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| 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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection |
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
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| 1a Name of plan <u>INGRAM MARINE GROUP RETIREMENT PLAN</u> | 1b Three-digit plan number (PN) ▶ <u>003</u> |
| 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) <u>INGRAM INDUSTRIES INC.</u> <u>4400 HARDING ROAD</u> <u>ONE BELLE MEADE PLACE</u> <u>NASHVILLE, TN 37205-2290</u> | 1c Effective date of plan <u>01/01/2007</u> 2b Employer Identification Number (EIN) <u>62-0673043</u> 2c Plan Sponsor's telephone number <u>866-415-4015</u> 2d Business code (see instructions) <u>483000</u> |

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. | 07/24/2025 | MELANIE MILLER |
| | 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 |

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| 3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor THE 401K COMMITTEE 4400 HARDING ROAD NASHVILLE, TN 37205-2290 | 3b Administrator's EIN 62-0673043 3c Administrator's telephone number 866-415-4015 |
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| 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 |
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| | | |
|---|----------|------|
| 5 Total number of participants at the beginning of the plan year | 5 | 1904 |
|---|----------|------|

| | | |
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| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). | | |
| a(1) Total number of active participants at the beginning of the plan year | 6a(1) | 1351 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 1242 |
| b Retired or separated participants receiving benefits..... | 6b | 0 |
| c Other retired or separated participants entitled to future benefits | 6c | 465 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d | 1707 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e | 12 |
| f Total. Add lines 6d and 6e | 6f | 1719 |
| g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) | 1840 |
| g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) | 1657 |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 0 |

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| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2C 3H 2T

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

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| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|---|---|

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

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| <p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p> | <p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p> |
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

| | | |
|--|--|------------|
| A Name of plan INGRAM MARINE GROUP RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 INGRAM INDUSTRIES INC. | D Employer Identification Number (EIN) 62-0673043 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

JOHN HANCOCK RETIREMENT SRVCS INC.

01-0233346

| (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? |
|------------------------|---|--|--|--|---|--|
| 15 62 64 | RETAINED BY EMPLOYER | 94598 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

CAPFINANCIAL PARTNERS, LLC.

26-0058143

| (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 | RETAINED BY EMPLOYER | 5769 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | 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 <hr/> 2024 This Form is Open to Public Inspection. |
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|---|--|------------|
| A Name of plan <u>INGRAM MARINE GROUP RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INGRAM INDUSTRIES INC.</u> | D Employer Identification Number (EIN) <u>62-0673043</u> | |

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

| | | |
|---|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGGRESSIVE MANAGED ACCOUNT PORTFOLI</u> | | |
| b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u> | | |
| c EIN-PN <u>46-3787800-184</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1647241</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CONSERVATIVE MANAGED ACCOUNT PORTFO</u> | | |
| b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u> | | |
| c EIN-PN <u>46-3750663-181</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>608937</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH MANAGED ACCOUNT PORTFOLIO</u> | | |
| b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u> | | |
| c EIN-PN <u>46-3773972-183</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>812030</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INCOME MANAGED ACCOUNT PORTFOLIO</u> | | |
| b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u> | | |
| c EIN-PN <u>46-3745190-180</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>416464</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MODERATE MANAGED ACCOUNT PORTFOLIO</u> | | |
| b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u> | | |
| c EIN-PN <u>46-3768480-182</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>165168</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TR 2020 TRUST II</u> | | |
| b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>90-6083982-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>431329</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TR 2025 TRUST II</u> | | |
| b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>90-6083980-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13867599</u> |

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TR 2030 TRUST II**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|-----------------|
| c EIN-PN 90-6083978-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 12738920 |
|---------------------------------------|-------------------------------|---|-----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TR 2035 TRUST II**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|-----------------|
| c EIN-PN 90-6083976-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 11244711 |
|---------------------------------------|-------------------------------|---|-----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TR 2040 TRUST II**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

