIN / PN: 27-4034515/ 005

Schedule SB, Part V - Summary of Plan Provisions

Early Retirement Benefit

Accrued benefit adjusted for early commencement as follows.

Year of Service	Reduction Factors	
	Column I 20 or More Years of Benefit Service	Column II Less than 20 Years of Benefit Service
10	72.00%	50%
9	76.00%	53 -1/3%
8	80.00%	56-2/3%
7	84.00%	60%
6	88.00%	63-1/3%
5	92.00%	66-2/3%
4	96.00%	73-1/3%
3	100.00%	80%
2	100.00%	86-2/3%
1	100.00%	93-1/3%

Column II applies to the Primary Insurance Amount offset regardless of the number of years of Credit Service for Benefit Accrual

The above percentages apply only when benefit commences immediately after termination; otherwise, the early retirement benefit approximates an actuarial equivalent reduction. Service used to determine the early retirement reduction factor will continue to accrue to participant's termination or retirement date.

Accrued Benefit

Equal to the normal retirement benefit calculated with average compensation and credited service at date of determination; in the case of a participant who terminates with Average Compensation Benefit I before being eligible for early retirement, an accrual fraction method applies. The Accrued Benefit was frozen as of June 30, 2009 based on the participant's Average Monthly Compensation, Years of Service, and any other component(s) of the Accrued Benefit as of such date.

**Actuarial Equivalence General
(effective 01/01/2005)**

1983 Group Mortality Unisex; 7% interest

Plan Name: Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC

Plan Sponsor: Truck-Lite Co., LLC

EIN / PN: 27-4034515/ 005

Schedule SB, Part V - Summary of Plan Provisions

Average Compensation

Basic service compensation is the basic rate of pay of a participant as of April 30 of any calendar year. Average monthly earnings means the average of the highest 36 consecutive calendar months of the participant's highest compensation in 120-month period preceding retirement; compensation is defined as base pay, excluding overtime, bonuses and commissions.

Effective June 30, 2009, an active participant's Average Compensation was determined as of June 30, 2009.

Entry Dates

1st day of the month coinciding with or next following the fulfillment of eligibility for participation.

Credited Service

Period of service (years and fractions thereof); years prior to July 1, 1992 are determined based on the Quaker State Corporation Salaried Pension Plan (due to spinoff). Credited Service was frozen as of June 30, 2009.

Primary Social Security Amount

Social Security benefit age 65, based on prior compensation history and assuming level earnings to age 65

Forms of Payment

Unreduced Payment Form

Single Life Annuity

Automatic Payment Form

Contingent Annuitant 50%, spouse as beneficiary

Optional Forms

Single-life, Contingent Annuitant (100%, 75% or 50%) and lump-sum under \$5,000

Minimum Benefit

Highest Early Retirement Benefit determined prior to normal retirement; prior Accrued Benefit, including member of Quaker State Corporation Salaried Pension Plan.

Maximum Benefit

IRC Section 415(b) limits (pre-EGTRRA). The limit is \$275,000 for 2024.

**DEFINED BENEFIT PENSION PLAN FOR CLASSIFIED
SALARIED EMPLOYEES OF TRUCK-LITE CO., LLC**

**SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - LIQUIDATION BASIS
DECEMBER 31, 2024
EIN: 27-4034515 PLAN #: 005**

(a)	(b)	(c)	(d)	(e)
Identity of Issuer	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Fidelity	Fidelity Government Port-Ins	\$ 144,259	\$ 144,259	
Mutual Funds:				
Vanguard	Vanguard Long-term Invest Gr Fd	4,892,824	4,470,509	
Vanguard	Vanguard Long term Treasury Fund	533,984	481,818	
Vanguard	Vanguard Intm Term Investment	3,000,030	2,901,922	
Vanguard	Vanguard Intm Term Treas Fd Admiral Shares	330,719	323,690	
Total Mutual Funds		<u>8,757,557</u>	<u>8,177,939</u>	
Total Investments		<u>\$ 8,901,816</u>	<u>\$ 8,322,198</u>	

* A party in interest

Plan Name: Defined Benefit Pension Plan for Classified Salaried Employees of Truck-Lite Co., LLC

Plan Sponsor: Truck-Lite Co., LLC

EIN / PN: 27-4034515/ 005

Schedule SB, line 32 - Schedule of Amortization Bases

Date Established	Years Remaining	Annual Installment	Present Value of Installment
1/1/2023	14 \$	394,210 \$	4,130,328
1/1/2024	15 \$	(140,305) \$	(1,542,146)