

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: DAIMLER TRUCK NORTH AMERICA PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 08/01/1981
2a Plan sponsor's name, mailing address, city, state, and ZIP: DAIMLER TRUCK NORTH AMERICA, 4747 NORTH CHANNEL AVENUE, PORTLAND, OR 97217-7613
2b Employer Identification Number (EIN): 93-0790608
2c Plan Sponsor's telephone number: 503-745-7837
2d Business code (see instructions): 336100

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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  DAIMLER TRUCK N.A. LLC PENSION & BENEFITS COMMITTEE  P.O. BOX 3920 PORTLAND, OR 97208-3920	<b>3b</b> Administrator's EIN 93-0907146  <b>3c</b> Administrator's telephone number 503-745-7837
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3581
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).																															
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">1558</td> </tr> <tr> <td><b>6a(2)</b></td> <td></td> <td style="text-align: right;">1679</td> </tr> <tr> <td><b>6b</b></td> <td></td> <td style="text-align: right;">1561</td> </tr> <tr> <td><b>6c</b></td> <td></td> <td style="text-align: right;">963</td> </tr> <tr> <td><b>6d</b></td> <td></td> <td style="text-align: right;">4203</td> </tr> <tr> <td><b>6e</b></td> <td></td> <td style="text-align: right;">160</td> </tr> <tr> <td><b>6f</b></td> <td></td> <td style="text-align: right;">4363</td> </tr> <tr> <td><b>6g(1)</b></td> <td></td> <td></td> </tr> <tr> <td><b>6g(2)</b></td> <td></td> <td></td> </tr> <tr> <td><b>6h</b></td> <td></td> <td></td> </tr> </table>	<b>6a(1)</b>		1558	<b>6a(2)</b>		1679	<b>6b</b>		1561	<b>6c</b>		963	<b>6d</b>		4203	<b>6e</b>		160	<b>6f</b>		4363	<b>6g(1)</b>			<b>6g(2)</b>			<b>6h</b>		
<b>6a(1)</b>		1558																													
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<b>6g(1)</b>																															
<b>6g(2)</b>																															
<b>6h</b>																															
<b>a(2)</b> Total number of active participants at the end of the plan year .....																															
<b>b</b> Retired or separated participants receiving benefits .....																															
<b>c</b> Other retired or separated participants entitled to future benefits .....																															
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....																															
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....																															
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....																															
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....																															
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....																															
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....																															

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 3H

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

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

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>DAIMLER TRUCK NORTH AMERICA PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DAIMLER TRUCK NORTH AMERICA</u>	<b>D</b> Employer Identification Number (EIN) <u>93-0790608</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>459799723</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>492992236</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1421</u>	<u>264689917</u>	<u>264689917</u>
<b>b</b> For terminated vested participants .....	<u>643</u>	<u>33633089</u>	<u>33633089</u>
<b>c</b> For active participants .....	<u>1558</u>	<u>103187408</u>	<u>108192559</u>
<b>d</b> Total .....	<u>3622</u>	<u>401510414</u>	<u>406515565</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.13 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1129000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>1129000</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>07/10/2025</u> Date
	<u>TODD A. IWAMOTO</u> Type or print name of actuary	<u>23-07877</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>206-625-1125</u> Telephone number (including area code)
	<u>600 UNIVERSITY ST., SUITE 2528 SEATTLE, WA 98101-1176</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	156533
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....		156533
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.87</u> % .....		17015
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> 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>5.27</u> % .....		
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	173548

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	121.27 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	121.27 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	118.77 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>		<b>18(c)</b>

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> 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		

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input checked="" type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> 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			
<b>25</b> 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			
<b>26</b> Demographic and benefit information			
<b>a</b> 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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	1129000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	1129000	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	4166918	173548	
<b>b</b> Waiver amortization installment.....		0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	173548	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....		173548	173548
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>		
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>		
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>		

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

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

<b>A</b> Name of plan DAIMLER TRUCK NORTH AMERICA PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 DAIMLER TRUCK NORTH AMERICA	<b>D</b> Employer Identification Number (EIN) 93-0790608	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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)

WILLIS TOWERS WATSON

23-1159360

(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	N/A	1073058	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)

MOSS ADAMS LLP

91-0189318

(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?
10 50	N/A	58978	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)

STATE STREET GLOBAL ADVISORS

41-1486744

(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	N/A	6831	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"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name: MOSS ADAMS, LLP	<b>b</b> EIN: 91-0189318
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 805 SW BROADWAY PORTLAND, OR 97205	<b>e</b> Telephone: 503-242-1447

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>DAIMLER TRUCK NORTH AMERICA PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DAIMLER TRUCK NORTH AMERICA</u>	<b>D</b> Employer Identification Number (EIN) <u>93-0790608</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DAIMLER TRUCK N.A. MASTER TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>DAIMLER TRUCK N.A. LLC</u>		
<b>c</b> EIN-PN <u>93-0790608-009</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>504532837</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>DAIMLER TRUCK NORTH AMERICA PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DAIMLER TRUCK NORTH AMERICA</b>	<b>D</b> Employer Identification Number (EIN) <b>93-0790608</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	504532837
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

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	459520210	504532837
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	459520210	504532837

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		9591796
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		9591796

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	28891719	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		28891719
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	58978	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	6831	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	1073058	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	361695	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1500562
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		30392281

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-20800485
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		65813112
(2) From this plan .....	<b>2l(2)</b>		

**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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 558229.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>DAIMLER TRUCK NORTH AMERICA PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>DAIMLER TRUCK NORTH AMERICA</u>	<b>D</b> Employer Identification Number (EIN) <u>93-0790608</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1926855</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	17

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 8.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 57.5 %  
 High-Yield Debt: 0.0 % Real Assets: 1.9 % Cash or Cash Equivalents: 0.0 % Other: 31.8 %

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

Report of Independent Auditors  
and Financial Statements

**Daimler Truck North America LLC  
Pension Plan**

December 31, 2024 and 2023

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## Report of Independent Auditors

The Trustees of  
Daimler Truck North America LLC Pension Plan

### Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Daimler Truck North America LLC Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 (in liquidation) and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years ended December 31, 2024 (in liquidation) and 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

#### **Opinion**

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

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

### ***Emphasis of Matter***

As discussed in Note 11 to the financial statements, the governing body of the Plan approved a plan of liquidation on October 31, 2024, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2023 financial statements to the liquidation basis used in presented the 2024 financial statements. Our opinion is not modified with respect to this matter.

