Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTERNATIONAL MOTORS, LLC HOURLY EMPLOYEES PENSION PLAN NO. 1

1b Three-digit plan number (PN) ▶ 038

1c Effective date of plan 01/01/1986

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
INTERNATIONAL MOTORS, LLC

2701 INTERNATIONAL DRIVE
LISLE, IL 60532

2b Employer Identification Number (EIN) 36-1264810

2c Plan Sponsor's telephone number 331-332-5000

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	ROSE MURTAUGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	11121
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	738
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	643
b	Retired or separated participants receiving benefits	**6b**	6452
c	Other retired or separated participants entitled to future benefits	**6c**	1129
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8224
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2539
f	Total. Add lines **6d** and **6e**.	**6f**	10763
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
INTERNATIONAL MOTORS, LLC HOURLY EMPLOYEES PENSION PLAN NO. 1

B Three-digit plan number (PN) ▶ 038

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INTERNATIONAL MOTORS, LLC

D Employer Identification Number (EIN)
36-1264810

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	712637881
b Actuarial value	**2b**	712637881

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	9323	771904964	771904964
b For terminated vested participants	1237	39447686	39447686
c For active participants	738	66727675	81101584
d Total	11298	878080325	892454234

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

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

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1334826
b Expected plan-related expenses	**6b**	110000
c Target normal cost	**6c**	1444826

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/29/2026
Date

BRIANA C GARCIA
Type or print name of actuary

26-07806
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

312-288-7700
Telephone number (including area code)

WILLIS TOWERS WATSON
PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.34 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		89500
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.01 %		4484
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		93984
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	79.85 %
15	Adjusted funding target attainment percentage	15	79.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	77.08 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	7100000	0			
07/15/2025	4500000	0			
10/15/2025	5900000	0			
10/15/2025	160000	0			
01/15/2026	5900000	0			
07/15/2026	3500000	0			
			Totals ► 18(b)	27060000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	153589
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	25856490

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1444826
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	179816353	24368493
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	25813319

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

36 Additional cash requirement (line 34 minus line 35)	**36**	25813319
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	25856490
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	43171
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
INTERNATIONAL MOTORS, LLC HOURLY EMPLOYEES PENSION PLAN NO. 1

B Three-digit plan number (PN) ▶ 038

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INTERNATIONAL MOTORS, LLC

D Employer Identification Number (EIN)
36-1264810

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: NAVISTAR, INC. HEPP MASTER TRUST

b Name of sponsor of entity listed in (a): INTERNATIONAL MOTORS, LLC

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)
13-3248322-100	M	727717173

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
INTERNATIONAL MOTORS, LLC HOURLY EMPLOYEES PENSION PLAN NO. 1

B Three-digit plan number (PN) ▶ 038

C Plan sponsor's name as shown on line 2a of Form 5500
INTERNATIONAL MOTORS, LLC

D Employer Identification Number (EIN)
36-1264810

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10300000	9400000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	703251617	727717173
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	713551617	737117173
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	150414	114060
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	150414	114060
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	713401203	737003113

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	27060000	
(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)		27060000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		88164199
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		115224199
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	91240208	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		91240208
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	10474	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	338293	
(6) Bank or trust company trustee/custodial fees	2i(6)	-130084	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	34393	
(11) Other expenses	2i(11)	129005	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		382081
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		91622289
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		23601910
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586786.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
INTERNATIONAL MOTORS, LLC HOURLY EMPLOYEES PENSION PLAN NO. 1

B Three-digit plan number (PN) ▶ 038

C Plan sponsor's name as shown on line 2a of Form 5500
INTERNATIONAL MOTORS, LLC

D Employer Identification Number (EIN)
36-1264810

Part I Distributions

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

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

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

EIN(s): 36-1561860

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☒ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 32.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 41.0 %
High-Yield Debt: 4.0 % Real Assets: 11.0 % Cash or Cash Equivalents: 3.0 % Other: 9.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements and Report of Independent Certified Public Accountants

International Motors, LLC
Hourly Employees Pension Plan No. 1

December 31, 2025 and 2024

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator and Plan Participants
International Motors, LLC Hourly Employees Pension Plan No. 1

Scope and nature of the ERISA Section 103(a)(3)(C) audit
We have performed audits of the financial statements of The International Motors, LLC Hourly Employees Pension Plan No. 1 (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 as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note F 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.
- 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).

Grant Thornton LLP is a U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

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

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

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

Auditor’s responsibilities for the audit of the 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 US 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 US 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 accounting principles generally accepted in the United States of America.

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

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

Grant Thornton LLP

Chicago, Illinois
October 12, 2026

International Motors, LLC Hourly Employees Pension Plan No. 1
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2025 and 2024

	2025	2024
Assets		
Plan's interest in Master Trust, at fair value	$ 727,717,173	$ 703,251,617
Company contribution receivable	9,400,000	10,300,000
Total assets	737,117,173	713,551,617
Liabilities		
Accrued administrative expenses	114,060	150,414
NET ASSETS AVAILABLE FOR BENEFITS	$ 737,003,113	$ 713,401,203

The accompanying notes are an integral part of these statements.