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|---------------------------------------|-------------------------------|---|-----------------|
| c EIN-PN 90-6083974-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 10186262 |
|---------------------------------------|-------------------------------|---|-----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TR 2045 TRUST II**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|----------------|
| c EIN-PN 90-6083972-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7367337 |
|---------------------------------------|-------------------------------|---|----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TR 2050 TR II**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|----------------|
| c EIN-PN 90-6083970-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6076747 |
|---------------------------------------|-------------------------------|---|----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TR 2055 TRUST II**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

| | | | |
|---------------------------------------|-------------------------------|---|----------------|
| c EIN-PN 27-6715091-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2948280 |
|---------------------------------------|-------------------------------|---|----------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TR 2060 TR II**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

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|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 45-3799419-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 617957 |
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TR 2065 TRUST II**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

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|---------------------------------------|-------------------------------|---|---------------|
| c EIN-PN 82-6194314-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 229028 |
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TR INCOME TR II**

b Name of sponsor of entity listed in (a): **VANGUARD FIDUCIARY TRUST COMPANY**

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|---------------------------------------|-------------------------------|---|----------------|
| c EIN-PN 90-6083967-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 5939563 |
|---------------------------------------|-------------------------------|---|----------------|

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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| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
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|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan INGRAM MARINE GROUP RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 INGRAM INDUSTRIES INC. | D Employer Identification Number (EIN) 62-0673043 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | 76801161 | 75297573 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 76801161 | 75297573 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 20883 | 18757 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 20883 | 18757 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 76780278 | 75278816 |

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

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 8293967 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 8293967 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 9697188 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 9697188 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 81011 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 5769 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 11461 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 98241 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 9795429 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -1501462 |
| 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: PRICEWATERHOUSECOOPERS, LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|----------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 10000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>INGRAM MARINE GROUP RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>INGRAM INDUSTRIES INC.</u> | D Employer Identification Number (EIN) <u>62-0673043</u> | |

| | |
|---------------|----------------------|
| 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): 80-0709115

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 | 182 |
|--|---|-----|

| | |
|----------------|---|
| 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 | 0 |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | 0 |
| 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 | 0 |

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Ingram Marine Group Retirement Plan

Report and Financial Statements
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

INGRAM MARINE GROUP RETIREMENT PLAN

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* All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of Ingram Marine Group Retirement Plan

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

We have performed an audit of the accompanying financial statements of Ingram Marine Group Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits (in liquidation) as of December 31, 2024, the related statement of changes in net assets available for benefits (in liquidation) for the period from March 26, 2024 to December 31, 2024, the statement of changes in net assets available for benefits (ongoing) for the period from January 1, 2024 to March 25, 2024, and the statement of net assets available for benefits (ongoing) as of December 31, 2023, including the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, for the period from April 1, 2024 to December 31, 2024, and for the period from January 1, 2024 to March 31, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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.



Basis of Accounting

As discussed in Note 4 to the financial statements, the Board of Directors of Ingram Industries Inc. approved a plan of liquidation on March 26, 2024, and the Plan determined liquidation is imminent. As a result, the Plan changed its basis of accounting on March 26, 2024 from the going concern basis to a liquidation basis. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audit 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

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 ("supplemental schedule"), 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 the auditing procedures applied in the audit 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 US 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).

PricewaterhouseCoopers LLP

Pittsburgh, Pennsylvania
July 22, 2025

Ingram Marine Group Retirement Plan

Statements of Net Assets Available for Benefits as of December 31, 2024
(In Liquidation) and as of December 31, 2023 (Ongoing)

| | December 31, 2024 (In Liquidation) | December 31, 2023 (Ongoing) |
|--|--|-----------------------------------|
| Assets | | |
| Investments, at fair value | \$ 75,297,573 | \$ 76,801,161 |
| Total assets | <u>75,297,573</u> | <u>76,801,161</u> |
| Liabilities | | |
| Administrative expenses payable | - | 20,883 |
| Administrative expenses payable during liquidation | 103,157 | - |
| Total liabilities | <u>103,157</u> | <u>20,883</u> |
| Net assets available for benefits | <u>\$ 75,194,416</u> | <u>\$ 76,780,278</u> |

The accompanying notes to financial statements are an integral part of these statements.