### ***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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such

procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

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

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

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

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

*Baker Tilly US, LLP*

Portland, Oregon  
October 14, 2025

## **Financial Statements**

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**Daimler Truck North America LLC  
Pension Plan  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023**

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	<u>2024</u> (in liquidation)	<u>2023</u> (ongoing)
ASSETS		
Plan interest in the Daimler Truck North America LLC Master Retirement Trust	<u>\$ 504,532,837</u>	<u>\$ 459,520,210</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 504,532,837</u></u>	<u><u>\$ 459,520,210</u></u>

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See accompanying notes.

**Daimler Truck North America LLC  
Pension Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2024 and 2023**

---

	2024 (in liquidation)	2023 (ongoing)
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>		
Investment income		
Plan interest in the net investment income (loss) of the Daimler Truck North America LLC Master Retirement Trust, net of investment expenses of \$845,103 and \$1,116,665 for the years ended December 31, 2024 and 2023, respectively	\$ 9,591,796	\$ 46,377,960
Total additions	9,591,796	46,377,960
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid to participants	28,891,719	24,726,582
Administrative expenses	1,500,562	1,115,507
Total deductions	30,392,281	25,842,089
<b>CHANGE IN NET ASSETS</b>	(20,800,485)	20,535,871
<b>TRANSFERS INTO PLAN</b>	65,813,112	-
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	459,520,210	438,984,339
End of year	\$ 504,532,837	\$ 459,520,210

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See accompanying notes.

**Daimler Truck North America LLC  
Pension Plan  
Statements of Accumulated Plan Benefits  
December 31, 2024 and 2023**

---

	2024 (in liquidation)	2023 (ongoing)
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 327,205,218	\$ 279,782,071
Other participants	178,464,377	152,845,171
Total vested benefits	505,669,595	432,627,242
Nonvested benefits	-	4,933,550
Total actuarial present value of accumulated plan benefits	\$ 505,669,595	\$ 437,560,792

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See accompanying notes.

**Daimler Truck North America LLC  
Pension Plan  
Statements of Changes in Accumulated Plan Benefits  
Years Ended December 31, 2024 and 2023**

---

	2024 (in liquidation)	2023 (ongoing)
Actuarial present value of accumulated plan benefits at beginning of year	\$ 437,560,792	\$ 401,063,518
Increase (decrease) during the year attributable to		
Decrease in the discount period	20,732,521	22,350,263
Actuarial losses	3,914,144	29,707
Assumption changes	-	38,843,886
Transfer	72,353,857	-
Benefits paid	(28,891,719)	(24,726,582)
Net increase	68,108,803	36,497,274
Actuarial present value of accumulated plan benefits at end of year	\$ 505,669,595	\$ 437,560,792

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See accompanying notes.

# Daimler Truck North America LLC

## Pension Plan

### Notes to Financial Statements

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#### **Note 1 – Description of the Plan**

The following brief description of the Daimler Truck North America LLC Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** – The Plan is a defined benefit pension plan which is sponsored by Daimler Truck North America LLC (the Company, Plan sponsor, or Plan administrator). The Plan covers all non-contractual employees of the Plan sponsor and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective January 1, 2011, the Plan sponsor froze participation in the Plan as well as the accrual of benefits under the Plan. A special transition credit of 4% per year applied to the frozen benefit for each year of service beginning January 1, 2011 through December 31, 2015. Partial years were prorated to date of termination. As discussed in Note 11, Plan management approved termination of the Plan effective October 31, 2024.

The Detroit Diesel Corporation Employees' Pension Plan froze participation and the accrual of benefits for all participants in the DDC Component Plan effective January 1, 2011. A special transition credit of 4% per year was applied to the frozen benefit for each year of services through December 31, 2015. Effective May 31, 2024, the frozen portion of the Detroit Diesel Corporation Employees' Pension Plan covering non-union employees was spun off and transferred to the Plan resulting in a component plan referred to as the DDC Component Plan. The total assets transferred to the Plan from the Detroit Diesel Corporation Employees' Pension Plan on May 31, 2024, was \$65,813,112. The total actuarial present value of accumulated plan benefits transferred was \$72,353,857.

The Bank of New York Mellon (the Trustee) holds all of the Plan's investments and also serves as the trustee for the Plan. The Trustee was appointed to hold, invest, and disburse plan benefits to participants of the Plan from the Daimler Truck North America Master Retirement Trust (Master Retirement Trust). The Company is the plan sponsor and administrator of the Plan.

#### **Payment of benefits**

*Pension benefits and vesting* – Employees with five or more years of credited service, as defined in the Plan agreement, are entitled to annual pension benefits beginning at normal retirement, which is age 65. The benefit is calculated using the formula described in the Plan agreement. The Plan permits early retirement at ages 55 to 64 with ten years of service. Benefits paid to retirees whose age is 55 to 61 are reduced by an age factor. Participants become fully vested in their benefits available under the Plan after completing five years of service. Participants who terminate before rendering five years of service forfeit the right to receive their accumulated plan benefits.