International Motors, LLC Hourly Employees Pension Plan No. 1
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2025 and 2024

	2025	2024
Additions to net assets		
Investment income		
Change in Plan's interest in Master Trust	$ 88,164,199	$ 36,683,463
Company contribution	27,060,000	29,400,000
Total additions to net assets	115,224,199	66,083,463
Deductions from net assets		
Benefits paid directly to participants or their beneficiaries	91,240,208	92,967,594
Administrative expenses	382,081	793,748
Total deductions from net assets	91,622,289	93,761,342
NET INCREASE (DECREASE)	23,601,910	(27,677,879)
Net assets available for benefits		
Beginning of year	713,401,203	741,079,082
End of year	$ 737,003,113	$ 713,401,203

The accompanying notes are an integral part of these statements.

NOTE A - DESCRIPTION OF THE PLAN

The following description of the International Motors, LLC Hourly Employees Pension Plan No. 1 (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan sponsored by International Motors, LLC (f/k/a Navistar, Inc.) (the "Company") that is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). In general, employees are considered eligible for the Plan at the date of employment if they are represented by a union and meet certain service hour requirements.

The Plan's assets are held in the Navistar, Inc. Hourly Employees Pension Trust (the "Master Trust"), along with the assets of the International Motors, LLC Hourly Employees Pension Plan No. 2 ("HEPP 2"), a separate defined benefit plan sponsored by the Company. The Northern Trust Company (the "Trustee") serves as the trustee of the Plan and the Master Trust. The Trustee is authorized to hold the assets of the Plan, to invest or reinvest the assets of the Master Trust, and to deposit monies in separate checking accounts for the payment of benefits or expenses of the Plan and the Master Trust in accordance with the instructions of the Company.

Contributions

The Plan provides that the Company shall make annual contributions required under the minimum funding standards of the Internal Revenue Code (the "IRC") and ERISA. In no event, however, shall the Company be required to pay in any year an amount greater than the amount that is deductible for tax purposes in that year. The 2025 and 2024 contributions required to meet the minimum funding standards of ERISA were $25,813,319 and $28,210,416, respectively. The Company's contributions for 2025 and 2024 met or exceeded the minimum requirement.

Benefits

The Plan provides that eligible employees who retire after September 1, 1955, shall receive a benefit based on the employee's credited service and monthly benefit rate. Eligible employees who work on or after January 1, 1987, and who retire on or after October 1, 1995, receive benefits based on increased monthly benefit rates (subject to the provisions of the various collective bargaining agreements). Employees who retire at their option prior to age 62 and who have 10 years of credited service shall receive a reduced benefit based on attained age at retirement. Certain employees are eligible for supplemental allowances that are dependent on attained age and credited service at retirement date. Participants become fully vested in their accrued benefits upon completion of five years of vesting service.

Administrative Expenses

Administrative expenses are paid from the Plan unless the terms of the various collective bargaining agreements direct that the Company must pay such expenses.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements of the Plan are presented on the accrual basis of accounting.

Use of Estimates

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

Risks and Uncertainties

Investment securities, in general, are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is 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.

Investment Valuation and Income Recognition

The Plan's interest in the Master Trust is presented at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust.

Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on an accrual basis. Purchases and sales of securities are recorded on the trade-date basis. Net realized and unrealized appreciation (depreciation), along with dividend income and interest income are

recorded in the accompanying statements of changes in net assets available for benefits as change in Plan's interest in Master Trust.

The Plan follows guidance on accounting for fair value measurements, which:

- Defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date, and establishes a framework for measuring fair value;

- Establishes a hierarchy of fair value measurement based on the observability of inputs used to value assets and liabilities;

- Requires consideration of nonperformance risk; and

- Requires disclosures about the methods used to measure fair value.

The framework for measuring fair value establishes a three-level hierarchy of measurements based on the reliability of observable and unobservable inputs used to arrive at fair value. Observable inputs are independent market data, while unobservable inputs reflect the Plan management's assumptions about valuation. Depending on the inputs, the Plan classifies each fair value measurement as follows:

- Level 1 - based on unadjusted quoted prices for *identical* instruments in active markets;

- Level 2 - based on quoted prices for *similar* instruments, prices for identical or similar instruments in markets that are not active, or model-derived valuations, all of whose significant inputs are observable; and

- Level 3 - based on one or more significant unobservable inputs.

The following describes the methods and significant assumptions used to estimate fair value of the investments held by the Master Trust. There were no changes in the methodologies used at December 31, 2025 and 2024.

Cash and short-term investments - Valued at cost plus earnings from investments for the period, which approximates fair market value due to the short-term duration. Short-term investments are valued at net asset value ("NAV") as provided by the administrator of the fund.

Collective trusts - Valued at the NAV provided by the administrator of each trust. The NAV is based on the value of the underlying assets owned by the trust, minus its liabilities, and then divided by the number of shares outstanding.

Hedge fund, private debt funds, insurance-linked securities funds, and real estate - Valued at the NAV as reported to the Trustee from the respective fund's manager and is used as a practical expedient to estimate fair value. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

See Note C - Master Trust - for the Master Trust's investments by level within the fair value hierarchy as of December 31, 2025 and 2024.

Benefit Payments

Benefits are recorded when paid.