Ingram Marine Group Retirement Plan

Statement of Changes in Net Assets Available for Benefits for the Periods From March 26, 2024 to December 31, 2024 (In Liquidation) and from January 1, 2024 to March 25, 2024 (Ongoing)

| | Period from March 26, 2024 to December 31, 2024 (In Liquidation) | Period from January 1, 2024 to March 25, 2024 (Ongoing) |
|---|---|--|
| Additions: | | |
| Investment Gain | | |
| Net appreciation in fair value of investments | \$ 4,574,088 | \$ 3,719,879 |
| Total investment gain | 4,574,088 | 3,719,879 |
| Total additions | 4,574,088 | 3,719,879 |
| Deductions: | | |
| Payment of benefits | 8,113,325 | 1,583,863 |
| Administrative expenses | - | 635 |
| Total deductions | 8,113,325 | 1,584,498 |
| Net increase | (3,539,237) | 2,135,381 |
| Net assets available for benefits: | | |
| Beginning of year (Note 5) | 78,733,653 | 76,780,278 |
| End of year | \$ 75,194,416 | \$ 78,915,659 |

The accompanying notes to financial statements are an integral part of these statements.

Ingram Marine Group Retirement Plan

Notes to Financial Statements

NOTE 1 - DESCRIPTION OF PLAN

General

The following description of the Ingram Marine Group Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering the employees of Ingram Marine Group and Ingram Industries Inc. Home Office (together, the "Company"). The Plan is designed to comply with Section 401(a) of the Internal Revenue Code ("IRC") as a money purchase pension plan. The 401(k) Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

During 2021, the Plan was amended to prohibit Plan participation to all employees hired by the Company on or after February 24, 2021. Employees hired prior to that date were eligible to participate in the Plan on the day the employee first completed an hour of service for the Company. Employees covered by a collective bargaining agreement may not participate in the Plan unless such participation is expressly stipulated by a written agreement between their collective bargaining unit and their employer.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

John Hancock Trust Company ("JHTC") serves as trustee, custodian and record keeper of the Plan assets.

Plan Termination

On March 26, 2024, the Company's Board of Directors approved a plan to commence termination of this Plan effective August 1, 2024. See Note 4 for additional information.

Contributions

During 2021, the Plan was amended to cease all Company contributions to the Plan for any Plan year beginning on or after January 1, 2021. Prior to that date the Company contributed annually to the Plan for each participant who had completed at least 1,000 hours of service (or 100 days for maritime employees) during the Plan year and was an active employee as of December 31 of the Plan year. Contributions for participants were determined by the combination of the participant's age and service points, and eligible compensation. The minimum allocation for any eligible participant was \$1,000 per Plan year.

No direct or indirect participant contributions into the Plan are permitted.

Participant Accounts

Each participant's account is credited with the participant's portion of the total Company contribution and adjusted for Plan's earnings. Additionally, until 2023 each participant's account was charged an administrative expense fee based on the participant's account balance, as described below.

Ingram Marine Group Retirement Plan

Notes to Financial Statements

The administrative expense fee had been charged on a quarterly basis as follows:

| <u>Participant Account Balances</u> | <u>Quarterly Fee</u> |
|-------------------------------------|----------------------|
| Equal to or greater than \$10,001 | \$ 18.75 |
| Equal to or less than \$10,000 | \$ 6.25 |

During 2023, the Plan ceased charging the administrative expense fee to the participant accounts.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants vest in contributions made by the Company to their participant account plus earnings thereon based on years of service. All participants become 100% vested after six years of credited service, based upon the graded vesting schedule applicable at the date of their termination, as described in the Plan document. See Note 4 for additional information.

Investment Options

A participant may direct the contributions made by the Company into any of the Plan's investment options.

Participant Loans

Participant loans are not permitted.

