

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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) HURRICANE MILTON
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 HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 03/01/1988
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) HELLMANN WORLDWIDE LOGISTICS 10450 DORAL BOULEVARD MIAMI, FL 33178
2b	Employer Identification Number (EIN) 95-4140705
2c	Plan Sponsor's telephone number 305-406-4500
2d	Business code (see instructions) 488990

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.	05/01/2025	ZENAIDA LEYVA
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 711
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 449 6a(2) 438 6b 130 6c 229 6d 797 6e 0 6f 797 6g(1) 711 6g(2) 792 6h 67
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2F 2G 2J 2K 2S 2T 3B 3D

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

9a Plan funding arrangement (check all that apply) (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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HELLMANN WORLDWIDE LOGISTICS	D Employer Identification Number (EIN) 95-4140705	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MASSMUTUAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	762364-01	792	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	3660603
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	17864261

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

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

4530438

c Additions: (1) Contributions deposited during the year**7c(1)**

210635

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

142717

(4) Transferred from separate account.....

7c(4)

61364

(5) Other (specify below)

7c(5)

97365

▶ **LOAN PAYMENTS**

(6) Total additions.....

7c(6)

512081

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

5042519

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

1104191

(2) Administration charge made by carrier

7e(2)

16568

(3) Transferred to separate account.....

7e(3)

261157

(4) Other (specify below)

7e(4)

(5) Total deductions.....

7e(5)

1381916

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

3660603

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HELLMANN WORLDWIDE LOGISTICS	D Employer Identification Number (EIN) 95-4140705

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

x

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

(b)

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

(b)

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	68622	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NFP RETIREMENT INC

120 VANTIS STE 400
ALISO VIEJO CA
ALISO VIEJO, CA 92656-2689

(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?
27	INVESTMENT ADVISOR	53028	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HELLMANN WORLDWIDE LOGISTICS	D Employer Identification Number (EIN) 95-4140705	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH I1

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

c EIN-PN 38-4126247-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 715391
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a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND CL I1

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

c EIN-PN 38-4116854-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 562170
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND II FEE CLASS

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

c EIN-PN 38-4126288-592	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 387387
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND II CL I1

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

c EIN-PN 38-4097325-488	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 535727
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH FUND II CLASS

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

c EIN-PN 38-4139842-619	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 617212
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE I1

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

c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1099942
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DEVELOPING MARKETS Y

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

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236835
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2035 FUND CL R			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC			
c EIN-PN 90-0779283-403	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4048859	

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT AGGRESSIVE 2045 FUND CL			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC			
c EIN-PN 90-0779283-423	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12601	

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2045 FUND CL R			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC			
c EIN-PN 90-0779283-415	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5279459	

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2055 FUND CL R			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC			
c EIN-PN 90-0779283-416	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2447508	

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX			
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 953589	

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT AGGRESSIVE 2035 FUND CL			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68745	

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL US GOVT MNY MKT R5			
b Name of sponsor of entity listed in (a): MASSMUTUAL			
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2055 FUND			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25731	

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT AGGRESSIVE 2025 FUND CL			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC			
c EIN-PN 90-0779283-414	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30384	

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT AGGRESSIVE 2055 FUND CL			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC			
c EIN-PN 90-0779283-424	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40686	

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2025 FUND

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 90-0779283-426	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2209
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE RETIRE FUND CL

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 90-0779283-413	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1318088
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2025 FUND CL R

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 90-0779283-414	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3344215
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2035 FUND

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 90-0779283-427	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55303
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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)
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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)
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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)
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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)
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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)
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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)
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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

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HELLMANN WORLDWIDE LOGISTICS		
		D Employer Identification Number (EIN) 95-4140705

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	497314	639233
(9) Value of interest in common/collective trusts	1c(9)	3584334	3917829
(10) Value of interest in pooled separate accounts	1c(10)	14051608	17864261
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3237188	3897828
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4530438	3660603
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	25900882	29979754
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25900882	29979754

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)	877539	
(B) Participants	2a(1)(B)	2941231	
(C) Others (including rollovers)	2a(1)(C)	368550	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4187320
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	29262	
(F) Other	2b(1)(F)	142718	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		171980
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	85071	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		85071
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		592879
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		2402034
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		886555
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		8325839

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4090976	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4090976
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		34341
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	68622	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	53028	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		121650
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4246967

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4078872
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CLIFTONLARSONALLEN LLP**

(2) EIN: **41-0746749**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HELLMANN WORLDWIDE LOGISTICS				D Employer Identification Number (EIN) 95-4140705	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

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) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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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 <u>11 / 14 / 2022</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702518A</u> .	