NOTE C - MASTER TRUST

The Master Trust holds the Plan's and HEPP 2's investment assets. Use of the Master Trust permits the commingling of Plan assets with the assets of HEPP 2 for investment and administrative purposes. Although assets of the plans are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the investments to the participating plans. Each plan holds a divided interest in the Master Trust's net assets as of December 31, 2025 and 2024. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust, plus actual contributions and investment income or loss, less actual benefits paid and administrative expenses.

The following table presents the Master Trust's net assets and the Plan's interest in the Master Trust's net assets as of December 31:

	2025		2024	
Assets	Master Trust	Plan's Interest	Master Trust	Plan's Interest
Investments, at fair value				
Cash and short-term investments	$ 23,130,948	$ 19,761,804	$ 18,737,475	$ 14,928,156
Collective trusts	725,043,096	626,520,722	698,624,607	597,033,213
Hedge fund	31,920,265	30,624,682	29,987,211	28,770,087
Private debt funds	30,451,056	25,279,945	45,584,759	37,833,685
Insurance-linked securities funds	1,095,792	905,496	1,510,249	1,249,011
Real estate	24,851,509	20,566,386	28,247,685	23,378,412
Total investments	836,492,666	723,659,035	822,691,986	703,192,564
Receivables				
Receivable for investments sold	4,992,711	4,821,781	3,538,891	3,399,971
Accrued investment income	68,017	58,138	106,887	89,085
Total receivables	5,060,728	4,879,919	3,645,778	3,489,056
Total assets	841,553,394	728,538,954	826,337,764	706,681,620
Liabilities				
Payable for investments purchased	992,711	821,781	3,576,030	3,430,003
Total net assets of the Master Trust available for benefits	$ 840,560,683	$ 727,717,173	$ 822,761,734	$ 703,251,617

The net investment earnings of the Master Trust for the years ended December 31, 2025 and 2024, are summarized below:

	2025	2024
Net appreciation in fair value of investments	$ 94,692,207	$ 38,546,574
Dividend and interest income	2,597,100	1,786,288
	$ 97,289,307	$ 40,332,862

The following tables present the Master Trust's investments by level within the fair value hierarchy as of December 31,:

	2025				
	Level 1	Level 2	Level 3	NAV	Total
Cash and short-term investments	$ 23,130,948	$ -	$ -	$ -	$ 23,130,948
Collective trusts (a)	-	725,043,096	-	-	725,043,096
Hedge fund (b)	-	-	-	31,920,265	31,920,265
Private debt funds (c)	-	-	-	30,451,056	30,451,056
Insurance-linked securities funds (d)	-	-	-	1,095,792	1,095,792
Real estate (e)	-	-	-	24,851,509	24,851,509
Total	$ 23,130,948	$ 725,043,096	$ -	$ 88,318,622	$ 836,492,666

	2024				
	Level 1	Level 2	Level 3	NAV	Total
Cash and short-term investments	$ 18,737,475	$ -	$ -	$ -	$ 18,737,475
Collective trusts (a)	-	698,624,607	-	-	698,624,607
Hedge fund (b)	-	-	-	29,987,211	29,987,211
Private debt funds (c)	-	-	-	45,584,759	45,584,759
Insurance-linked securities funds (d)	-	-	-	1,510,249	1,510,249
Real estate (e)	-	-	-	28,247,685	28,247,685
Total	$ 18,737,475	$ 698,624,607	$ -	$ 105,329,904	$ 822,691,986

(a) All of the collective trusts file an annual report on Form 5500 as a direct filing entity. Except for two collective trusts, redemption is permitted daily with 2 or 15 days' written notice. One collective trust that is an exception permits redemption quarterly with 105 days' notice and a 10% holdback is applicable upon full liquidation. The other collective trust permits redemption monthly with 95 days' notice.

(b) This fund does not file an annual report on Form 5500 as a direct filing entity. The investment strategy of the fund is to generate attractive returns over a full market cycle by investing in a range of alternative investment opportunities with sources of return that have a low correlation to the broader financial markets, while also seeking to preserve capital. The fund has a one year lock up period and thereafter, redemptions are permitted semi-annually at the end of June and December with 95 days' notice. Full redemptions are subject to a 10% holdback.

(c) These funds are closed end funds and redemption is not permitted. One of the funds files an annual report on Form 5500 as a direct filing entity. The Master Trust is committed to invest $30,000,000 in this fund, of which $23,563,211 and $26,003,960 has been funded as of December 31, 2025 and 2024, respectively.

The other fund does not file an annual report on Form 5500 as a direct filing entity. The investment strategy of the fund is to primarily focus on private credit and real estate lending, with an additional allocation to opportunistic credit. The fund has a lock up through the life of the fund, however, capital distributions will be made during the term. The Master Trust is committed to invest $45,000,000 in the fund, of which $24,055,430 and $33,225,270 has been funded as of December 31, 2025 and 2024.

(d) These funds do not file an annual report on Form 5500 as a direct filing entity. These funds achieve their investment strategy by participating in collateralized reinsurance and retrocessional contracts or securities and other transactions which primarily provide exposure to risks traditionally associated with the insurance and reinsurance industry and, in particular catastrophe insurance risk across a number of different geographic regions and perils. Redemption from one of the funds was not permitted until the expiration of the one year lock up period, at which time the Plan elected to reinvest its redemptions into another class of shares within the fund. Both share classes have begun a wind down phase to distribute all assets in the portfolio in cash and normal redemptions are no longer permitted. Both share classes will be compulsorily redeemed pro rata as cash becomes available for distribution. Certain events may suspend or delay the payment of the redemption proceeds. The other fund has a one year lock up and requires redemption notice as outlined by the fund. The fund will make redemption payouts and distributions on a monthly basis if there is liquidity from underlying investments.

