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
DAIMLER TRUCK NORTH AMERICA UAW PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1992

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)
DAIMLER TRUCK NORTH AMERICA

4747 NORTH CHANNEL AVENUE
PORTLAND, OR 97217-7613

2b Employer Identification Number (EIN) 93-0790608

2c Plan Sponsor's telephone number 503-745-7837

2d Business code (see instructions) 336100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	ERIK LINVOG
	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 ☐ Same as Plan Sponsor

DAIMLER TRUCK N.A. LLC PENSION & BENEFITS COMMITTEE

P.O. BOX 3920
PORTLAND, OR 97208-3920

3b Administrator's EIN
93-0907146

3c Administrator's telephone number
503-745-7837

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	11374
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)**	7653
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6636
b	Retired or separated participants receiving benefits	**6b**	2656
c	Other retired or separated participants entitled to future benefits	**6c**	822
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	10114
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	394
f	Total. Add lines **6d** and **6e**.	**6f**	10508
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**	835
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)	☒	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)	☒	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)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☒	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4)	☐	**DCG** (Individual Plan Information) – Number Attached _____
(5)	☐	**MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
DAIMLER TRUCK NORTH AMERICA UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DAIMLER TRUCK NORTH AMERICA

D Employer Identification Number (EIN)
93-0790608

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**	832970715
b Actuarial value	**2b**	832088598

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	2852	366388771	366388771
b For terminated vested participants	895	23997016	23997016
c For active participants	7653	430972063	459433854
d Total	11400	821357850	849819641

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	42887145
b Expected plan-related expenses	**6b**	2056000
c Target normal cost	**6c**	44943145

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

07/31/2026
Date

TODD A. IWAMOTO
Type or print name of actuary

26-07877
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

206-625-1125
Telephone number (including area code)

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)		48387371
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		33904800
9	Amount remaining (line 7 minus line 8)		14482571
10	Interest on line 9 using prior year's actual return of 3.78 %		547441
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		29438646
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 5.21 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		1112781
c	Total available at beginning of current plan year to add to prefunding balance		30551427
d	Portion of (c) to be added to prefunding balance		30551427
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	45581439

Part III Funding Percentages

14	Funding target attainment percentage	14	92.54 %
15	Adjusted funding target attainment percentage	15	92.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.93 %
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
01/12/2026	60000000	0			
			Totals ► 18(b)	60000000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	56840148

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**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	44943145
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	63312482	6275367
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**	51218512

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		27467462	27467462

36 Additional cash requirement (line 34 minus line 35)	**36**	23751050
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	56840148

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

a Total (excess, if any, of line 37 over line 36)	**38a**	33089098
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	27467462
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**	

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
DAIMLER TRUCK NORTH AMERICA UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
DAIMLER TRUCK NORTH AMERICA

D Employer Identification Number (EIN)
93-0790608

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WILLIS TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	N/A	980525	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	N/A	42384	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAKER TILLY US, LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	N/A	28030	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

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
DAIMLER TRUCK NORTH AMERICA UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DAIMLER TRUCK NORTH AMERICA

D Employer Identification Number (EIN)
93-0790608

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: DAIMLER TRUCK N.A. MASTER TRUST

b Name of sponsor of entity listed in (a): DAIMLER TRUCK N.A. 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)
93-0790608-009	M	871154898

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

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

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

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

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
DAIMLER TRUCK NORTH AMERICA UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
DAIMLER TRUCK NORTH AMERICA

D Employer Identification Number (EIN)
93-0790608

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)	35000000	60000000
(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)	798034847	871154898
(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	833034847	931154898
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	833034847	931154898

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)	60000000	
(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)		60000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		77614983
(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		137614983
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36063056	
(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)		36063056
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	70414	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	980525	
(8) Legal fees	2i(8)	863	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1393580	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2445382
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		38508438
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		99106545
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		986494

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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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)
DAIMLER TRUCK NORTH AMERICA PENSION PLAN	93-0790608	001

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 587427.

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
DAIMLER TRUCK NORTH AMERICA UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
DAIMLER TRUCK NORTH AMERICA

D Employer Identification Number (EIN)
93-0790608

Part I Distributions

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

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

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

EIN(s): 25-1926855

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** | 17

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: 12.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 47.5 %
High-Yield Debt: 0.0 % Real Assets: 2.5 % Cash or Cash Equivalents: 0.0 % Other: 37.3 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Independent Auditors' Report
and Financial Statements

Daimler Truck North America LLC
UAW Pension Plan

December 31, 2025 and 2024

bakertilly

Table of Contents

	Page
Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statements of Accumulated Plan Benefits	7
Statements of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9

Independent Auditors' Report

To the Trustees of
Daimler Truck North America LLC UAW Pension Plan

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

We have performed audits of the financial statements of Daimler Truck North America LLC UAW Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan 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 Daimler Truck North America LLC UAW Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL'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 8 to the financial statements, is complete and accurate.