**HELLMAN WORLDWIDE
LOGISTICS, INC. 401(K) PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE**

DECEMBER 31, 2023 AND 2022



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HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
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AS OF DECEMBER 31, 2023 AND 2022 AND
FOR THE YEAR ENDED DECEMBER 31, 2023

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Hellmann Worldwide Logistics, Inc. 401(K) Plan
Doral, Florida

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Hellmann Worldwide Logistics, Inc. 401(K) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Hellmann Worldwide Logistics, Inc. 401(K) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Hellmann Worldwide Logistics, Inc. 401(K) 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 Hellmann Worldwide Logistics, Inc. 401(K) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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 the Hellmann Worldwide Logistics, Inc. 401(K) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Hellmann Worldwide Logistics, Inc. 401(K) 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.

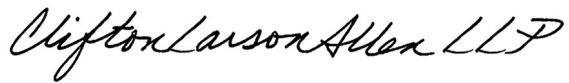
Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

CliftonLarsonAllen LLP

Tampa, Florida
April 14, 2025

**HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Pooled Separate Accounts	\$ 17,864,212	\$ 14,048,838
Mutual Funds	3,897,828	3,239,900
Collective Trust Funds	<u>3,917,829</u>	<u>3,584,334</u>
Total Investments (at Fair Value)	25,679,869	20,873,072
INVESTMENTS (at Contract Value)	3,660,654	4,530,496
RECEIVABLES		
Notes Receivable from Participants	<u>684,063</u>	<u>504,051</u>
Total Assets	<u>30,024,586</u>	<u>25,907,619</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 30,024,586</u></u>	<u><u>\$ 25,907,619</u></u>

See accompanying Notes to Financial Statements.

HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2023

ADDITIONS:

INVESTMENT INCOME

Net Appreciation in Fair Value of Investments	\$ 3,881,468
Interest and Dividends	<u>227,788</u>
Total Investment Income	4,109,256

**INTEREST INCOME ON NOTES RECEIVABLE
FROM PARTICIPANTS**

34,185

CONTRIBUTIONS

Employee 401(k) Deferral	2,941,231
Employer Match	877,549
Employee Rollover	<u>368,550</u>
Total Contributions	<u>4,187,330</u>

Total Additions	8,330,771
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DEDUCTIONS:

BENEFITS PAID TO PARTICIPANTS	4,088,544
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ADMINISTRATIVE EXPENSES	<u>125,260</u>
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Total Deductions	<u>4,213,804</u>
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NET INCREASE	4,116,967
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year	<u>25,907,619</u>
End of Year	<u><u>\$ 30,024,586</u></u>

See accompanying Notes to Financial Statements.

HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 1 DESCRIPTION OF PLAN

The following description of the Hellmann Worldwide Logistics, Inc. 401(K) Plan (the Plan) provides only general information. Reference to the Plan document should be made for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan originally effective March 1, 1988. The Plan has been amended and restated throughout the years to comply with tax legislation and was last amended effective March 1, 2022. The Plan excludes interns, temporary employees, and Puerto Rican residents. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan Administrator is responsible for the oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Eligibility

Employees of Hellmann Worldwide Logistics, Inc. (the Company) are eligible to participate in the deferral and match components of the Plan at age 19 and after completion of one month of service. Employees enter the Plan on the first day of the calendar month after becoming eligible.

Contributions

The Plan includes a salary deferral arrangement allowed under Section 401(k) of the Internal Revenue Code (IRC). Eligible participants are permitted to elect to have a percentage, limited by Plan provisions, of their compensation contributed as pre-tax 401(k) contributions to the Plan. Participants cannot defer more than 75% of their compensation. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Effective April 1, 2021, the Plan was amended so that automatically enrolled participants have their deferral rate set at 6% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant. The Plan was also amended to have deferrals increase annually by 2% as a pre-tax deferral contribution until the deferral rate of 15% is reached. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Effective January 1, 2022, the Plan was amended to allow for participants to elect Roth deferrals.

The Company may, at its discretion, elect to make a qualified matching contribution to the Plan. For the year ended December 31, 2023, the Company matching contribution was 50% of the first 6% of eligible compensation deferred that a participant contributes to the Plan.

**HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's matching contribution, and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company matching contribution portion of participants' accounts, plus actual earnings thereon is based on years of service in accordance with the following:

<u>Years of Service</u>	<u>Vested Percentage</u>
1	25 %
2	50
3	75
4	100

Notwithstanding the above, a participant shall become fully vested upon his/her date of death or upon the date of his/her total or permanent disability.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Participants may have only one loan outstanding at any time. Principal and interest is paid ratably through payroll deductions.

**HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Benefit Payments

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump sum distribution or installments. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan Administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between \$1,000 and \$5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

Forfeitures

Forfeited nonvested accounts are first used to reduce administrative expenses and then are used to reduce future Company contributions. Forfeited nonvested accounts as of December 31, 2023 and 2022, totaled \$81,364 and \$87,771, respectively. There were \$79,930 of forfeitures used to reduce Company contributions for the year ended December 31, 2023.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, insurance company, and trustee. See Note 4 for discussion of fair value measurements.