Payment of Benefits

Participants are not permitted to withdraw any portion of their vested account balance prior to their retirement or other termination of employment. Participant distributions of vested account balances will be in the form of an annuity. Participants may elect to waive the annuity and receive their vested account balance in a single-sum payment. Participants may also elect to waive the annuity and rollover their entire vested account balance in a lump-sum distribution to an Individual Retirement Account or other qualified plan. Additionally, if a participant's vested account exceeds \$1, the participant may also elect to waive the annuity and delay payment until minimum distributions of a participant's vested account are required at the approximate age of 70 ½. The Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act") made a number of changes to the minimum distribution rules. If a participant reached the age of 70 ½ in 2019 or earlier the prior minimum distribution rules apply. If a participant reaches the age of 70 ½ in 2020 or later then he or she may elect to delay payment until the new minimum distribution age of 72.

Forfeited Accounts

If a participant leaves the Company for reasons other than death or disability before he or she is 100% vested, the nonvested portion must be left in the Plan and will be forfeited by the participant according to the terms and conditions of the Plan.

Ingram Marine Group Retirement Plan

Notes to Financial Statements

At December 31, 2024 and 2023, the forfeited nonvested account balances totaled \$170,324 and \$227,261, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform with accounting principles generally accepted in the United States of America ("GAAP"), have been used consistently in the preparation of the Plan's financial statements:

Basis of Accounting

The accompanying financial statements of the Plan as of and for the period January 1, 2024 to March 25, 2024 are prepared in conformity with GAAP using the going concern ("Ongoing") basis of accounting. As discussed in Note 1, on March 26, 2024, the Company's Board of Directors approved the termination of the Plan. As a result, the Plan changed its basis of accounting as of December 31, 2024 and for the period subsequent to March 25, 2024 to liquidation basis ("In Liquidation") in accordance with GAAP.

Use of Estimates

The preparation of financial statements in conformity with GAAP 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.

Risks and Uncertainties

Investment securities are exposed to various risks including, but not limited to, interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Payment of Benefits

Benefits paid to participants are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments consist of shares of common collective trusts. The Plan's investments are reported at liquidation value at December 31, 2024 (In Liquidation) and at fair value at December 31, 2023 (Ongoing). Under the Liquidation basis of accounting, investments are carried at the amount of cash that the Plan reasonably expects to receive upon liquidation. Liquidation value approximates fair value. Under the Ongoing basis of accounting the Plan utilizes prescribed guidance related to fair value measurements. This guidance stipulates a methodology to measure fair value for certain assets and liabilities recorded or disclosed in the Plan's Statements of Net Assets Available for Benefits. Fair value measurements consist of quoted prices in active markets for identical assets and liabilities (Level 1), significant other observable inputs including quoted prices for similar assets in active or inactive markets (Level 2), and significant unobservable inputs (Level 3). The Plan recognizes any transfers of assets and liabilities between levels at the end of each reporting period. There were no transfers between levels

Ingram Marine Group Retirement Plan

Notes to Financial Statements

during the periods of March 26, 2024 to December 31, 2024 (In Liquidation), January 1, 2024 to March 25, 2024 (Ongoing), or the year ended December 31, 2023 (Ongoing).

The Plan also utilizes prescribed guidance related to disclosure requirements of investments in certain entities that calculate net asset value per share. In instances where fair market value is not readily determinable this guidance allows fair value measurements based on the unadjusted net asset value per share or its equivalent. This guidance also requires additional disclosures about the nature and risks of investments including restrictions on an investor's ability to redeem its investments, any unfunded commitments, and the investment strategies of the underlying investments. The Plan utilizes prescribed guidance which removes the requirement to categorize within the fair value hierarchy certain investments whose fair value measurement is based on the unadjusted net asset value per share or its equivalent as a practical expedient. Accordingly, such investments have not been classified in the fair value hierarchy. The fair value amounts presented in the fair value hierarchy tables allow for the reconciliation of the fair value hierarchy to the Plan's Statements of Net Assets Available for Benefits.

Investments in collective investment trusts consist of funds that are valued at net asset value based on the proportionate interest in the underlying pool of investments in the funds which are priced by market exchanges. These investments have no redemption restrictions or unfunded commitments.