Opinion

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Daimler Truck North America LLC UAW Pension Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Daimler Truck North America LLC UAW Pension Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Daimler Truck North America LLC UAW Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Baker Tilly US, LLP

Portland, Oregon
October 15, 2026

Financial Statements

Daimler Truck North America LLC
UAW Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Plan interest in the Daimler Truck North America LLC Master Retirement Trust	$ 871,154,898	$ 798,034,847
Employer contribution receivable	60,000,000	35,000,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 931,154,898	$ 833,034,847

See accompanying notes.

Daimler Truck North America LLC
UAW Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Plan interest in the net investment income of the Daimler Truck North America LLC Master Retirement Trust, net of investment expenses of $1,899,320 and $1,453,347 for the years ended December 31, 2025 and 2024, respectively	$ 77,614,983	$ 30,204,250
Employer contributions	60,000,000	35,000,000
Total additions	137,614,983	65,204,250
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	36,063,056	33,187,681
Administrative expenses	2,445,382	3,843,344
Total deductions	38,508,438	37,031,025
CHANGE IN NET ASSETS	99,106,545	28,173,225
TRANSFERS OUT OF PLAN	(986,494)	-
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	833,034,847	804,861,622
End of year	$ 931,154,898	$ 833,034,847

See accompanying notes.

Daimler Truck North America LLC
UAW Pension Plan
Statements of Accumulated Plan Benefits
December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$ 365,721,153	$ 357,008,816
Other participants	371,368,533	408,906,339
Total vested benefits	737,089,686	765,915,155
Nonvested benefits	24,188,076	24,671,611
Total actuarial present value of accumulated plan benefits	$ 761,277,762	$ 790,586,766

See accompanying notes.

Daimler Truck North America LLC
UAW Pension Plan
Statements of Changes in Accumulated Plan Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 790,586,766	$ 754,244,975
Increase (decrease) during the year attributable to:		
Decrease in the discount period	47,811,116	44,969,826
Benefits accumulated	37,802,660	24,541,695
Actuarial losses	5,831,430	17,951
Assumption changes	(84,691,154)	-
Benefits paid	(36,063,056)	(33,187,681)
Net increase	(29,309,004)	36,341,791
Actuarial present value of accumulated plan benefits at end of year	$ 761,277,762	$ 790,586,766

See accompanying notes.

Note 1 – Description of the Plan

The following brief description of the Daimler Truck North America LLC UAW Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General – The Plan is a defined-benefit pension plan which is sponsored by Daimler Truck North America LLC (the Company, Plan Sponsor, or plan administrator). The Plan covers all contractual employees who are represented by the United Auto Workers (UAW) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

During 2025, in connection with the termination of the Daimler Truck North America LLC Pension Plan (DTNA Pension Plan) and the liquidation of its interest in the Master Retirement Trust, a true-up of the allocation of Master Retirement Trust assets among the participating plans was performed based on the final fair value of assets attributable to each plan. As a result of the final allocation, $986,494 was transferred from the Plan to the DTNA Pension Plan. The transfer represented an adjustment to the allocation of assets held in the Master Retirement Trust and did not represent a transfer of participants or benefit obligations between the plans.

Payment of benefits

Pension benefits and vesting – Employees with five or more years of credited service, as defined in the Plan Agreement, are entitled to annual pension benefits beginning at normal retirement; age 65. The benefit is calculated using the formula described in the Plan Agreement. The Plan permits early retirement at ages 55 to 64 with ten years of service. Benefits paid to retirees whose age is 55 to 61 are reduced by an age factor.

Participants may elect one of the following options available for pension benefits:

- Straight Life Annuity
- Five-year Guaranteed
- Ten-year Guaranteed
- 50% Contingent Annuity
- 75% Contingent Annuity
- 100% Contingent Annuity
- Lump Sum Distribution for benefits less than $10,000

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

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

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

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

Note 2 – Summary of Accounting Policies

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

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

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

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

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

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

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

Administrative expenses – The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan Agreement. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in Plan interest in the net investment income of the Master Retirement Trust presented in the accompanying statements of changes in net assets available for benefits.