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

**HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 or 2022. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses 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 statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investment presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

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

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, Empower Trust Company, LLC (formerly Great-West Trust Company, LLC) and/or Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Insurance Company), (collectively referred to as Empower), the qualified institutions of the Plan, have supplied the Plan Administrator with a certification as to the completeness and accuracy of all investment information presented on the accompanying statements of net assets available for benefits as of December 31, 2023 and 2022, the statement of changes in net assets available for benefits for the year ended December 31, 2023, and the supplemental schedule of assets (held at end of year) as of December 31, 2023.

HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION (CONTINUED)

On December 31, 2020, Empower acquired the retirement business of Massachusetts Mutual Life Insurance Company (MassMutual). Reliance Trust Company (Reliance Trust), as trustee, and MassMutual, under a power of attorney granted to Great-West Life & Annuity Insurance Company, now renamed Empower, with respect to Empower's role as the administrator of this retirement business, have supplied the Plan Administrator with certifications as to the completeness and accuracy of the notes receivable from participants and related interest income and all investment information reflected on the accompanying statement of net assets available for benefits as of December 31, 2021, and the statement of changes in net assets available for benefits for the period January 1, 2022 to September 9, 2022.

NOTE 4 FAIR VALUE OF INVESTMENTS

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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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 market value measurement.

HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2023 and 2022.

Pooled Separate Accounts – Investments in the pooled separate accounts are valued using the net asset value (NAV) of units, as determined by the insurance company. NAV is a readily determinable fair value and is the basis for current transactions.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Collective Trusts – Valued at the NAV of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2023			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$ -	\$ 17,864,212	\$ -	\$ 17,864,212
Mutual Funds	3,897,828	-	-	3,897,828
Common Collective Trusts	-	3,917,829	-	3,917,829
Total Investments at Fair Value	<u>\$ 3,897,828</u>	<u>\$ 21,782,041</u>	<u>\$ -</u>	<u>\$ 25,679,869</u>

	2022			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	\$ -	\$ 14,048,838	\$ -	\$ 14,048,838
Mutual Funds	3,239,900	-	-	3,239,900
Common Collective Trusts	-	3,584,334	-	3,584,334
Total Investments at Fair Value	<u>\$ 3,239,900</u>	<u>\$ 17,633,172</u>	<u>\$ -</u>	<u>\$ 20,873,072</u>

HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 5 GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

On January 1, 2007, the Plan entered into a fully benefit-responsive guaranteed investment contract with Massachusetts Mutual Life Insurance Company (MassMutual), as managed by Empower. MassMutual maintained the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than -0-%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by MassMutual, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 6 RISKS AND UNCERTAINTIES

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

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their Company contributions.

NOTE 8 PLAN TAX STATUS

The Plan is placing reliance on an opinion letter from the IRS on the prototype plan indicating that the Plan is qualified under Section 401 of the IRC and is therefore not subject to tax under current income tax law. The prototype plan has been amended since receiving the opinion 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.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the qualified institutions, therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2023</u>	<u>2022</u>
Net Assets Available for Benefits per		
Financial Statements	\$ 30,024,586	\$ 25,907,619
Deemed Distributions	<u>(44,832)</u>	<u>(6,737)</u>
Net Assets Available for Benefits per Form 5500	<u><u>\$ 29,979,754</u></u>	<u><u>\$ 25,900,882</u></u>

The following is a reconciliation of net increase per the financial statements to the Form 5500 for the year ended December 31, 2023:

Net Increase per Financial Statements	\$ 4,116,967
Plus: Prior Year Deemed Distributions	6,737
Less: Current Year Deemed Distributions	<u>(44,832)</u>
Net Increase per Form 5500	<u><u>\$ 4,078,872</u></u>

HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN
E.I.N. 95-4140705 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
		<u>Pooled Separate Accounts</u>		
*	Great Gray Trust Company, LLC	IndexSelect Moderate 2045		\$ 5,279,459
*	Great Gray Trust Company, LLC	IndexSelect Moderate 2035		4,048,859
*	Great Gray Trust Company, LLC	IndexSelect Moderate 2025		3,344,215
*	Great Gray Trust Company, LLC	IndexSelect Moderate 2055		2,447,508
*	Great Gray Trust Company, LLC	IndexSelect Moderate Rtmt		1,318,088
	Fidelity Investments	Fidelity 500 Index		953,589
	Invesco	Oppenheimer Developing Markets Y		236,835
*	Great Gray Trust Company, LLC	IndexSelect Aggressive 2035		68,745
*	Great Gray Trust Company, LLC	IndexSelect Conservative 2035 Fund CL R6		55,303
*	Great Gray Trust Company, LLC	IndexSelect Aggressive 2055		40,686
*	Great Gray Trust Company, LLC	IndexSelect Aggressive 2025		30,384
*	Great Gray Trust Company, LLC	IndexSelect Conservative 2055		25,731
*	Great Gray Trust Company, LLC	IndexSelect Aggressive 2045 Fund CL R6		12,601
*	Great Gray Trust Company, LLC	IndexSelect Conservative 2025		2,209
		Total Pooled Separate Accounts		<u>17,864,212</u>
		<u>Mutual Funds</u>		
	AB Funds	AB Large Cap Growth Fund		3,349,393
	PIMCO	PIMCO Income Instl		294,595
	Wells Fargo	Allspring Spec Mid Cap Val Fund		226,355
	Fidelity Investments	Fidelity Mid Cap Index		27,485
		Total Mutual Funds		<u>3,897,828</u>
		<u>Common Collective Trusts</u>		
*	Great Gray	CIT Large Cap Value		1,099,942
*	Great Gray	CIT Mid Cap Growth		715,391
*	Great Gray	CIT International Growth II		617,212
*	Great Gray	CIT Core Plus Bond		562,170
*	Great Gray	CIT Small Cap Value II		535,727
*	Great Gray	CIT Small Cap Growth II		387,387
		Total Mutual Funds		<u>3,917,829</u>
		<u>Fully Benefit-Responsive Investment Contract</u>		
*	Great Gray Trust Company, LLC	Guaranteed Interest Account		3,660,654
*	Participants	Participant Loans		
		Interest Rates from 3.25% to 8.50%	-	<u>639,231</u>
				<u>\$ 29,979,754</u>

* Denotes party-in-interest

** Cost omitted for participant directed investments



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1IC25R6			2,067.24	2,209.26
1IC35R6			50,518.31	55,302.54
1IC55R6			22,537.51	25,730.92
1IA25R6			27,855.36	30,383.51
1IA35R6			63,457.73	68,745.08
1IA45R6			11,708.85	12,600.69
1IA55R6			35,542.35	40,686.26
1IM25R6			3,081,190.01	3,344,214.69
1IM35R6			3,610,562.23	4,048,858.98
1IM45R6			4,566,173.99	5,279,458.54
1IM55R6			2,111,108.15	2,447,508.49
1IGFC11			523,640.76	617,211.73
1ODVYX			216,619.40	236,835.00
1SMVC11			470,246.73	535,727.37
1SCGCI1			362,516.90	387,387.18
1FSMDX			25,311.17	27,484.72
1WTMCI1			616,209.32	715,390.68
1WFPXX			228,798.15	226,354.93
1APGZX			2,784,972.40	3,349,393.02
1FXAIX			806,991.16	953,588.84
1PTLV11			950,513.60	1,099,941.60
1IMRFR6			1,220,273.08	1,318,088.14
1CPBCL1			531,476.35	562,170.45
1PMIX		3.920	296,186.10	294,595.04
1SGDJS1			3,420,660.35	3,579,290.02
			26,037,137.20	29,259,157.68
PARTICIPANT LOANS				
	VARIOUS	3.250-8.500	639,161.78	639,232.57
FORFEITURES				
			77,488.27	81,363.77