(e) These funds do not file an annual report on Form 5500 as a direct filing entity. The funds are closed-end funds and redemption is not permitted. One of the funds pursues a high value-add and opportunistic investment strategy with respect to real estate and real estate-related investments primarily in North America and Europe. The Master Trust is committed to invest $13,382,353 in this fund, of which $7,896,712 and $7,431,832 has been funded as of December 31, 2025 and 2024, respectively.

The second fund seeks attractive opportunistic risk-adjusted returns by acquiring positions of control or significant influence in real estate and real estate companies globally capitalizing on market instabilities and volatility and assessing growth opportunities. The Master Trust is committed to invest $17,500,000 in this fund, of which $13,761,771 and $13,506,928 has been funded as of December 31, 2025 and 2024, respectively.

NOTE D - TAX STATUS

The Internal Revenue Service ("IRS") issued a favorable determination letter, dated February 7, 2014, indicating that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the letter; however, the Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

The Plan holds certain investments that are subject to Unrelated Business Income Tax and therefore, the Plan may be required to pay income tax. The Plan did not pay income tax for the 2025 and 2024 Plan years.

NOTE E - PLAN TERMINATION

If the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the Plan document. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the "PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency,

at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE F - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements is complete and accurate, except for $(1,115,523) and $1,617,431 that Plan management recorded to adjust certain alternative investments to fair value as of December 31, 2025 and 2024, respectively:

- Plan's interest in Master Trust as shown in the statements of net assets available for benefits as December 31, 2025 and 2024.

- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.

NOTE G - 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 (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits was determined by actuaries from the Plan's independent actuary, Willis Towers Watson US LLC, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of accumulated plan benefits as of December 31, 2024 were (1) an interest rate of 5.40% (updated from 5.00% for 2023), (2) the life expectancy of healthy and disabled participants using 111% of Pri-2012 (blue collar) projected generationally to 2037 using scale MP-2021 (unchanged from 2023), and (3) retirement rates varying by age and service with average expected retirement age of 63.

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.

The actuarial present value of accumulated plan benefits at December 31, 2024, is as follows:

Vested benefits	
Participants and beneficiaries currently receiving benefits	$719,114,000
Other participants	101,820,778
Total vested benefits	820,934,778
Nonvested benefits	14,048,452
Total actuarial present value of accumulated plan benefits	$834,983,230

The net change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024, is as follows:

Balance as of December 31, 2023	$902,098,128
Additional benefits accumulated (including the effect of non-investment experience)	1,773,618
Actuarial losses	5,404,373
Interest due to decrease in discount period	42,897,745
Assumption changes	(24,223,040)
Benefits paid	(92,967,594)
Balance as of December 31, 2024	$834,983,230

NOTE H - PARTY-IN-INTEREST TRANSACTIONS

The Plan paid fees to the Trustee for trustee and investment services. Aon serves as the Plan's investment advisor and the Plan paid Aon investment advisor fees. In addition, certain Master Trust investments are managed by the Trustee and Aon. Payments to the Trustee and Aon and investments managed by the Trustee and Aon qualify as party-in-interest transactions.

NOTE I - SUBSEQUENT EVENTS

Management of the Plan has evaluated its December 31, 2025 financial statements for subsequent events through October 12, 2026, the date the financial statements were available to be issued. There were no subsequent events that require recognition or additional disclosure in these financial statements.

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Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

Attained Years of Credited Service[8]														
Attained Age	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	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	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	1	0	1	0	0	0	0	0	2
40-44	0	0	1	1	0	2	0	5	1	0	0	0	0	10
45-49	2	0	1	2	0	17	9	2	12	11	0	0	0	56
50-54	0	2	5	1	3	14	12	5	15	39	21	0	0	117
55-59	0	2	3	2	1	15	13	3	13	40	46	1	0	139
60-64	0	0	4	1	1	9	14	5	5	30	30	2	1	102
65-69	0	0	1	0	0	2	3	1	4	18	20	0	0	49
70 & over	0	0	0	0	0	1	0	0	0	7	7	2	13	30
Total	2	4	15	7	5	61	51	22	50	145	124	5	14	505

Plan Name: International Motors, LLC Hourly Employees Pension Plan No. 1
EIN / PN: 36-1264810/038
Plan Sponsor: International Motors, LLC
Valuation Date: January 1, 2025

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Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

Applicable month	September 2024
Yield curve basis	Segment rates

Interest rates for funding:	Reflecting Stabilization	Not Reflecting Stabilization[1]
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.32%	5.30%

Annual rates of increase

Compensation	N/A
Future Social Security wage bases	N/A
Statutory limits on compensation	N/A
Plan-related expenses paid by the plan	$110,000

[1] Rates not reflecting stabilization are used to determine the PBGC 4010 funding shortfall.

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Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee is hired.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality for funding

- Healthy and disabled

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Rates varying by age, equal to 145% of the SOA Hourly Union termination rate table.