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

The Plan has evaluated subsequent events through October 15, 2026, which is the date the financial statements were available to be issued.

Note 3 – Actuarial Present Value of Accumulated Plan Benefits

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

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

The significant actuarial assumptions applied in the valuations are as follows as of December 31:

	December 31, 2025	December 31, 2024
Discount rate	6.80%	5.90%
Mortality basis	Pri-2012 Blue Collar adjusted forward to 2021 with MP-2021 SSA proxy improvement scale with a 19% multiplier for non-annuitants and a 7% multiplier for annuitants	Pri-2012 Blue Collar adjusted forward to 2017 with MP-2020 SSA proxy improvement scale with 6% multiplier
Average retirement age assumed	Age 63	Age 63

The changes in actuarial assumptions resulted in an $84,691,154 decrease in the actuarial present value of accumulated plan benefits. The discount rate was increased from 5.90% to 6.80% to reflect the Plan Sponsor's current expected long-term rate of return on plan assets, taking into consideration the Plan's current asset allocation, anticipated changes in asset allocation, current market conditions and expectations regarding future market conditions. The mortality assumption was also updated to reflect current expectations regarding participant mortality and mortality improvement.

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

Note 4 – Funding Policy

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

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

The Company contributes to the Plan based on actuarial calculations performed by the Plan's consulting actuary. The Company's contributions for 2025 and 2024 met or exceeded the minimum funding requirements of ERISA.

Note 5 – Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits attributable to employee contributions, taking into account those paid out before termination.

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2026, that ceiling is $7,790 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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 6 – Interest in the Master Retirement Trust

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

The value of the Plan's interest in the Master Retirement Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income or loss less actual distributions and allocated administrative expenses. Investment income and administrative expenses relating to the Master Retirement Trust are allocated to each individual plan in the same proportion as its interest in the investment pools of the Master Retirement Trust at the end of each month. As of December 31, 2025 and 2024, the Plan's interest in the net assets of the Master Retirement Trust was approximately 71.5% and 49.3%, respectively.

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

	2025	2024
ASSETS		
Investments at fair value		
Corporate debt securities	$ 356,045,412	$ 641,575,116
Government debt securities	278,194,828	324,575,394
Limited partnership interests	242,795,331	246,857,472
Equity securities	154,880,283	141,846,450
Collective trusts	177,086,696	248,558,905
Total investments	1,209,002,550	1,603,413,337
Receivables		
Interest income	7,841,739	12,461,099
Due from broker for securities sold	742,665	297,358
Dividend income	106,445	88,595
Total receivables	8,690,849	12,847,052
Cash	2,331,174	1,883,158
TOTAL ASSETS	1,220,024,573	1,618,143,547
LIABILITIES		
Payables		
Due to broker for securities purchased	2,089,539	338,886
TOTAL LIABILITIES	2,089,539	338,886
NET ASSETS	$ 1,217,935,034	$ 1,617,804,661
Plan interest in the Master Retirement Trust	$ 871,154,898	$ 798,034,847

The following are the changes in net assets for the Master Retirement Trust for the years ended December 31:

	2025	2024
INVESTMENT INCOME		
Net appreciation (depreciation) in fair value of investments	$ 88,394,936	$ (4,247,481)
Interest income	45,637,582	49,427,290
Dividend income	1,606,124	1,899,785
Total investment income	135,638,642	47,079,594
Less investment expenses	(3,850,370)	(3,017,178)
Net investment income	131,788,272	44,062,416
NET TRANSFERS	(531,657,899)	(59,722,955)
NET ASSETS		
Beginning of year	1,617,804,661	1,633,465,200
End of year	$ 1,217,935,034	$ 1,617,804,661
Plan interest in the net investment income of the Master Retirement Trust	$ 77,614,983	$ 30,204,250

The Plan's interest in the net assets of the Master Retirement Trust is based on the Plan's net assets available for benefits for each investment pool as of December 31, 2025 and 2024. The Plan's interest in the Master Retirement Trust's assets and liabilities is allocated as follows as of December 31:

	2025	2024
ASSETS		
Investments at fair value		
Corporate debt securities	$ 237,793,129	$ 246,307,880
Government debt securities	185,798,823	193,127,737
Limited partnership interests	188,269,268	152,663,952
Equity securities	130,487,158	116,317,013
Collective trusts	122,970,864	83,564,470
Total investments	865,319,242	791,981,052
Receivables		
Interest income	5,181,139	5,208,454
Due from broker for securities sold	499,577	201,476
Dividend income	89,091	72,067
Total receivables	5,769,807	5,481,997
Cash	1,466,548	802,968
TOTAL ASSETS	872,555,597	798,266,017
LIABILITIES		
Payables		
Due to broker for securities purchased	1,400,699	231,170
TOTAL LIABILITIES	1,400,699	231,170
NET ASSETS	$ 871,154,898	$ 798,034,847

Note 7 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

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

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

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

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

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

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

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

Limited partnerships – Investments in limited partnerships have an inactive public market or no public market. As such, limited partnership interests are valued at the NAV practical expedient or its equivalent published by the investment manager. The Master Retirement Trust invests in limited partnerships that pursue a variety of alternative investment strategies. The significant investment strategies of these investments are described below:

- **Hedge fund** – The hedge fund investment consists of an interest in a limited partnership that invests in and sells short securities and other financial instruments pursuant to the investment strategies established by the investment manager.

- **Private equity funds** – Private equity investments consist primarily of interests in funds that invest in privately held companies through buyout, growth equity, venture capital, and other private equity strategies. Returns are generally realized through the sale, recapitalization, merger, or public offering of portfolio companies.

- **Real estate funds** – The real estate fund investment consists of an interest in a limited partnership whose investment objective is to actively manage a core portfolio comprised primarily of equity real estate investments located in the United States.

- **Private credit fund** – The private credit fund investment consists of an interest in a limited partnership whose investment objective is to generate superior risk-adjusted returns through opportunistic investments, on a fully funded basis without leverage, primarily in bank loans and bonds.

The following tables disclose additional information for investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2025 and 2024:

	December 31, 2025				
	Fair Value	Unfunded Commitments	Remaining Life*	Redemption Frequency	Required Notice for Redemption
Limited partnerships					
Hedge fund	$ 60,420,556	$ -	N/A	Semi-Annually	60 days
Private equity funds	$ 73,982,703	$ 12,275,034	0 to 6 years	**	**
Real estate funds	$ 30,540,991	$ -	Open-ended	Quarterly	60 days
Private credit fund	$ 77,851,081	$ -	Open-ended	Annually	30 days
Collective trusts	$ 177,086,696	N/A	Open-ended	Daily	None

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

*Remaining life reflects a range of dates at which the partnerships are scheduled to terminate plus the maximum period for which the partnership agreements may be extended.
**Redemptions are not permitted during the life of these investments.

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

The following tables disclose the fair value hierarchy of the investments held by the Master Retirement Trust by level as of December 31, 2025 and 2024:

	Fair Value Measurement as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Corporate debt securities	$ -	$ 356,045,412	$ -	$ 356,045,412
Government debt securities	221,666,726	56,528,102	-	278,194,828
Equity securities	154,880,283	-	-	154,880,283
Total assets in the fair value hierarchy	$ 376,547,009	$ 412,573,514	$ -	789,120,523
Investments measured at NAV (practical expedient)				
Limited partnership interests				242,795,331
Collective trusts				177,086,696
Total investments in the Master Retirement Trust				$ 1,209,002,550

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

Note 8 – Certified Investment Information

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

- Plan interest in the Master Retirement Trust reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024.

- Plan interest, net of investment expenses, in the net investment income of the Master Retirement Trust reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.

Note 9 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated February 22, 2010, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

Note 10 – Risks and Uncertainties

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

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

Note 11 – Transactions with Parties-in-Interest

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective September 1, 2019.

Effective July 1, 2011 the Plan was amended to provide additional periods of compensation and credited service to participants affected by the Union Arbitration settlement at Mt. Holly Shop.

Effective in 2009, the Plan was amended to vest all employees who terminated during 2007 and 2008, as well as active employees on April 27, 2009.

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

Covered employees	All employees covered by the collective bargaining agreement that provides for participation in this plan.	
Participation date	(i)	Predecessor Plan Participants: All predecessor plan participants on December 31, 1991
	(ii)	Other participants: All other employees become plan participants on their hire date

Definitions

Vesting service	All continuous service including employment with TBB. Includes vesting service from acquisitions and transfer or rehire service.
Pension service	Years and partial years of service as a participating employee. Service prior to January 1, 1987, is granted only for periods where the required contributions were made.
Pensionable pay	Base pay.
Average earnings	The average of the highest 60 consecutive calendar months of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.
Covered Compensation	The 35-year average of Social Security wage bases ending in the year the participant attains his Social Security retirement age.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.