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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4MKXX	52,943.95	378.985629	5	(53,036.96)	(379.054086)	17	(52,954.12)	SERIES
3SGDIS1	71,929.35	0.000000	102	(81,057.74)	0.000000	32	(81,057.74)	SERIES
4SGDIS1	0.00	0.000000	0	(313.97)	0.000000	12	(313.97)	SERIES
1IC25R6	1,660.15	13.722064	90	(422.82)	(3.409636)	51	(404.12)	SERIES
1IC35R6	116,322.13	936.671852	78	(67,709.52)	(532.820248)	68	(65,803.85)	SERIES
1IC55R6	16,848.77	114.679613	82	(68.97)	(0.452801)	89	(65.23)	SERIES
1IA25R6	16,221.51	122.252636	59	(72.74)	(0.545543)	32	(70.67)	SERIES
1IA35R6	61,870.82	428.264105	101	(1,152.85)	(8.057340)	123	(1,122.11)	SERIES
1IA45R6	13,891.36	92.161212	94	(2,073.39)	(14.467537)	65	(2,182.50)	SERIES
1IA55R6	23,026.30	157.211736	237	(4,462.74)	(28.768747)	192	(4,087.75)	SERIES
1IM25R6	325,740.55	2,640.501469	1953	(748,261.14)	(6,090.169336)	2361	(730,289.80)	SERIES
1IM35R6	1,004,491.17	7,623.520726	4660	(671,723.04)	(5,121.954306)	4709	(649,038.70)	SERIES
1IM45R6	1,061,283.71	7,627.065330	7035	(540,281.42)	(3,898.061347)	6346	(512,412.37)	SERIES
1IM55R6	868,314.88	6,152.024588	6257	(284,446.68)	(2,009.930001)	4848	(267,674.63)	SERIES
1IGFCI1	99,710.11	8,753.264970	2242	(155,831.20)	(13,207.285421)	3399	(135,270.30)	SERIES
1ODVYX	54,075.53	179.218022	2159	(4,837.30)	(15.769601)	2400	(4,469.50)	SERIES
1SMVCI1	87,964.97	5,650.681829	2595	(66,723.82)	(4,335.652780)	2931	(64,488.02)	SERIES
1ISGCI1	65,105.29	6,852.473303	2378	(109,470.01)	(11,700.911183)	2660	(111,836.77)	SERIES
1FSMDX	37,225.74	1,382.555495	20	(12,867.39)	(464.868357)	8	(11,914.57)	SERIES
1IWTMCG1	86,127.49	7,023.406807	2351	(224,990.54)	(19,149.686359)	3313	(225,385.06)	SERIES
1WFPXX	76,461.63	1,669.900045	2869	(23,386.49)	(530.005176)	2375	(24,977.21)	SERIES
1APGZX	426,042.43	5,027.504742	3672	(697,109.01)	(8,295.517135)	4941	(630,132.08)	SERIES
1FXAIX	253,933.47	1,538.757831	2599	(69,757.54)	(406.387554)	3439	(62,926.05)	SERIES
1PTLVII	99,804.73	6,122.900691	2760	(198,548.58)	(12,031.353803)	3879	(186,623.07)	SERIES
1IMRFR6	64,302.42	537.242486	376	(73,247.05)	(610.849204)	928	(71,100.11)	SERIES
1CPBCL1	86,490.72	9,388.449576	1262	(29,023.58)	(3,152.067910)	1965	(28,852.00)	SERIES
1PIMIX	41,188.85	3,963.382963	1551	(73,470.61)	(6,965.640700)	1115	(74,465.39)	SERIES
1MKXX	0.00	0.000000	0	(2,753.62)	(19.735215)	12	(2,691.12)	SERIES
1SGDIS1	297,444.67	0.000000	3326	(1,300,553.64)	0.000000	4596	(1,300,553.64)	SERIES

LEGEND

INVESTMENT OPTION:

4MKXX	MassMutual US Govt Mny Mkt R5
4SGDIS1	SAGIC Diversified Bond I
1IC35R6	IndexSelect Conservative 2025 Fund CL R6
1IA25R6	IndexSelect Aggressive 2025 Fund CL R6
1IA45R6	IndexSelect Aggressive 2045 Fund CL R6
1IM25R6	IndexSelect Moderate 2025 Fund CL R6
1IM45R6	IndexSelect Moderate 2045 Fund CL R6
1IGFCI1	International Growth Fund II Class I1
1SMVCI1	Small Cap Value Fund II CL I1
1FSMDX	Fidelity Mid Cap Index
1WFPXX	Allspring Special Mid Cap Value R6
1FXAIX	Fidelity 500 Index
1IMRFR6	IndexSelect Moderate Retire Fund CL R6
1PIMIX	PIMCO Income Instl
1SGDIS1	SAGIC Diversified Bond I
3SGDIS1	SAGIC Diversified Bond I
1IC25R6	IndexSelect Conservative 2025 Fund CL R6
1IC55R6	IndexSelect Conservative 2055 Fund CL R6
1IA35R6	IndexSelect Aggressive 2035 Fund CL R6
1IA55R6	IndexSelect Aggressive 2055 Fund CL R6
1IM35R6	IndexSelect Moderate 2035 Fund CL R6
1IM55R6	IndexSelect Moderate 2055 Fund CL R6
1ODVYX	Invesco Developing Markets Y
1ISGCI1	Small Cap Growth Fund II Fee Class I1
1IWTMCG1	Mid Cap Growth I1
1APGZX	AB Large Cap Growth Z
1PTLVII	Large Cap Value I1
1CPBCL1	Core Plus Bond CL I1
1MKXX	MassMutual US Govt Mny Mkt R5

The following information is to assist you in completing the Schedule A for fiscal plan year beginning January 1, 2023 and ending December 31, 2023.
This is supplemental information provided for plans that are required by the IRS to file Form 5500 and the associated schedules.

A

Name of plan:

Hellmann Worldwide Logistics, Inc. 401(K) Plan

B

Three-digit plan number:

1

C

Plan sponsor's name:

HELLMANN WORLDWIDE LOGISTICS

D

Employer Identification Number:

954140705

Part I

1(a)

Name of insurance carrier:

MassMutual Life Insurance Co.