Participants may elect to receive pension benefits as follows:

- Straight Life Annuity
- Five-year Guaranteed
- Ten-year Guaranteed

**Daimler Truck North America LLC**  
**Pension Plan**  
**Notes to Financial Statements**

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- 50% Contingent Annuity
- 100% Contingent Annuity
- Lump-Sum Distribution for benefits less than \$10,000

*Death and disability benefits* – If an active or inactive participant dies prior to retirement but after ten years of service or five years of credited service, the participant's spouse, if designated as beneficiary, will receive a lifetime benefit equal to 50% of the accrued benefit at date of death. The spouse's benefit is adjusted based on the age of the spouse compared to the age of the participant at time of death.

Participants who become disabled and are receiving extended sick pay and Social Security benefits shall continue to earn service credits until the following occurs:

- The participant fails to return to work after 30 days from recovery, or longer, as approved by the administrator.
- The participant receives a lump-sum settlement from the long-term disability program maintained by the Company.
- The participant retires under the currently available options.
- The participant dies.

A disabled participant shall be retired at age 65 and may retire at age 55 to 64, if eligible. Benefits will be determined in the same way as normal or early retirement of any participant, except that the Social Security Covered Compensation amount used in the benefit calculation shall be determined for the year the participant became disabled.

**Payment of benefits for the DDC Component Plan**

*Pension benefits* – The accrued benefit of a participant shall be equal to the greater of their final average accrued benefit or their career average accrued benefit plus, in either case, their prior plan benefits, as defined in the Plan Agreement. For normal retirement (age 65), monthly benefits are the participant's accrued benefit determined as of their normal retirement date. For early retirement (any day after age 55 and before normal retirement age), a participant may elect to receive a deferred monthly pension, commencing on their normal retirement date, equal to their accrued benefit determined as of their normal retirement date, or elect to receive a reduced monthly pension commencing on the first day of any month beginning after their severance from service date and prior to their normal retirement date. For late retirement (any day after normal retirement age), monthly benefits are the participant's accrued benefit determined as of their late retirement date.

*Disability benefits* – A disabled participant shall receive a disability benefit after completing at least five years of service as of the participant's disability date. No credited service will be granted during the participant's disability. The benefit provided will equal the accrued benefit determined as if the participant retired on the normal retirement date but with no credited service credited to the participant during the disability period.

# Daimler Truck North America LLC

## Pension Plan

### Notes to Financial Statements

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*Death benefits* – Upon a participant's death, a lump-sum or survivor annuity benefit may be available provided the participant has a spouse on the date of death and provided the election for survivor annuity has not been waived.

#### **Note 2 – Summary of Accounting Policies**

**Basis of accounting** – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting. As discussed in Note 11, the Company terminated the Plan effective October 31, 2024. As a result, the Plan changed its basis of accounting for the year ending December 31, 2024 from the going concern basis to the liquidation basis.

Under the 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 generally accepted accounting principles 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.

**Cash and cash equivalents** – The Plan maintains cash balances with U.S. financial institutions, which at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk related to cash.

**Investment valuation** – The Plan's interest in the Master Retirement Trust is stated at fair value. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. The Plan's trustee, The Bank of New York Mellon, certifies the fair market value of the Plan's interest in the Master Retirement Trust.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

**Income recognition** – Purchases and sales of investments by the Master Retirement Trust are recorded on a trade date basis. Interest income related to investments held by the Master Retirement Trust is recorded on the accrual basis. Dividend income related to investments held by the Master Retirement Trust is recorded on the ex-dividend date. The net (depreciation) appreciation in fair value of investments held by the Master Trust consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

**Payment of benefits** – Benefit payments to participants are recorded upon distribution.

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**Administrative expenses** – The Plan’s expenses are paid either by the Plan or the Company, as provided by the Plan Agreement. 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. In addition, certain investment related expenses are included in Plan interest in the net investment income of the Master Retirement Trust presented in the accompanying statements of changes in net assets available for benefits.

**Subsequent events** – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan’s financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued. Note 12 provides disclosure of certain subsequent events that did not result in recognition in the financial statements.

The Plan has evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued.

**Note 3 – Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan’s provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on each employee’s compensation during the five highest paid consecutive calendar years of the last ten years of service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

	December 31,	
	2024	2023
Discount rate	5.60%	4.90%
Mortality basis	Pri-2012 White Collar adjusted forward to 2017 with MP-2020 with a 3% multiplier	Pri-2012 White Collar adjusted forward to 2017 with MP-2020 with a 3% multiplier
Average retirement age assumed	Age 63	Age 64

The statement of changes in accumulated plan benefits for the year ended December 31, 2024 is presented on the liquidation basis of accounting. The actuarial losses figure of \$3,914,144 represents the adjustments to liquidation basis of accounting as well as the change in the discount rate.

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

**Note 4 – Funding Policy**

**Employee contributions** – Contributions by participants are not required or permitted by the Plan.

**Employer contributions** – Contributions to the Plan, if necessary, are made to meet or exceed the minimum funding standards of ERISA and the Internal Revenue Code (IRC). Contributions are intended to provide not only for benefits attributed to service-to-date but also for those expected to be earned in the future.

The Company contributes to the Plan based on actuarial calculations performed by the Plan’s consulting actuary. The Company’s contributions for 2024 and 2023 met or exceeded the minimum funding requirements of ERISA.

**Note 5 – Interest in the Master Retirement Trust**

The Plan invests in the Master Retirement Trust, which was established for the investment assets of the Plan and other Company sponsored retirement plans. The assets in the Master Retirement Trust are held in separately managed investment accounts. The investment accounts are combined into investment pools according to the asset class in which they invest. Each participating plan has a divided interest in the Master Retirement Trust but an undivided interest in the investment pools of the Master Retirement Trust. The assets of the Master Retirement Trust are held by The Bank of New York Mellon, the trustee.