SCHEDULE SB ATTACHMENTS

Monthly pension benefit:	One twelfth of the greater of: (i) 1.2% of the participant's final average earnings plus 0.4% of the participant's final average earnings in excess of Social Security covered compensation for each year of pension service. (ii) Employees who participated in the pension plan prior to January 1, 1987 and who retire from active service are entitled to the following benefit formula, if greater than (i) above: For each year of pension service, 1.45% of basic compensation for that year not in excess of $6,500, plus 2.0% of basic compensation for that year in excess of $6,500. The benefit is payable as five-year certain and continuous annuity.
Monthly pension benefit for prior TBB employees	Prior TBB participants will accrue pension benefits under the Daimler Truck North America LLC UAW Pension Plan for years after December 31, 1999, in addition to the frozen December 31, 1999 TBB Hourly and TBB Salaried accrued benefits.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.
Actuarial equivalence for annuity conversion	(i) Interest rate of 8% (ii) TPF&C Forecast Mortality tables for males, set back one year for the participant and five years for the beneficiary

Eligibility for Benefits	
Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Monthly pension benefit determined as of NRD.

Early retirement

The participant's monthly pension benefit reduced by the following factors for commencement of payments that precedes the participant's normal retirement date. Factor (i) applies to the monthly pension benefit under (i) and factor (ii) applies to the monthly pension benefit under (ii). Factor (iii) applies to TBB benefits.

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

Postponed retirement

Monthly pension benefit determined as of actual retirement date.

Vested termination

Monthly pension benefit determined as of termination date, reduced by actuarial equivalence factors for each year of payment before the participant's NRD.

Preretirement death

Spouse's benefit of one-half of the participant's accrued early retirement benefit payable immediately as a 50% joint and survivor annuity if participant is survived by a spouse beneficiary and was eligible for vested benefits.

Other Plan Provisions

Forms of payment

Preretirement spouse benefits are payable only as described above or as an actuarially equivalent lump sum payment. Monthly pension benefits are paid as described above as a life annuity under (i) or as a five-year certain and life annuity under (ii), if the participant has no spouse as of the date payments begin, or if the participants so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, 75% joint and survivor annuity, a five-year certain and life annuity, a ten-year certain and life annuity, or a life annuity.

SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

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

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	156	364	6	0	0	0	0	0	0	0	526
	48,627	53,291	-	-	-	-	-	-	-	-	54,061
25-29	95	357	154	3	0	0	0	0	0	0	609
	48,677	57,595	64,410	-	-	-	-	-	-	-	57,927
30-34	87	349	259	60	0	0	0	0	0	0	755
	48,495	54,736	64,113	66,789	-	-	-	-	-	-	59,746
35-39	65	251	258	100	2	1	0	0	0	0	677
	49,846	54,491	67,058	69,463	-	-	-	-	-	-	62,430
40-44	60	173	206	95	30	19	5	0	0	0	588
	49,920	49,245	67,200	68,522	64,644	-	-	-	-	-	63,066
45-49	46	170	178	133	49	84	100	6	0	0	766
	50,946	47,894	67,556	68,831	70,975	67,893	69,922	-	-	-	65,524
50-54	46	179	186	210	57	134	294	117	2	0	1,225
	50,543	52,828	67,689	69,469	71,722	68,056	69,311	74,032	-	-	67,380
55-59	30	146	143	214	65	167	310	173	54	0	1,302
	49,968	53,840	67,992	69,624	71,743	66,736	67,507	71,498	73,489	-	67,679
60-64	9	74	92	132	58	143	235	112	65	26	946
	-	51,743	68,587	69,363	69,319	66,116	66,671	68,261	67,194	72,390	67,066
65-69	1	16	35	37	18	32	48	15	12	3	217
	-	-	70,478	67,335	-	66,371	68,849	-	-	-	68,570
70 & over	2	3	3	5	2	7	13	2	3	2	42
	-	-	-	-	-	-	-	-	-	-	66,451
Total	597	2082	1,520	989	281	587	1,005	425	136	31	7,653
	49,375	58,316	66,655	69,051	70,260	66,941	68,114	71,472	70,048	72,298	64,045

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

Plan Name: Daimler Truck North America LLC UAW Pension Plan
EIN / PN: 93-0790608/003
Plan Sponsor: Daimler Truck North America LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September 2024
- Interest rate basis: 3-Segment Rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
• Effective interest rate	5.39%	5.33%

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

Annual rates of increase

Future Social Security wage base: 3.25%

Compensation: Annual increase in base pay for 2025 and beyond:

	Payrate increases applied mid-year			
	2025	2026	2027	2028+
More than 48 months of service:	6%	7%	8%	3%
Less than 48 months of service:	15%	16%	17%	12%

Administrative Expenses: Plan-related expenses are rounded estimated expenses for the year. The expenses are $2,056,000 for 2025 ($3,602,000 for 2024).