1(b)

ETIN:

04-1590850

1(c)

NAIC Code:

65935

1(d)

Contract or Identification Number:

762364-01

1(e)

Approximate number of persons covered at end of policy or contract year:

671

1(f & g)

Policy or contract year from January 1, 2023 to December 31, 2023

2

Amount of commissions paid:

0.00

3(a)

Fees paid/Amount:

Name and Address of the Agents, and Brokers or other persons to whom commissions or fees were paid:

3(b)

Amount of commissions paid:

3(c)

Amount:

3(d)

Purpose:

3(e)

Organization Code:

Part II

4

Current value of plan's interest under this contract in the general account at year end:

3,660,603.47

5

Current value of plan's interest under this contract in separate accounts at year end:

17,864,261.26

7a(4)

Type of contract:

Group Annuity Contract

7b

Balance at the end of the previous year:

4,530,438.43

7c(1)

Contributions deposited during the year:

210,635.21

7c(2)

Dividends and credits:

.00

7c(3)

Interest credited during the year:

142,716.37

7c(4)

Transferred from separate account:

61,363.77

7c(5)

Other (specify) > Loan Repayment(s), Forfeitures:

97,364.82

7c(6)

Total additions:

512,080.17

7d

Total of balance and additions:

5,042,518.60

7e(1)

Disbursed from fund to pay benefits or purchase annuities during the year:

1,104,190.72

7e(2)

Administration charge made by carrier:

16,567.64

7e(3)

Transferred to separate account:

261,156.77

7e(4)

Other (specify) >

.00

7e(5)

Total deductions:

1,381,915.13

7f

Balance at the end of the current year:

3,660,603.47

The following information is to assist you in completing the Schedule C for fiscal plan year beginning January 1, 2023 and ending December 31, 2023 for service providers receiving direct and/or indirect fee compensation. This supplemental information is provided for large plans that are required to file Form 5500 Schedule H.

Information for completing lines 2(a) thru 2(h)

SERVICE PROVIDING COMPANY	SERVICE CODE(S)	RELATIONSHIP TO EMPLOYER	DOLLAR AMOUNT OF DIRECT COMPENSATION	PROVIDER RECEIVED INDIRECT COMPENSATION	INDIRECT COMPENSATION INCLUDES ELIGIBLE INDIRECT	TOTAL INDIRECT COMPENSATION EXCLUDING EIC	SERVICE PROVIDER PROVIDED A	
							FORMULA INSTEAD OF A DOLLAR AMOUNT	EIC* ONLY
Empower Annuity Insurance Company of America 8515 East Orchard Road Greenwood Village CO 80111	64	Recordkeeper	121,492.89	Yes	Yes	.00	Yes	No
NFP RETIREMENT INC 120 VANTIS STE 400 ALISO VIEJO CA ALISO VIEJO CA 92656-2689	27	Investment Advisor	53,027.54	No	No	.00	No	No

*If a service provider did not receive direct compensation and all indirect compensation satisfies the requirements as Eligible Indirect Compensation (EIC), then the limited reporting as described in line one of the Schedule C may apply.

The annual plan summary may reflect additional direct compensation transaction(s) paid to outside service provider(s).

The following information is to assist you in completing the Schedule C for fiscal plan year beginning January 1, 2023 and ending December 31, 2023 for service providers receiving direct and/or indirect fee compensation. This supplemental information is provided for large plans that are required to file Form 5500 Schedule H.

Information for completing lines 3(a) thru 3(e)

SERVICE PROVIDER	SOURCE OF INDIRECT COMPENSATION	SERVICE CODE(S)	DOLLAR AMOUNT OF		DESCRIPTION OF INDIRECT COMPENSATION
			INDIRECT COMPENSATION		

*If a service provider did not receive direct compensation and all indirect compensation satisfies the requirements as Eligible Indirect Compensation (EIC), then the limited reporting as described in line one of the Schedule C may apply.

The following information is to assist you in completing the Schedule D for fiscal plan year beginning January 1, 2023 and ending December 31, 2023.
This is supplemental information provided for plans that are required by the IRS to file Form 5500 and the associated schedules.

A

Name of plan:

Hellmann Worldwide Logistics, Inc. 401(K) Plan

B

Three-digit plan number:

C

Plan sponsor's name:

HELLMANN WORLDWIDE LOGISTICS

D

Employer Identification Number:

954140705

Part I

(a)

Name of MTIA, CCT, PSA, or 103-121E:

(b)

Name of sponsor or entity listed in (a):

(c)

EIN-PN:

(d)

Entity code:

(e)

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

Mid Cap Growth II

Great Gray

38-4126247

C

715,390.68

Part I

(a)

Name of MTIA, CCT, PSA, or 103-121E:

(b)

Name of sponsor or entity listed in (a):

(c)

EIN-PN:

(d)

Entity code:

(e)

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

Core Plus Bond CL II

Great Gray

38-4116854

C

562,170.45

Part I

(a)

Name of MTIA, CCT, PSA, or 103-121E:

(b)

Name of sponsor or entity listed in (a):

(c)

EIN-PN:

(d)

Entity code:

(e)

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

Small Cap Growth Fund II Fee Class II

Great Gray

38-4126288-592

C

387,387.18

Part I

(a)

Name of MTIA, CCT, PSA, or 103-121E:

(b)