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The value of the Plan's interest in the Master Retirement Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses incurred during the Plan year. Investment income and administrative expenses relating to the Master Retirement Trust are allocated to each individual plan in the same proportion as its interest in the investment pools of the Master Retirement Trust at the end of each month. As of December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Retirement Trust was approximately 31.2% and 28.1%, respectively.

The following table presents the net assets of the Master Retirement Trust as of December 31:

	2024	2023
<b>ASSETS</b>		
Investments, at fair value		
Corporate debt securities	\$ 641,575,116	\$ 551,825,221
Government debt securities	324,575,394	461,616,843
Limited partnership interests	246,857,472	227,938,822
Equity securities	141,846,450	163,048,269
Collective trusts	248,558,905	155,184,742
Total investments	1,603,413,337	1,559,613,897
Receivables		
Interest income	12,461,099	11,036,414
Dividend income	88,595	129,618
Due from broker for securities sold	297,358	66,091,219
Total receivables	12,847,052	77,257,251
Cash	1,883,158	1,449,828
<b>TOTAL ASSETS</b>	<b>1,618,143,547</b>	<b>1,638,320,976</b>
<b>LIABILITIES</b>		
Payables		
Due to broker for securities purchased	338,886	3,875,029
Accrued investment expenses	-	980,747
<b>TOTAL LIABILITIES</b>	<b>338,886</b>	<b>4,855,776</b>
<b>NET ASSETS</b>	<b>\$ 1,617,804,661</b>	<b>\$ 1,633,465,200</b>
Plan interest in the Master Retirement Trust	<b>\$ 504,532,837</b>	<b>\$ 459,520,210</b>

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The following are the changes in net assets for the Master Retirement Trust:

	Years Ended December 31,	
	2024	2023
<b>CHANGE IN NET ASSETS ATTRIBUTED TO</b>		
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ (4,247,481)	\$ 116,243,222
Interest income	49,427,290	40,362,604
Dividend income	1,899,785	2,438,255
	47,079,594	159,044,081
Total investment income		
Less investment expenses	(3,017,178)	(3,914,109)
Net investment income	44,062,416	155,129,972
<b>NET TRANSFERS</b>	(59,722,955)	(62,051,807)
<b>NET ASSETS</b>		
Beginning of year	1,633,465,200	1,540,387,035
End of year	\$ 1,617,804,661	\$ 1,633,465,200
Plan interest in the net investment income of the Master Retirement Trust	\$ 9,591,796	\$ 46,377,960

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The Plan's interest in the net assets of the Master Retirement Trust is based on the Plan's net assets available for benefits for each investment pool as of December 31, 2024 and 2023. The Plan's interest in the Master Retirement Trust's assets and liabilities is allocated as follows:

	2024	2023
<b>ASSETS</b>		
Investments at fair value		
Corporate debt securities	\$ 275,145,193	\$ 183,680,656
Government debt securities	37,261,071	153,653,877
Limited partnership interests	39,381,111	64,685,271
Equity securities	4	29,646,017
Collective trusts	147,498,817	24,126,424
Total investments	499,286,196	455,792,245
Receivables		
Interest income	4,705,842	3,644,900
Dividend income	-	23,663
Due from broker for securities sold	-	1,264,890
Total receivables	4,705,842	4,933,453
Cash	540,799	355,954
<b>TOTAL ASSETS</b>	<b>504,532,837</b>	<b>461,081,652</b>
<b>LIABILITIES</b>		
Payables		
Due to broker for securities purchased	-	1,281,929
Accrued investment expenses	-	279,513
<b>TOTAL LIABILITIES</b>	<b>-</b>	<b>1,561,442</b>
<b>NET ASSETS</b>	<b>\$ 504,532,837</b>	<b>\$ 459,520,210</b>

**Note 6 – 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.

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**Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

*Government debt securities and corporate debt securities* – Shares of debt securities are valued at the closing price reported on the major market on which the individual securities are traded or have reported broker trades which may be considered indicative of an active market. Where quoted prices are available in an active market, the investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available for the specific security, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics, discounted cash flows and other observable inputs. Such securities are classified within Level 2 of the fair value hierarchy.

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

*Equity securities* – Shares of equity securities are valued at the closing price reported on the active market on which the individual securities are traded and are classified within Level 1 of the fair value hierarchy.

*Limited partnership interests* – Investments in limited partnerships have an inactive public market or no public market. As such, limited partnership interests are valued at the NAV practical expedient or its equivalent published by the investment manager.

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The following tables disclose additional information for investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2024 and 2023:

	December 31, 2024				
	Fair Value	Unfunded Commitments	Remaining Life*	Redemption Frequency	Required Notice for Redemption
Limited partnerships					
Hedge fund	\$ 54,163,783	\$ -	N/A	Semi-Annually	60 days
Private equity funds	\$ 86,825,213	\$ 19,060,034	0 to 7 years	**	**
Real estate funds	\$ 31,276,658	\$ -	Open-ended	Quarterly	60 days
Loan fund	\$ 74,591,818	\$ -	Open-ended	Annually	30 days
Collective trusts	\$ 248,558,905	N/A	Open-ended	Daily	None

	December 31, 2023				
	Fair Value	Unfunded Commitments	Remaining Life*	Redemption Frequency	Required Notice for Redemption
Limited partnerships					
Hedge fund	\$ 97,307,703	\$ -	N/A	Semi-Annually	60 days
Private equity funds	\$ 93,317,855	\$ 20,210,284	0 to 8 years	**	**
Real estate funds	\$ 37,313,264	\$ -	Open-ended	Quarterly	60 days
Collective trusts	\$ 155,184,742	N/A	Open-ended	Daily	None

\* Remaining life reflects a range of dates at which the partnerships are scheduled to terminate plus the maximum period for which the partnership agreements may be extended.