Representative Rates

Percentage leaving during the year	
Age	
25	4.93%
30	3.92
35	3.19
40	2.47
45	2.03
50	1.60

Disability

Rates vary by age, equal to 37.5% of the 1987 Commissioner's Group Disability Male table.

Representative Rates

Percentage becoming disabled during the year	
Age	
25	.019%
30	.024
35	.033
40	.052
45	.096
50	.190

55	.359
60	.552

Retirement Rates varying by age and service with average expected retirement age of 63.

- Active employees — Rates vary by age.

Representative Rates

Percentage retiring during the year	
Age	Rate
55-59	10.0%
60-61	15.0
62-64	20.0
65-69	35.0
70	100.0

- Layoffs — Earliest unreduced
- Deferred inactive — Later of age 60 or current age
- Deferred inactive eligible for grown-in — Earliest eligible retirement date

Benefit commencement date:

- Retirement — Immediate
- Termination — Normal retirement date
- Disability — Earliest eligible commencement date
- Death — Earliest eligible commencement date
- Form of payment — If single, life annuity. If married, a 55% Qualified Joint and Survivor (QJSA).

Percent married 90% of participants.

Spouse age Wife three years younger than husband.

At-risk assumptions For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular

SCHEDULE SB ATTACHMENTS

	valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the life form of payment for single participants and the 55% QJSA for married participants.
Timing of benefit payments	Benefit payments are assumed to be made uniformly throughout the year.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware any significant benefits required to be valued that are not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2025. 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. All such assumptions are documented in the January 1, 2025 Valuation Data Diagnostics report. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

For each active participant, an expected retirement age was calculated weighted in proportion to the probability (as shown in the retirement rates table below) that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 62 is the arithmetic average of the expected retirement ages of all participants on January 1, 2025.

During the year in which participant attains 30 years of service with eligibility for the supplemental allowance: 40%. Otherwise, rates vary by age.

Percentage retiring during the year	
Age	Rate
55-59	10.0%
60-61	15.0%
62-64	20.0%
65-69	35.0%
70	100.0%

Laid-off participants are assumed to retire upon attainment of any of the criteria below:

- 30 years of service
- Age 65 and 1 year of service
- Age 55 and age plus service greater than or equal to 85 (85 points)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,377,356	723,039	90,290,267	92,390,662
2026	3,083,745	1,527,104	86,723,301	91,334,150
2027	3,686,563	1,704,211	82,958,728	88,349,502
2028	4,257,804	1,872,767	79,055,536	85,186,107
2029	4,800,866	2,070,002	75,044,629	81,915,497
2030	5,218,463	2,290,262	70,866,036	78,374,761
2031	5,561,284	2,489,436	66,614,334	74,665,054
2032	5,805,215	2,649,237	62,388,372	70,842,824
2033	5,966,758	2,789,537	58,143,042	66,899,337
2034	6,079,122	2,929,327	53,884,783	62,893,232
2035	6,139,026	3,030,402	49,671,018	58,840,446
2036	6,210,336	3,089,378	45,533,140	54,832,854
2037	6,237,142	3,128,041	41,485,537	50,850,720
2038	6,224,177	3,146,778	37,575,198	46,946,153
2039	6,165,697	3,142,679	33,826,710	43,135,086
2040	6,063,903	3,113,442	30,267,046	39,444,391
2041	5,982,534	3,066,326	26,918,601	35,967,461
2042	5,903,840	3,015,353	23,798,601	32,717,794
2043	5,808,795	2,958,808	20,918,690	29,686,293
2044	5,702,343	2,897,661	18,284,940	26,884,944
2045	5,583,181	2,832,077	15,898,040	24,313,298
2046	5,444,739	2,761,378	13,753,642	21,959,759
2047	5,298,502	2,686,364	11,842,942	19,827,808
2048	5,144,152	2,606,944	10,153,508	17,904,604
2049	4,977,717	2,523,037	8,670,213	16,170,967
2050	4,799,858	2,434,588	7,376,125	14,610,571
2051	4,616,222	2,341,594	6,253,408	13,211,224
2052	4,422,991	2,244,130	5,284,095	11,951,216
2053	4,216,867	2,142,364	4,450,720	10,809,951
2054	4,002,274	2,036,571	3,736,773	9,775,618
2055	3,781,101	1,927,136	3,127,027	8,835,264

Plan Name: International Motors, LLC Hourly Employees Pension Plan No. 1
EIN / PN: 36-1264810/038
Plan Sponsor: International Motors, LLC
Valuation Date: January 1, 2025

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2056	3,554,543	1,814,560	2,607,678	7,976,781
2057	3,323,931	1,699,459	2,166,424	7,189,814
2058	3,090,778	1,582,538	1,792,480	6,465,796
2059	2,856,755	1,464,586	1,476,490	5,797,831
2060	2,623,654	1,346,469	1,210,394	5,180,517
2061	2,393,385	1,229,120	987,221	4,609,726
2062	2,167,881	1,113,508	800,929	4,082,318
2063	1,949,038	1,000,624	646,247	3,595,909
2064	1,738,697	891,460	518,561	3,148,718
2065	1,538,549	786,973	413,829	2,739,351
2066	1,350,057	688,047	328,491	2,366,595
2067	1,174,415	595,460	259,424	2,029,299
2068	1,012,513	509,848	203,903	1,726,264
2069	864,910	431,686	159,568	1,456,164
2070	731,844	361,265	124,394	1,217,503
2071	613,257	298,684	96,654	1,008,595
2072	508,784	243,853	74,897	827,534
2073	417,821	196,508	57,909	672,238
2074	339,568	156,236	44,688	540,492

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

The Hourly Employees Pension Plan (HEPP) was amended to spinoff certain participants as of January 1, 2019 to form the Hourly Employees Pension Plan No. 2 (HEPP No. 2). The HEPP Plan was renamed the Hourly Employees Pension Plan No. 1 (HEPP No. 1) effective January 1, 2019. All former IC Bus participants are in HEPP No. 2. The plan provisions remain unchanged following the spinoff.