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Inclusion Date

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

New Entrants

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

Healthy and Disabled Mortality

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

- Eliminating any mortality improvement during the 2021 – 2024 period,

- Incorporating a cap on mortality improvement rates of 0.78% per year for years after 2025, and separate rates for males and females.

Representative Mortality Rates – Base Year 2021

Non-Annuitants				Annuitants	
Attained Age	Males	Attained Age	Males	Attained Age	Males
25	0.00085	25	0.00085	25	0.00085
30	0.00099	30	0.00099	30	0.00099
35	0.00117	35	0.00117	35	0.00117
40	0.00131	40	0.00131	40	0.00131
45	0.00142	45	0.00142	45	0.00142
50	0.00190	50	0.00190	50	0.00190
55	0.00306	55	0.00306	55	0.00306
60	0.00511	60	0.00511	60	0.00511
65	0.00786	65	0.00786	65	0.00786
70	0.01241	70	0.01241	70	0.01241

Retirement

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

Age	Rate
55-59	3%
60	5%
61	8%
62	25%
63-64	10%
65	40%
66-67	30%
68-69	20%
70+	100%

SCHEDULE SB ATTACHMENTS

The average retirement age is 63.

Disability rates

None.

Termination (not due to disability, retirement or mortality)

The annual rates at which participants are assumed to terminate employment by years of service are shown below:

Years of Service	Rate
0-3	13%
4-6	8%
7-9	3%
10-14	2%
15+	1%

Benefit commencement dates

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

Form of payment

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

Percent married

80% of eligible participants are assumed to be married.

Spouse Age

Male participants are assumed to be 3 years older than their spouses.

Covered Pay

Hourly rate of base pay as of the valuation date multiplied by 40 x 52.

Timing of Benefit Payments

Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date

First day of plan year.

SCHEDULE SB ATTACHMENTS

Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.90% (with such expected earnings limited as described in IRS Notice 2009-23). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits Not Included in Valuation	We believe that we have reflected all significant Plan provisions in this valuation. WTW has reviewed the plan provisions with Daimler Truck North America LLC and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 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. Data assumptions were documented in the issues log provided to the plan sponsor on June 16, 2025. Data summaries were provided to the plan sponsor on June 16, 2025.

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

Assumptions Rationale - Significant Economic Assumptions for Contribution Purposes

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Rates of increase in compensation	Assumed increases were chosen by the plan sponsor and represent an estimate of future experience.
Pension plan administrative expenses	Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and the actual expenses paid from the trust the preceding year.
Assumed return for asset smoothing	The assumed return of 5.59% used for asset smoothing is the expected return on assets assumption (5.90%) chosen by the client, limited by the 3rd segment rate from the 2024 plan year. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Assumed termination rates differ by service because of observed differences in termination rates.
Retirement	Retirement rates were based on an experience study conducted in 2024 with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of Payment	Form of payment assumptions are based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for deferred benefits:	
• Preretirement death benefit	Surviving spouses are assumed to begin benefits at the earliest possible commencement date permitted by the plan because experience indicates that most spouses do take the benefit as soon as it is available. Surviving spouses are assumed to commence immediately.
• Deferred vested benefit	Deferred vested participants are assumed to begin benefits at age 65 or current age if later. Because the plan's experience is not considered to be credible and deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant, a single retirement age is assumed.

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

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

Changes in Assumptions, Methods and Estimation Techniques

Change in assumptions since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430. The mortality table used to calculate the funding target and target normal cost was updated to a plan-specific mortality table (SMT) under IRC §430(h)(3)(c) for annuitants and non-annuitants, for females and males, with base year 2021 projected forward generationally using IRS Adjusted MP-2021 improvement scale, as required by guidance issued by IRS under IRC §430. The SMT was approved by the IRS in 2025. The assumed plan-related expenses added to the target normal cost and service cost were changed to account for expected expenses to be paid from the trust during 2025. The salary scale was updated to reflect negotiated pay rates included in the 2024 UAW contract.
Change in methods since prior valuation	None.