\*\*Redemptions are not permitted during the life of these investments.

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

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The following tables disclose the fair value hierarchy of the investments held by the Master Retirement Trust by level as of December 31, 2024 and 2023:

	Fair Value Measurement as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Corporate debt securities	\$ -	\$ 641,575,116	\$ -	\$ 641,575,116
Government debt securities	287,469,178	37,106,216	-	324,575,394
Equity securities	141,846,450	-	-	141,846,450
Total assets in the fair value hierarchy	<u>\$ 429,315,628</u>	<u>\$ 678,681,332</u>	<u>\$ -</u>	<u>1,107,996,960</u>
Investments measured at NAV (practical expedient)				
Limited partnership interests				246,857,472
Collective trusts				<u>248,558,905</u>
Total investments in the Master Retirement Trust				<u>\$ 1,603,413,337</u>

	Fair Value Measurement as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Corporate debt securities	\$ -	\$ 551,825,221	\$ -	\$ 551,825,221
Government debt securities	417,825,636	43,791,207	-	461,616,843
Equity securities	163,048,269	-	-	163,048,269
Total assets in the fair value hierarchy	<u>\$ 580,873,905</u>	<u>\$ 595,616,428</u>	<u>\$ -</u>	<u>1,176,490,333</u>
Investments measured at NAV (practical expedient)				
Limited partnership interests				227,938,822
Collective trusts				<u>155,184,742</u>
Total investments in the Master Retirement Trust				<u>\$ 1,559,613,897</u>

**Note 7 – Certified Investment Information**

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon, a qualified institution:

- Plan interest in the Master Retirement Trust reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Plan interest in the net investment income of the Master Retirement Trust reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

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**Note 8 – Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated December 30, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

In accordance with guidance on accounting for uncertainty in income taxes, the Plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 9 – Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

**Note 10 – Party-In-Interest Transactions**

The Plan paid expenses related to the Plan's operations and investment management to various service providers. Certain plan investments are managed by The Bank of New York Mellon. The Bank of New York Mellon is the trustee of the Plan and, therefore, transactions with this entity qualify as exempt party-in-interest transactions.

**Note 11 – Plan Termination**

The Board of Directors approved termination of the Plan effective October 31, 2024. Final distributions are determined based on all participants being 100% vested. The Plan will allow for a voluntary lump sum cash-out payment for eligible participants who elect to do so between April 29, 2025 and September 2, 2025. As of October 14, 2025, the estimated lump sum payments are \$111,903,220. The remaining obligations of the Plan will be satisfied through the purchase of an annuity contract with an insurance company.

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# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The most recent amendment reflected in the following plan provisions was effective November 13, 2019.

Effective January 1, 2011 the Plan was closed to new hires and benefit accruals ceased. A special transition credit of 4% per year will apply to the frozen benefit for each year of service, provided there are no breaks in service, through December 31, 2015.

- The 4% transition credit will not apply to any benefits earned prior to January 1, 2000 for TBB service.
- The 4% transition credit may apply to benefits for employees who transfer, as follows:
  - (i) Non-union transfers from DTNA to DDC are eligible for the 4% transition credit in the DTNA plan for active periods of service through December 31, 2015 while employed at DDC, provided no breaks in service.
  - (ii) Non-union transfers from DDC to DTNA are eligible for the 4% transition credit in the DDC plan for active periods of service through December 31, 2015 while employed at DTNA, provided no breaks in service.
  - (iii) Transfers from the DTNA UAW plan to the DTNA Noncontractual plan are not eligible for the 4% transition credit on the benefit earned in the UAW plan.
  - (iv) Transfers from the DTNA Noncontractual plan to the DTNA UAW plan are not eligible for the 4% transition credit after the date of transfer.

Effective January 1, 2011 the plan was amended to move 15 Cleveland office workers from the Daimler Truck North America LLC Pension Plan to the Daimler Truck North America LLC UAW Employees' Pension Plan.

Certain terminated vested participants as of February 1, 2016 received a one-time offer to receive a lump sum payment in lieu of their future monthly pension benefit. Participants who elected to receive the lump sum as of June 1, 2016 no longer have a pension benefit due under the Plan.

Certain terminated vested participants as of June 1, 2019 received a one-time offer to receive a lump sum payment in lieu of their future monthly pension benefit. Participants who elected to receive the lump sum as of November 1, 2019 no longer have a pension benefit due under the Plan.

Effective November 13, 2019 the plan purchased one or more annuity contracts for benefit payments on or after February 1, 2020 to a certain group of participants.

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**Covered employees** All employees of the company or designated affiliate, except for employees covered by a collective bargaining agreement that does not provide for participation in this plan.

**Participation date**

- (i) Predecessor Plan Participants: All predecessor plan participants on July 31, 1981
- (ii) Prior TBB Employees: All TBB employees become participants on January 1, 2000
- (iii) Other participants: All other employees become plan participants on their hire date

## Definitions

**Vesting service** All continuous service including employment with TBB. Includes vesting service from acquisitions and transfer or rehire service.

**Pension service** Years and partial years of service as a participating employee. Service prior to January 1, 1987, is granted only for periods where the required contributions were made. Members of the DaimlerChrysler Commercial Buses group have service and average earnings frozen effective December 31, 2003.

**Pensionable pay** Base pay.

**Average earnings** The average of the highest 60 consecutive calendar months of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.

**Covered Compensation** The 35-year average of Social Security wage bases ending in the year the participant attains his Social Security retirement age.

**Normal retirement date (NRD)** First of month coinciding with or next following the attainment of age 65.

**Monthly pension benefit:** One twelfth of the greater of:

- (i) 1.2% of the participant's final average earnings plus 0.4% of the participant's final average earnings in excess of Social Security covered compensation for each year of pension service.
- (ii) Employees who participated in the pension plan prior to January 1, 1987 and who retire from active service are entitled to the following benefit formula, if greater than (i) above:
- (iii) For each year of pension service, 1.45% of basic compensation for that year not in excess of \$6,500, plus 2.0% of basic compensation for that year in excess of \$6,500. The benefit is payable as five-year certain and continuous annuity.