General	
Covered Employees	Union employees covered by collective bargaining agreement with the UAW and other unions
Participation Date	At employment or transfer to covered group

Definitions	
Credited Service	One year for each calendar year in which the employee completes at least 1,700 hours of service. A partial year of service is earned for years in which a participant completes less than 1,700 hours of service.
Monthly Pension Benefit (MPB)	Fixed dollar amount based on job classification and location per years of service. See Negotiated Retirement Rates for more detailed information
Monthly Spouse Benefit	If eligible for early or normal retirement, surviving spouse receives 55% of retirement benefit payable under normal form. If not eligible for early or normal retirement, spouse receives 50% of terminated vested benefit commencing no earlier than the benefit could have otherwise commenced, reduced for the period the participant elected to be covered for this benefit

Eligibility for Benefits	
Normal Retirement	Later of age 65 and 1 year of service
Early Retirement	Age 55 and age plus service greater than or equal to 85 (85 points) Age 60 and 10 years of service, or 30 years of service
Vested Termination	5 years of service and not eligible for early retirement
Disability	10 years of service

SCHEDULE SB ATTACHMENTS

Preretirement Death Benefit	5 years of service
Supplemental Allowance	Eligible for early retirement benefit
Special Early Retirement	Age 55 and 10 years of service under mutually satisfactory conditions as set forward in the Standard for Applications for Special Early Retirement Provisions

Benefits Paid Upon the Following Events

Normal Retirement	MPB determined at Normal Retirement
Early Retirement	MPB formula based on service at early retirement reduced approximately 5%-6% per year before age 62. If retiring with “85 points” or 30 years of service, reduction is eliminated at age 62
Vested Termination	MPB actuarially reduced for benefit commencement prior to age 65
Disablement	MPB payable for life plus temporary supplement to age 62. Temporary supplement equals a flat dollar amount multiplied by service up to 25 or 30 years, depending on location. The flat dollar amount also varies by location
Preretirement Death	Monthly Preretirement Spouse Benefit is payable
Supplemental Allowance	Fixed dollar amount based on location (prorated for less than 30 years of service and reduced 1% per month for commencement prior to age 60 if service less than 30 years) less early retirement benefit payable to age 62. See Schedule of Negotiated Retirement Rates for more details
Benefits for Participants on Permanent Layoff	Most participants on a layoff status can accrue up to 1.9 years of additional service. Also, with at least 10 years of seniority, they may be able to grow-in to early retirement eligibility
Special Early Retirement	MPB payable for life plus temporary supplement to age 62. Temporary supplement equals a flat dollar amount multiplied by service up to 25 or 30 years, depending on location. The flat dollar amount also varies by location. See Schedule of Negotiated Retirement Rates for more details

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Optional forms of payments	Life annuity, 55% Qualified Joint and Survivor Annuity, 75% Qualified Optional Survivor Annuity
Pension increases	None
Maximum on benefits and pay	Benefit limitation under IRC Section 415 in effect during year beginning on the valuation date recognizing limitations for retirement prior to Social Security retirement age . Pay limitation under IRC Section 401(a)(17) in effect during year beginning on the valuation date.

Future Plan Changes

No future plan changes were recognized in the determination of the plan's obligations or pension cost.

Changes in Benefits Valued Since Prior Year

Plan provisions have changed since the prior year to reflect current year changes in the Internal Revenue Code maximums on benefits.