Name of sponsor or entity listed in (a):

(c)

EIN-PN:

(d)

Entity code:

(e)

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

Small Cap Value Fund II CL II

Great Gray

38-4097325-488

C

535,727.37

Part I

(a)

Name of MTIA, CCT, PSA, or 103-121E:

(b)

Name of sponsor or entity listed in (a):

(c)

EIN-PN:

(d)

Entity code:

(e)

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

International Growth Fund II Class II

Great Gray

38-4139842-619

C

617,211.73

Part I

(a)

Name of MTIA, CCT, PSA, or 103-121E:

(b)

Name of sponsor or entity listed in (a):

(c)

EIN-PN:

Large Cap Value II

Great Gray

38-4065329-426

The following information is to assist you in completing the Schedule D for fiscal plan year beginning January 1, 2023 and ending December 31, 2023.
This is supplemental information provided for plans that are required by the IRS to file Form 5500 and the associated schedules.

(d) Entity code:
(c) Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

C
1,099,941.60

Part I

(a) Name of MTIA, CCT, PSA, or 103-121E:
(b) Name of sponsor or entity listed in (a):
(c) EIN-PN:
(d) Entity code:
(e) Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

Invesco Developing Markets Y
Invesco
90-0342299-000
P
236,835.00

Part I

(a) Name of MTIA, CCT, PSA, or 103-121E:
(b) Name of sponsor or entity listed in (a):
(c) EIN-PN:
(d) Entity code:
(e) Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

IndexSelect Moderate 2035 Fund CL R6
Great Gray Trust Company, LLC
90-0779283-403
P
4,048,858.98

Part I

(a) Name of MTIA, CCT, PSA, or 103-121E:
(b) Name of sponsor or entity listed in (a):
(c) EIN-PN:
(d) Entity code:
(e) Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

IndexSelect Aggressive 2045 Fund CL R6
Great Gray Trust Company, LLC
90-0779283-423
P
12,600.69

Part I

(a) Name of MTIA, CCT, PSA, or 103-121E:
(b) Name of sponsor or entity listed in (a):
(c) EIN-PN:
(d) Entity code:
(e) Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

IndexSelect Moderate 2045 Fund CL R6
Great Gray Trust Company, LLC
90-0779283-415
P
5,279,458.54

Part I

(a) Name of MTIA, CCT, PSA, or 103-121E:
(b) Name of sponsor or entity listed in (a):
(c) EIN-PN:
(d) Entity code:
(e) Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

IndexSelect Moderate 2055 Fund CL R6
Great Gray Trust Company, LLC
90-0779283-416
P
2,447,508.49

Part I

(a) Name of MTIA, CCT, PSA, or 103-121E:
(b) Name of sponsor or entity listed in (a):
(c) EIN-PN:
(d) Entity code:
(e) Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

Fidelity 500 Index
Fidelity Investments
90-0779283-000
P
953,588.84

Part I

The following information is to assist you in completing the Schedule D for fiscal plan year beginning January 1, 2023 and ending December 31, 2023.
This is supplemental information provided for plans that are required by the IRS to file Form 5500 and the associated schedules.

(a)

(b)

(c)

(d)

(e)

Name of MTIA, CCT, PSA, or 103-121E:

Name of sponsor or entity listed in (a):

EIN-PN:

Entity code:

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

MassMutual US Govt Mny Mkt R5

MassMutual

04-1590850-000

P

.00

Part I

(a)

(b)

(c)

(d)

(e)

Name of MTIA, CCT, PSA, or 103-121E:

Name of sponsor or entity listed in (a):

EIN-PN:

Entity code:

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

IndexSelect Aggressive 2035 Fund CL R6

Great Gray Trust Company, LLC

90-0779283-000

P

68,745.08

Part I

(a)

(b)

(c)

(d)

(e)

Name of MTIA, CCT, PSA, or 103-121E:

Name of sponsor or entity listed in (a):

EIN-PN:

Entity code:

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

IndexSelect Conservative 2055 Fund CL R6

Great Gray Trust Company, LLC

90-0779283-000

P

25,730.92

Part I

(a)

(b)

(c)

(d)

(e)

Name of MTIA, CCT, PSA, or 103-121E:

Name of sponsor or entity listed in (a):

EIN-PN:

Entity code:

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

IndexSelect Aggressive 2025 Fund CL R6

Great Gray Trust Company, LLC

90-0779283-000

P

30,383.51

Part I

(a)

(b)

(c)

(d)

(e)

Name of MTIA, CCT, PSA, or 103-121E:

Name of sponsor or entity listed in (a):

EIN-PN:

Entity code:

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

IndexSelect Aggressive 2055 Fund CL R6

Great Gray Trust Company, LLC

90-0779283-424

P

40,686.26

Part I

(a)

(b)

(c)

(d)

(e)

Name of MTIA, CCT, PSA, or 103-121E:

Name of sponsor or entity listed in (a):

EIN-PN:

Entity code:

Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year:

IndexSelect Conservative 2025 Fund CL R6

Great Gray Trust Company, LLC

90-0779283-426

P

2,209.26

Part I

(a)

(b)

(c)

Name of MTIA, CCT, PSA, or 103-121E:

Name of sponsor or entity listed in (a):

EIN-PN:

IndexSelect Moderate Retire Fund CL R6

Great Gray Trust Company, LLC

90-0779283-413

The following information is to assist you in completing the Schedule D for fiscal plan year beginning January 1, 2023 and ending December 31, 2023.
This is supplemental information provided for plans that are required by the IRS to file Form 5500 and the associated schedules.