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## Monthly pension benefit for prior TBB employees

The Pension Plan was amended to provide prior TBB salaried participants a benefit equal to the greater of the following:

- (i) Frozen December 31, 1999 TBB salaried benefit, plus Daimler Pension Plan benefit for service after December 31, 1999
- (ii) Ongoing TBB Salaried benefits.

Prior TBB Hourly participants will accrue pension benefits under the Daimler Truck North America LLC Pension Plan for years after December 31, 1999, in addition to the frozen December 31, 1999 TBB Hourly accrued benefit.

The amount of annual benefit to be paid in monthly instalments for life, based on service to normal retirement date is:

- (i) Eight-tenths of one percent of compensation during each year of creditable service, plus
- (ii) Seven-tenths of one percent of such compensation which is in excess of \$5,000 during each year of creditable service.
- (iii) The minimum annual retirement benefit (exclusive of Social Security) shall be the greater of \$27.00 for each year of creditable service or the estimated normal retirement benefit under the predecessor plan as in effect on December 31, 1984, or the accrued benefit as of December 31, 1988.

## Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55<sup>th</sup> birthday

## Actuarial equivalence for annuity conversion

- (i) Interest rate of 8%
- (ii) TPF&C Forecast Mortality tables for males, set back one year for the participant and five years for the beneficiary

## Eligibility for Benefits

### Normal retirement

Retirement on NRD

### Early retirement

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

### Postponed retirement

Retirement after NRD

### Vested termination

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

### Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

## Benefits Paid Upon the Following Events

### Normal retirement

Monthly pension benefit determined as of NRD

### Early retirement

The participant's monthly pension benefit reduced by the following factors for commencement of payments that precedes the

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participant's normal retirement date. Factor (i) applies to the monthly pension benefit under (i) and factor (ii) applies to the monthly pension benefit under (ii). Factor (iii) applies to TBB benefits.

Age	Factor (i)	Factor (ii)	Factor (iii)
65	1.00	1.00	1.00
64	1.00	0.98	0.96
63	1.00	0.95	0.92
62	1.00	0.91	0.88
61	0.97	0.86	0.84
60	0.94	0.80	0.80
59	0.89	0.73	0.78
58	0.84	0.66	0.76
57	0.79	0.62	0.74
56	0.75	0.58	0.72
55	0.70	0.55	0.70

<b>Postponed retirement</b>	Monthly pension benefit determined as of actual retirement date.
<b>Vested termination</b>	Monthly pension benefit determined as of termination date, reduced by actuarial equivalence factors for each year of payment before the participant's NRD.
<b>Preretirement death</b>	Spouse's benefit of one-half of the participant's accrued early retirement benefit payable immediately as a 50% joint and survivor annuity if participant is survived by a spouse beneficiary and was eligible for vested benefits.

## Other Plan Provisions

<b>Forms of payment</b>	Preretirement spouse benefits are payable only as described above or as an actuarially equivalent lump sum payment. Monthly pension benefits are paid as described above as a life annuity under (i) or as a five-year certain and life annuity under (ii), if the participant has no spouse as of the date payments begin, or if the participants so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a five-year certain and life annuity, a ten-year certain and life annuity, or a life annuity.
<b>Maximum on benefits and pay</b>	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed.

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## Future Plan Changes

No future plan changes were recognized

## Changes in Benefits Valued Since Prior Year

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

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## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	3	29	2	0	0	0	0	0	0	0	0	34
	-	1,903	-	-	-	-	-	-	-	-	-	1,827
40-44	12	78	52	10	0	0	0	0	0	0	0	152
	-	2,440	5,061	-	-	-	-	-	-	-	-	3,544
45-49	13	65	87	115	6	0	0	0	0	0	0	286
	-	2,599	6,145	10,234	-	-	-	-	-	-	-	6,994
50-54	18	70	95	170	48	3	0	0	0	0	0	404
	-	2,656	7,174	11,268	15,902	-	-	-	-	-	-	9,179
55-59	26	46	82	122	44	18	3	0	0	0	0	341
	5,982	2,503	7,158	11,961	17,016	-	-	-	-	-	-	10,570
60-64	26	29	57	81	32	24	14	1	0	0	0	264
	9,722	2,917	7,129	12,571	15,419	25,431	-	-	-	-	-	12,708
65-69	6	7	18	16	8	4	2	3	1	0	0	65
	-	-	-	-	-	-	-	-	-	-	-	13,480
70 & over	1	2	4	3	1	0	0	1	0	0	0	12
	-	-	-	-	-	-	-	-	-	-	-	-
Total	105	326	397	517	139	49	19	5	1	0	0	1,558
	6,188	2,514	6,667	11,451	15,958	25,120	-	-	-	-	-	9,193

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

Plan Name: Daimler Truck North America LLC Pension Plan  
 EIN / PN: 93-0790608/001  
 Plan Sponsor: Daimler Truck North America LLC  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

- Applicable month September 2023
- Interest rate basis 3-Segment Rates

#### Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
--	--------------------------	------------------------------

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

**Administrative Expenses** Plan-related expenses are rounded estimated expenses for the year. The expenses are \$1,129,000 for 2024 (\$1,007,000 for 2023).

### Demographic Assumptions

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

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

Plan Name: Daimler Truck North America LLC Pension Plan  
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# SCHEDULE SB ATTACHMENTS

## Healthy and Disabled Mortality

Plan-specific substitute mortality rates under IRC §430(h)(3)(C) for annuitants and non-annuitants with base year 2014 projected forward generationally using the IRS 2024 Adjusted MP-2021 mortality improvement scale reflecting the following:

- Eliminating any mortality improvement during the 2020 – 2023 period,
- Incorporating a cap on mortality improvement rates of 0.78% per year for years after 2024, and separate rates for males and females.