SCHEDULE SB ATTACHMENTS

Negotiated Retirement Rates						
	Basic Benefit Rates (Per month per year of service). [2]			**Supplemental Allowance Objective (30 and out amounts)**	**Temporary Benefit Rates (Per month per year of service, subject to maximum monthly amounts)** [3]	
UAW – Multiplant (Hired Prior to 10/1/02)						
	Rate Prior to 10/1/2019	Rate as of 10/1/2019	Rate as of 10/1/2021		Rate	Max
Benefit Class A	$ 37.65	$ 38.65	$ 39.65	$ 2,400.00	$ 37.43	$ 1,122.90
Benefit Class B	$ 37.90	$ 38.90	$ 39.90	$ 2,400.00	$ 37.43	$ 1,122.90
Benefit Class C	$ 38.15	$ 39.15	$ 40.15	$ 2,400.00	$ 37.43	$ 1,122.90
Benefit Class D	$ 38.40	$ 39.40	$ 40.40	$ 2,400.00	$ 37.43	$ 1,122.90
UAW – Multiplant (Other than ICC) [&TSC] (Hired On or After 10/1/02 ['03] and Prior to 10/1/07 ['08])						
	Rate Prior to 10/1/2019	Rate as of 10/1/2019	Rate as of 10/1/2021		Rate	Max
All Benefit Classes	$ 14.75	$ 15.75	$ 16.75	None	$ 12.75	$318.75
UAW Local 226 (ICC) (Hired Prior to 8/29/97) and UAW Local 2274 (ICC) (Hired Prior to 10/1/02)						
	Rate				Rate	Max
Benefit Class A	$ 37.65			$ 2,400.00	$ 37.43	$ 1,122.90
Benefit Class B	$ 37.90			$ 2,400.00	$ 37.43	$ 1,122.90
Benefit Class C	$ 38.15			$ 2,400.00	$ 37.43	$ 1,122.90
Benefit Class D	$ 38.40			$ 2,400.00	$ 37.43	$ 1,122.90
UAW Local 2274 (ICC) (Hired On or After 10/1/02 and Prior to 10/1/07)						
	Rate				Rate	Max
All Benefit Classes	$ 14.75			None	$ 12.75	$318.75
USW @ W. Chicago PDC (Hired Prior to 2/1/00)						
	Rate				Rate	Max
Benefit Class A	$ 32.65			$ 2,050.00	$ 15.00	$ 375.00
Benefit Class B	$ 32.90			$ 2,050.00	$ 15.00	$ 375.00
Benefit Class C	$ 33.15			$ 2,050.00	$ 15.00	$ 375.00
Benefit Class D	$ 33.40			$ 2,050.00	$ 15.00	$ 375.00
UAW @ Spfld TSC Local 402 (Hired Prior to 10/1/03)						
	Rate Prior to 10/1/2021	Rate as of 10/1/2021			Rate	Max

[2] Rates based on Benefit Class where indicated (Class B is representative for comparison purposes)
[3] For disability and special early retirements not eligible for Social Security disability benefits

SCHEDULE SB ATTACHMENTS

All Benefit Classes	$ 28.00	$ 30.00	$ 1,100.00	$ 10.00	$ 250.00

Negotiated Retirement Rates

	Basic Benefit Rates (Per month per year of service). [4]			Supplemental Allowance Objective (30 and out amounts)	Temporary Benefit Rates (Per month per year of service, subject to maximum monthly amounts) [5]	
UAW @ Spfld TSC Local 658 (Hired Prior to 10/1/03)						
	Rate Prior to 10/1/2021	Rate as of 10/1/2021	Rate as of 10/1/2022		Rate	Max
Benefit Class A	$ 33.65	$ 34.65	$ 35.65	$ 2,050.00	$ 33.20	$ 996.00
Benefit Class B	$ 33.90	$ 34.90	$ 35.90	$ 2,050.00	$ 33.20	$ 996.00
Benefit Class C	$ 34.15	$ 35.15	$ 36.15	$ 2,050.00	$ 33.20	$ 996.00
Benefit Class D	$ 34.40	$ 35.40	$ 36.40	$ 2,050.00	$ 33.20	$ 996.00
IFPTE @ Ft. Wayne TDTC (Hired Prior to 5/1/03)						
	Rate				Rate	Max
Benefit Class A	$ 37.65			$ 2,400.00	$ 37.43	$ 1,122.90
Benefit Class B	$ 37.90			$ 2,400.00	$ 37.43	$ 1,122.90
Benefit Class C	$ 38.15			$ 2,400.00	$ 37.43	$ 1,122.90
Benefit Class D	$ 38.40			$ 2,400.00	$ 37.43	$ 1,122.90
IFPTE @ Ft. Wayne TDTC (Hired On or After 5/1/03 and Prior to 5/1/08)						
	Rate				Rate	Max
All Benefit Classes	$ 14.75			None	$ 12.75	$ 318.75
IAM @ Ft. Wayne TDTC (Hired on or After 10/1/02 and Prior to 2/1/08)						
	Rate				Rate	Max
All Benefit Classes	$ 12.75			None	$ 12.75	$ 318.75
USW @ Waukesha (Hired Prior to 3/1/97)						
	Rate				Rate	Max
Benefit Class A	$ 28.25			$ 1,500.00	$ 18.25	$ 456.25
Benefit Class B	$ 28.50			$ 1,500.00	$ 18.25	$ 456.25
Benefit Class C	$ 28.75			$ 1,500.00	$ 18.25	$ 456.25
Benefit Class D	$ 29.50			$ 1,500.00	$ 18.25	$ 456.25
	Lesser rates for svc. prior to 2001					

[4] Rates based on Benefit Class where indicated (Class B is representative for comparison purposes)
[5] For disability and special early retirements not eligible for Social Security disability benefits