(d) Entity code: P

(e) Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year: 1,318,088.14

Part I

(a) Name of MTIA, CCT, PSA, or 103-121E: IndexSelect Moderate 2025 Fund CL R6

(b) Name of sponsor or entity listed in (a): Great Gray Trust Company, LLC

(c) EIN-PN: 90-0779283-414

(d) Entity code: P

(e) Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year: 3,344,214.69

Part I

(a) Name of MTIA, CCT, PSA, or 103-121E: IndexSelect Conservative 2035 Fund CL R6

(b) Name of sponsor or entity listed in (a): Great Gray Trust Company, LLC

(c) EIN-PN: 90-0779283-427

(d) Entity code: P

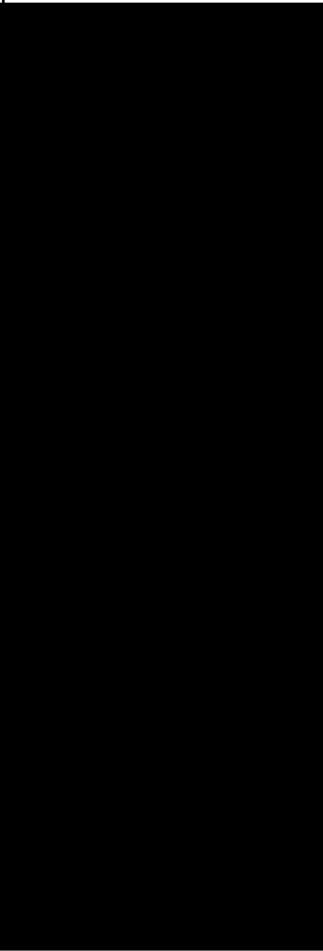
(e) Dollar value of interest in MTIA, CCT, PSA, or 103-121E at end of year: 55,302.54

The following information is provided to assist you in completing the Form 8955-SSA for fiscal plan year beginning January 1, 2023 and ending December 31, 2023 for service providers required to identify separated participants with deferred vested benefits. This supplemental information is provided for plans that are required by the IRS to file Form 8955-SSA.

Information for completing lines 9(a) through 9(i)

ENTRY CODE	SOCIAL SECURITY NUMBER	PARTICIPANT IDENTIFIER	FIRST NAME	MIDDLE INITIAL	LAST NAME	CHECK MARK	TYPE OF ANNUITY	PAYMENT FREQUENCY	DEFINED BENEFIT		CONTRIBUTION TOTAL VALUE OF ACCOUNT	PREVIOUS SPONSOR'S EIN	PREVIOUS PLAN NUMBER
									PLAN	PERIODIC PAYMENT			
							A	A			32,588.23		
							A	A			27,737.81		
							A	A			3,053.25		
							A	A			29,713.25		
							A	A			30,894.99		
							A	A			18,010.65		
							A	A			308,211.27		
							A	A			43,943.19		
							A	A			25,997.98		
							A	A			7,100.47		
							A	A			9,319.87		
							A	A			8,328.53		
							A	A			5,541.02		
							A	A			27,796.58		
							A	A			218,583.68		
							A	A			49,800.54		
							A	A			18,339.92		
							A	A			7,173.17		
							A	A			12,239.92		
							A	A			32,480.05		
							A	A			37,036.02		
							A	A			23,816.30		

ENTRY CODE	SOCIAL SECURITY NUMBER	PARTICIPANT IDENTIFIER	FIRST NAME	MIDDLE INITIAL	LAST NAME	CHECK MARK	TYPE OF ANNUITY	PAYMENT FREQUENCY	DEFINED BENEFIT PLAN			PREVIOUS SPONSOR'S EIN	PREVIOUS PLAN NUMBER
									PERIODIC PAYMENT	CONTRIBUTION TOTAL VALUE OF ACCOUNT			



Additional information to assist in completing Form 8955-SSA
Number of participants separated with a deferred vested benefit required to be reported (Lines 6(a) and 7)
Total number of participants reported
22
52

The supplemental report provides Form 8955-SSA participant reporting only for participants in which termination dates have been provided.

The supplemental report provides participant reporting based on the year following the plan year in which the participants separated from service.

The supplemental report is based on information available on the day this report was generated.