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	23,000,590	15.00000	23,000,590	2,144,585
2. Shortfall	01/01/2024	2,577,212	14.00000	2,401,107	234,476
3. Shortfall	01/01/2023	42,545,054	13.00000	37,910,785	3,896,306
Total				63,312,482	6,275,367

Plan Name: Daimler Truck North America LLC UAW Pension Plan
EIN / PN: 93-0790608/003
Plan Sponsor: Daimler Truck North America LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Change in assumptions since prior valuation	The salary scale was updated to reflect negotiated pay rates included in the 2024 UAW contract.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23
Information on Use of Multiple Mortality Tables

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

Prescribed tables are used for the following plan populations: None

The last plan year for which the IRS approval for the substitute mortality tables applies is: 2029

Plan Name:	Daimler Truck North America LLC UAW Pension Plan
EIN / PN:	93-0790608/003
Plan Sponsor:	Daimler Truck North America LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Daimler Truck North America LLC
EIN/PN	93-0790608/003
Plan Name	Daimler Truck North America LLC UAW Pension Plan
Valuation Date	January 1, 2025
Enrolled Actuary	Todd A Iwamoto
Enrollment Number	26-07877

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

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

SCHEDULE SB ATTACHMENTS

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 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 63 is the arithmetic average of the expected retirement ages of all such participants at January 1, 2025. As shown below:

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age x Number Retiring
55	3.0%	1,000	30	1,650
56	3.0%	970	29	1,624
57	3.0%	941	28	1,596
58	3.0%	913	27	1,566
59	3.0%	886	27	1,593
60	5.0%	859	43	2,580
61	8.0%	816	65	3,965
62	25.0%	751	188	11,656
63	10.0%	563	56	3,528
64	10.0%	507	51	3,264
65	40.0%	456	182	11,830
66	30.0%	274	82	5,412
67	30.0%	192	58	3,886
68	20.0%	134	27	1,836
69	20.0%	107	21	1,449
70	100.0%	86	86	6,020
			1,000	63,455
				÷1,000
			Weighted Average Retirement Age	63

Plan Name: Daimler Truck North America LLC UAW Pension Plan
EIN / PN: 93-0790608/003
Plan Sponsor: Daimler Truck North America LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	2,074,960	179,875	33,647,849	35,902,684
2026	5,977,985	423,810	33,106,856	39,508,651
2027	9,674,820	522,648	32,512,829	42,710,297
2028	13,295,308	583,715	31,856,138	45,735,161
2029	16,757,379	660,893	31,140,573	48,558,845
2030	20,037,397	760,708	30,384,308	51,182,413
2031	23,125,378	892,807	29,582,561	53,600,746
2032	26,127,771	1,073,019	28,721,353	55,922,143
2033	28,914,280	1,230,248	27,810,078	57,954,606
2034	31,358,663	1,406,667	26,844,861	59,610,191
2035	33,554,053	1,602,727	25,828,591	60,985,371
2036	35,516,666	1,762,936	24,764,908	62,044,510
2037	37,180,299	1,906,421	23,648,564	62,735,284
2038	38,553,569	2,020,404	22,482,865	63,056,838
2039	39,680,326	2,114,122	21,272,339	63,066,787
2040	40,514,252	2,189,429	20,022,763	62,726,444
2041	41,081,561	2,234,234	18,741,126	62,056,921
2042	41,421,626	2,245,406	17,439,305	61,106,337
2043	41,513,649	2,272,178	16,122,616	59,908,443
2044	41,385,608	2,300,606	14,797,477	58,483,691
2045	41,038,789	2,290,845	13,478,635	56,808,269
2046	40,516,926	2,278,640	12,177,752	54,973,318
2047	39,859,723	2,265,141	10,907,040	53,031,904
2048	39,060,710	2,230,877	9,678,792	50,970,379
2049	38,142,763	2,190,694	8,505,070	48,838,527
2050	37,122,561	2,146,448	7,397,137	46,666,146
2051	35,999,530	2,093,063	6,364,996	44,457,589
2052	34,762,115	2,034,274	5,416,918	42,213,307
2053	33,456,700	1,971,526	4,558,793	39,987,019