SCHEDULE SB ATTACHMENTS

Negotiated Retirement Rates				
	Basic Benefit Rates (Per month per year of service). [6]	**Supplemental Allowance Objective (30 and out amounts)**	**Temporary Benefit Rates (Per month per year of service, subject to maximum monthly amounts)** [7]	
IUOE @ Melrose Park (Hired Prior to 10/2/95)				
	Rate		Rate	Max
Benefit Class A	$ 35.65	$ 2,200.00	$ 37.43	$ 1,122.90
Benefit Class B	$ 35.90	$ 2,200.00	$ 37.43	$ 1,122.90
Benefit Class C	$ 36.15	$ 2,200.00	$ 37.43	$ 1,122.90
Benefit Class D	$ 36.40	$ 2,200.00	$ 37.43	$ 1,122.90
IAM @ ICC (Hired Prior to 11/4/97) and IAM @ FT. Wayne TDTC (Hired Prior to 10/1/02)				
	Rate		Rate	Max
Benefit Class A	$ 37.25	$ 2,350.00	$ 37.43	$ 1,122.90
Benefit Class B	$ 37.50	$ 2,350.00	$ 37.43	$ 1,122.90
Benefit Class C	$ 37.75	$ 2,350.00	$ 37.43	$ 1,122.90
Benefit Class D	$ 38.00	$ 2,350.00	$ 37.43	$ 1,122.90
IAM @ ICC (Hired On or After 11/4/97 and Prior to 2/1/08)				
	Rate		Rate	Max
All Benefit Classes	$23.50	$ 700.00	$ 15.00	$ 375.00
UAW @ ICC (Hired On or After 8/29/97 and Prior to 10/1/07)				
	Rate		Rate	Max
All Benefit Classes	$ 25.50	$ 900.00	$ 15.00	$ 375.00
IBT @ York PDC (Hired Prior to 11/1/99)				
	Rate		Rate	Max
Benefit Class A	$ 28.15	$ 1,600.00	$ 15.00	$ 375.00
Benefit Class B	$ 28.40	$ 1,600.00	$ 15.00	$ 375.00
Benefit Class C	$ 28.65	$ 1,600.00	$ 15.00	$ 375.00
Benefit Class D	$ 28.90	$ 1,600.00	$ 15.00	$ 375.00

NOTE: The following groups are not covered under the Non-Contributory Retirement Plan

- IUOE @ Melrose Park (Hired On or After 10/2/95)
- USW @ Waukesha (Hired On or After 3/1/97)
- IBT @ York PDC (Hired On or After 11/1/99)
- USW @ West Chicago PDC(Hired On or After 2/1/00)
- IAM @ Fort Wayne and ICC (Hired On or After 2/1/08)
- IFPTE @ Fort Wayne (Hired On or After 5/1/08)
- UAW – Multiplant, other than described above (Hired On or After 10/1/07)
- UAW @ Springfield TSC (Hired On or After 10/1/08)

Benefit Accruals under the Non-Contributory Retirement Plan cease for the following groups/dates:

- UAW @ ICC as of 1/8/11

[6] Rates based on Benefit Class where indicated (Class B is representative for comparison purposes)

[7] For disability and special early retirements not eligible for Social Security disability benefits

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1.	Shortfall	01/01/2025	(20,040,150)	15.00000	(20,040,150)	(1,868,552)
2.	Shortfall	01/01/2024	(48,732,723)	14.00000	(45,402,647)	(4,433,718)
3.	Shortfall	01/01/2023	200,884,721	13.00000	179,003,128	18,397,165
4.	Shortfall	01/01/2022	(81,698,961)	12.00000	(69,402,253)	(7,549,919)
5.	Shortfall	01/01/2021	(38,380,252)	11.00000	(30,870,844)	(3,578,635)
6.	Shortfall	01/01/2020	(113,821,419)	10.00000	(85,814,834)	(10,686,313)
7.	Shortfall	01/01/2019	368,691,972	9.00000	252,343,953	34,088,465
Total					179,816,353	24,368,493

Plan Name: International Motors, LLC Hourly Employees Pension Plan No. 1
EIN / PN: 36-1264810/038
Plan Sponsor: International Motors, LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were updated to $110,000 for the current valuation to account for expected expenses to be paid from the trust.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
INTERNATIONAL MOTORS, LLC HOURLY EMPLOYEES PENSION PLAN NO. 1

B Three-digit plan number (PN) ▶ 038

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INTERNATIONAL MOTORS, LLC

D Employer Identification Number (EIN)
36-1264810

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	712,637,881
b Actuarial value	**2b**	712,637,881

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	9,323	771,904,964	771,904,964
b For terminated vested participants	1,237	39,447,686	39,447,686
c For active participants	738	66,727,675	81,101,584
d Total	11,298	878,080,325	892,454,234

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,334,826
b Expected plan-related expenses	**6b**	110,000
c Target normal cost	**6c**	1,444,826

Statement by Enrolled Actuary

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

SIGN HERE

BG
BRIANA C GARCIA
Signature of actuary

9/29/2026
Date

BRIANA C GARCIA
Type or print name of actuary

2607806
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

312-288-7700
Telephone number (including area code)

WILLIS TOWERS WATSON
PO BOX 674401
HOUSTON TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.34 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		89,500
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.01 %		4,484
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		93,984
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	79.85 %
15	Adjusted funding target attainment percentage	15	79.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	77.08 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	7,100,000	0			
07/15/2025	4,500,000	0			
10/15/2025	5,900,000	0			
10/15/2025	160,000	0			
01/15/2026	5,900,000	0			
07/15/2026	3,500,000	0			
			Totals ► 18(b)	27,060,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	153,589
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	25,856,490

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	**31a**	1,444,826
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	179,816,353	24,368,493
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	25,813,319

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

36 Additional cash requirement (line 34 minus line 35)	**36**	25,813,319
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	25,856,490
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	43,171
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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