Representative Mortality Rates – Base Year 2014					
Non-Annuitants			Annuitants		
Attained Age	Males	Females	Attained Age	Males	Females
25	0.00052	0.00019	55	0.00669	0.00427
30	0.00050	0.00023	60	0.00909	0.00630
35	0.00058	0.00032	65	0.01306	0.00967
40	0.00070	0.00046	70	0.01996	0.01536
45	0.00107	0.00072	75	0.03227	0.02512
50	0.00186	0.00118	80	0.05440	0.04253
55	0.00306	0.00186	85	0.09480	0.07535
60	0.00515	0.00279	90	0.16567	0.13368
65	0.00923	0.00417	95	0.25820	0.21816
70	0.01550	0.00708	100	0.35270	0.31144

## Retirement

The annual rates at which participants are assumed to retire by age are shown below.

55-59	3%
60	5%
61	8%
62-65	15%
66-67	20%
68+	100%

The average retirement age is 64.

## Disability

None.

## Termination (not due to disability, retirement or mortality)

Years of Service	
1-9	4%
10+	2%

## Benefit commencement date:

- Preretirement death benefit: Upon death of the active participant
- Deferred vested benefit: The later of age 65 or termination of employment

Plan Name: Daimler Truck North America LLC Pension Plan  
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# SCHEDULE SB ATTACHMENTS

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- Form of Payment**
- 100% of single participants are assumed to elect a life annuity.
  - 62.5% of married participants are assumed to elect a 100% joint & survivor annuity and 37.5% are assumed to elect a life annuity.
  - 100% of surviving spouses eligible for the preretirement death benefit are assumed to elect a life annuity

**Marital Status** For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible male participants are assumed to be married and 60% of eligible female participants are assumed to be married. Male participants are assumed to be 3 years older than their spouses and female participants are assumed to be 3 years younger than their spouses.

**Timing of Benefit Payments** Annuity payments are payable monthly at the beginning of the month.

## Methods

**Valuation date** First day of plan year

**Funding target** Present value of accrued benefits as required by regulations under IRC §430.

**Target normal cost** Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

**Decrement timing** The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

**Actuarial value of assets** Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.75% (with such expected earnings limited as described in IRS Notice 2009-23). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

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The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## **Benefits Not Included in Valuation**

We believe that we have reflected all significant Plan provisions in this valuation. WTW has reviewed the plan provisions with Daimler Truck North America LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.

## **Sources of Data and Other Information**

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. Data assumptions were documented in the issues log provided to the plan sponsor on May 23, 2024. Data summaries were provided to the plan sponsor in May 23, 2024.

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

## **Assumptions Rationale - Significant Economic Assumptions for Contribution Purposes**

### **Discount rate**

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

### **Pension plan administrative expenses**

Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and the actual expenses paid from the trust the preceding year.

### **Assumed return for asset smoothing**

The assumed return of 5.75% used for asset smoothing is the expected return on assets assumption chosen by the client. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and

Plan Name: Daimler Truck North America LLC Pension Plan  
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we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

## Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy Mortality</b>	Assumptions used for funding purposes are prescribed by IRC §430(h).
<b>Disabled Mortality</b>	Assumptions used for funding purposes are prescribed by IRC §430(h).
<b>Termination</b>	<p>Termination rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.</p> <p>Assumed termination rates differ by service because of observed differences in termination rates.</p>
<b>Retirement</b>	Retirement rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
<b>Form of Payment</b>	Form of payment assumptions are based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
<b>Benefit commencement date for deferred benefits:</b>	
<b>Preretirement death benefit</b>	Surviving spouses are assumed to begin benefits at the earliest possible commencement date permitted by the plan because experience indicates that most spouses do take the benefit as soon as it is available. Surviving spouses are assumed to commence immediately.
<b>Deferred vested benefit</b>	Deferred vested participants are assumed to begin benefits at age 65 or current age if later. Because the plan's experience is not considered to be credible and deferred vested early commencement factors are not subsidized so that the difference between this

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approach and using assumed commencement rates at earlier ages is not expected to be significant, a single retirement age is assumed.

## Source of Prescribed Methods

### Funding methods

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

## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.

The mortality table projection scale used to calculate the funding target and target normal cost was updated to the IRS 2024 Adjusted MP-2021 mortality improvement scale, as required by IRC §430.

The assumed plan-related expenses added to the target normal cost and service cost were changed to account for expected expenses to be paid from the trust during 2024.

### Change in methods since prior valuation

None.

### Change in estimation techniques

None.

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# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

The shortfall as of January 1, 2024 has been adjusted due to the plan to plan transfer (spin-off immediately followed by a merger) from the Detroit Diesel Corporation Employees' Pension Plan to the Daimler Truck North America LLC Pension Plan, effective May 31, 2024.

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment*
Shortfall	01/01/2024	(4,215,659)	15.00000	(4,215,659)	(159,809)
	01/01/2024	8,736,079	14.00000	8,382,577	333,357
Total				4,166,918	173,548

\* Reflects plan termination on October 31, 2024

Plan Name: Daimler Truck North America LLC Pension Plan  
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# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Line 23 Information on Use of Substitute Mortality Tables**

Substitute mortality tables are used for the following plan populations: Healthy and Disabled

Prescribed tables are used for the following plan populations: None

The last plan year for which the IRS approval for the substitute mortality tables applies is: 2028

Plan Name: Daimler Truck North America LLC Pension Plan  
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# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Daimler Truck North America LLC
<b>EIN/PN</b>	93-0790608/001
<b>Plan Name</b>	Daimler Truck North America LLC Pension Plan
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Todd A Iwamoto
<b>Enrollment Number</b>	23-07877

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 13

### Explanation of Discrepancy in Current Year Prefunding Balance as of January 1, 2024

The Prefunding Balance of \$173,548 on line 13 of the Schedule SB does not equal Line 9 + Line 10 + Line 11d – Line 12 of the current year Schedule SB. The balance has been adjusted due to the plan to plan transfer (spin-off immediately followed by a merger) from the Detroit Diesel Corporation Employees' Pension Plan to the Daimler Truck North America LLC Pension Plan, effective May 31, 2024.