Plan Name: Daimler Truck North America LLC UAW Pension Plan
EIN / PN: 93-0790608/003
Plan Sponsor: Daimler Truck North America LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	32,086,994	1,912,784	3,793,896	37,793,674
2055	30,645,736	1,845,778	3,122,713	35,614,227
2056	29,167,110	1,771,166	2,543,028	33,481,304
2057	27,627,304	1,700,096	2,050,184	31,377,584
2058	26,057,174	1,618,388	1,637,571	29,313,133
2059	24,481,025	1,524,737	1,297,195	27,302,957
2060	22,890,794	1,430,964	1,020,162	25,341,920
2061	21,319,008	1,341,208	797,418	23,457,634
2062	19,760,088	1,250,374	620,229	21,630,691
2063	18,239,151	1,156,207	480,552	19,875,910
2064	16,792,652	1,062,412	371,299	18,226,363
2065	15,414,667	972,763	286,401	16,673,831
2066	14,120,187	888,601	220,764	15,229,552
2067	12,946,455	810,297	170,195	13,926,947
2068	11,863,323	737,014	131,341	12,731,678
2069	10,837,472	668,156	101,527	11,607,155
2070	9,892,483	604,609	78,664	10,575,756
2071	9,015,025	545,914	61,143	9,622,082
2072	8,206,624	491,990	47,705	8,746,319
2073	7,473,447	442,743	37,378	7,953,568
2074	6,807,627	397,821	29,424	7,234,872

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.)
☒ a single-employer plan ☐ a DFE (specify) _____

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

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

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
DAIMLER TRUCK NORTH AMERICA UAW PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1992

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)
DAIMLER TRUCK NORTH AMERICA

4747 NORTH CHANNEL AVENUE

PORTLAND OR 97217-7613

2b Employer Identification Number (EIN) 93-0790608

2c Plan Sponsor's telephone number 503-745-7837

2d Business code (see instructions) 336100

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

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

SIGN HERE	Erik Linvog	10-13-2026	ERIK LINVOG
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

518401 12-22-25

3a Plan administrator's name and address ☐ Same as Plan Sponsor
DAIMLER TRUCK N.A. LLC
PENSION & BENEFITS COMMITTEE

P.O. BOX 3920
PORTLAND OR 97208-3920

3b Administrator's EIN
93-0907146

3c Administrator's telephone number
503-745-7837

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

4b EIN
4d PN

5	Total number of participants at the beginning of the plan year	**5**	11374
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)**	7653
a (2)	Total number of active participants at the end of the plan year	**6a(2)**	6636
b	Retired or separated participants receiving benefits	**6b**	2656
c	Other retired or separated participants entitled to future benefits	**6c**	822
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	10114
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	394
f	Total. Add lines **6d** and **6e**	**6f**	10508
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)**	
(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**	835
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)** ☒ 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)** ☒ 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)** ☒ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** ☐ **DCG** (Individual Plan Information) - Number Attached ____
- **(5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

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

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
DAIMLER TRUCK NORTH AMERICA LLC UAW PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DAIMLER TRUCK NORTH AMERICA LLC

D Employer Identification Number (EIN)
93-0790608

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**	832,970,715
b Actuarial value	**2b**	832,088,598

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	2,852	366,388,771	366,388,771
b For terminated vested participants	895	23,997,016	23,997,016
c For active participants	7,653	430,972,063	459,433,854
d Total	11,400	821,357,850	849,819,641

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**	5.39%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	42,887,145
b Expected plan-related expenses	**6b**	2,056,000
c Target normal cost	**6c**	44,943,145

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 Todd A. Iwamoto TAI — 7/31/2026

Signature of actuary — Date

Todd A. Iwamoto — 2607877

Type or print name of actuary — Most recent enrollment number

Willis Towers Watson US LLC — 206-625-1125

Firm name — Telephone number (including area code)

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	48,387,371
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	33,904,800
9	Amount remaining (line 7 minus line 8)	0	14,482,571
10	Interest on line 9 using prior year's actual return of 3.78 %	0	547,441
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		29,438,646
	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 5.21 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,112,781
	c Total available at beginning of current plan year to add to prefunding balance		30,551,427
	d Portion of (c) to be added to prefunding balance		30,551,427
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	45,581,439

Part III Funding Percentages

14	Funding target attainment percentage	14	92.54 %
15	Adjusted funding target attainment percentage	15	92.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.93 %
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
01/12/2026	60,000,000				
			Totals ► 18(b)	60,000,000	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	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	56,840,148

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	44,943,145
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	63,312,482	6,275,367
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**	51,218,512

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	27,467,462	27,467,462

36 Additional cash requirement (line 34 minus line 35)	**36**	23,751,050
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	56,840,148

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

a Total (excess, if any, of line 37 over line 36)	**38a**	33,089,098
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	27,467,462
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