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EIN / PN: 93-0790608/001  
Plan Sponsor: Daimler Truck North America LLC  
Valuation Date: January 1, 2024

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Line 35**

### **Explanation of Discrepancy in Balances Elected For Use to Offset Funding Requirement**

The balance elected for use to offset funding requirement has been adjusted due to the plan to plan transfer (spin-off immediately followed by a merger) from the Detroit Diesel Corporation Employees' Pension Plan to the Daimler Truck North America LLC Pension Plan, effective May 31, 2024.

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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	537,334	254,151	24,684,413	25,475,898
2025	1,467,076	590,081	24,196,436	26,253,593
2026	2,232,283	780,617	23,670,414	26,683,314
2027	2,971,844	988,767	23,102,234	27,062,845
2028	3,721,597	1,187,404	22,495,268	27,404,269
2029	4,473,309	1,341,215	21,846,519	27,661,043
2030	5,185,313	1,496,692	21,157,767	27,839,772
2031	5,874,023	1,681,591	20,424,029	27,979,643
2032	6,515,446	1,880,508	19,650,810	28,046,764
2033	7,086,604	2,094,930	18,845,513	28,027,047
2034	7,612,616	2,349,018	18,006,415	27,968,049
2035	8,077,954	2,588,409	17,139,976	27,806,339
2036	8,495,852	2,735,996	16,246,185	27,478,033
2037	8,888,616	2,847,628	15,329,524	27,065,768
2038	9,248,486	2,954,273	14,394,962	26,597,721
2039	9,552,627	3,029,617	13,447,871	26,030,115
2040	9,768,410	3,082,864	12,494,041	25,345,315
2041	9,889,526	3,117,739	11,539,625	24,546,890
2042	9,969,539	3,135,789	10,591,085	23,696,413
2043	10,001,925	3,120,735	9,655,132	22,777,792
2044	9,955,470	3,073,650	8,738,708	21,767,828
2045	9,860,397	3,031,310	7,848,885	20,740,592
2046	9,715,342	2,980,372	6,992,686	19,688,400
2047	9,518,243	2,919,633	6,176,906	18,614,782
2048	9,274,992	2,844,299	5,407,812	17,527,103
2049	8,989,958	2,752,805	4,690,793	16,433,556
2050	8,676,795	2,650,436	4,030,159	15,357,390
2051	8,332,700	2,538,195	3,428,877	14,299,772
2052	7,962,054	2,416,963	2,888,488	13,267,505
2053	7,572,385	2,290,140	2,409,086	12,271,611
2054	7,165,268	2,159,640	1,989,346	11,314,254
2055	6,745,035	2,026,406	1,626,697	10,398,138
2056	6,315,742	1,891,444	1,317,465	9,524,651
2057	5,881,234	1,755,773	1,057,147	8,694,154
2058	5,445,120	1,620,438	840,775	7,906,333
2059	5,011,010	1,486,519	663,122	7,160,651
2060	4,582,519	1,355,086	518,937	6,456,542
2061	4,163,133	1,227,197	403,210	5,793,540
2062	3,756,160	1,103,861	311,284	5,171,305
2063	3,364,695	986,013	238,981	4,589,689
2064	2,991,516	874,480	182,632	4,048,628
2065	2,639,024	769,951	139,077	3,548,052
2066	2,309,218	672,957	105,643	3,087,818
2067	2,003,619	583,840	80,114	2,667,573
2068	1,723,246	502,747	60,699	2,286,692
2069	1,468,618	429,666	45,971	1,944,255
2070	1,239,774	364,421	34,817	1,639,012
2071	1,036,330	306,712	26,378	1,369,420
2072	857,471	256,143	19,992	1,133,606
2073	702,006	212,227	15,154	929,387

Plan Name: Daimler Truck North America LLC Pension Plan  
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 Plan Sponsor: Daimler Truck North America LLC  
 Valuation Date: January 1, 2024

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan DAIMLER TRUCK NORTH AMERICA LLC PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DAIMLER TRUCK NORTH AMERICA LLC	<b>D</b> Employer Identification Number (EIN) 93-0790608	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	459,799,723	
<b>b</b> Actuarial value .....	<b>2b</b>	492,992,236	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	1,421	264,689,917	264,689,917
<b>b</b> For terminated vested participants .....	643	33,633,089	33,633,089
<b>c</b> For active participants .....	1,558	103,187,408	108,192,559
<b>d</b> Total .....	3,622	401,510,414	406,515,565
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.13%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	1,129,000	
<b>c</b> Target normal cost .....	<b>6c</b>	1,129,000	

**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.

<b>SIGN HERE</b>	Todd A Iwamoto <u>TAI</u> Signature of actuary	<u>7/10/2025</u> Date
	Todd A Iwamoto Type or print name of actuary	2307877 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	206-625-1125 Telephone number (including area code)
	600 University Street Suite 2528 Seattle WA 98101-1176 Address of the firm	

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



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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input checked="" type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> 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
<b>25</b> 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
<b>26</b> Demographic and benefit information		
<b>a</b> 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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	1,129,000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	1,129,000	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	4,166,918	173,548	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	173,548	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	173,548	173,548
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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