Purchases and sales of investments are recorded on a trade date basis.

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

The following table sets forth the fair value of the Plan's assets as of December 31, 2023 (Ongoing). There are no Level 1, 2 or 3 investments, as all investments are measured at net asset value. This information is not presented for the Plan's investments as of December 31, 2024, as those investments are presented on a liquidation basis.

Assets at Fair Value as of December 31, 2023

| | |
|---|-----------------------------|
| Investments, measured at net asset value: | |
| Common Collective Trusts | <u>\$ 76,801,161</u> |
| Total investments at fair value | <u><u>\$ 76,801,161</u></u> |

NOTE 3 – PLAN EXPENSES

Certain administrative expenses, including recordkeeping, are charged to the Plan. The Plan incurred total administrative expenses of \$182,006 and \$635 for the periods of March 26, 2024 to December 31,

Ingram Marine Group Retirement Plan

Notes to Financial Statements

2024 (In Liquidation) and January 1, 2024 to March 25, 2024 (Ongoing), respectively. Included in the total administrative expenses are administrative and management fees with parties-in-interest of \$176,238 and \$635 for the periods of March 26, 2024 to December 31, 2024 (In Liquidation) and January 1, 2024 to March 25, 2024 (Ongoing), respectively.

NOTE 4 – PLAN TERMINATION

As discussed in Note 1, the Company's Board of Directors approved a plan to commence termination of this Plan and the Plan was terminated effective August 1, 2024. The Company communicated its intent to terminate the Plan to affected participants on June 1, 2024. The Plan was amended as of July 23, 2024 to reflect the termination. The Company and the plan administrator determined that the likelihood that the Internal Revenue Service ("IRS") would block the termination to be remote and liquidation was deemed imminent upon the approval to terminate the Plan by the Company's Board of Directors. Formal approval of the termination by the IRS has not yet been received.

As a result of the Plan termination, participants became 100% vested in their accounts effective August 1, 2024. Distribution options will include rolling participant account balances into the Ingram 401(k) Retirement Plan or another qualified plan, purchasing an annuity or taking a cash distribution.

NOTE 5 – RECONCILIATION OF STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Upon adoption of the liquidation basis of accounting, the Plan recorded the following cumulative effect adjustments to net assets available for benefits as of the date of adoption:

| | |
|---|---------------------|
| Administrative expenses expected to be incurred subsequent to December 31, 2024 | \$ (84,400) |
| Administrative expenses incurred March 26, 2024 to December 31, 2024 | <u>(97,606)</u> |
| Cumulative effect adjustments for changes in basis in accounting | <u>\$ (182,006)</u> |

Administrative expenses expected to be incurred in liquidation consist of administrative fees for various service providers to the Plan, including investment advisors and JHTC.

NOTE 6 - TAX STATUS

The Internal Revenue Service determined and informed the Company by letter dated August 22, 2017, covering amendments through September 22, 2016, that the Plan was qualified under Internal Revenue Code ("IRC") Section 401(a). Although the Plan has been amended since receiving that letter, the Company believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified.

The Plan adopted guidance related to accounting for uncertainty in tax positions. There are no uncertain tax positions identified that would require recognition or disclosure in the Plan's financial statements. The

Ingram Marine Group Retirement Plan

Notes to Financial Statements

Plan does not have any ongoing examinations. The Company believes the Plan is no longer subject to income tax examinations for years prior to 2021.

NOTE 7 – INFORMATION CERTIFIED BY THE TRUSTEE

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 ERISA. Accordingly certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments for the periods of April 1, 2024 to December 31, 2024 (In Liquidation) and January 1, 2024 to March 31, 2024 (Ongoing) was obtained by management and agreed to or derived from information certified as complete and accurate by JHTC, a qualified institution.

NOTE 8 – 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, 2024:

| | |
|--|----------------------|
| Net assets available for benefits per financial statements | \$ 75,194,416 |
| Administrative expenses paid during liquidation | 84,400 |
| Net assets available for benefits per Form 5500 | <u>\$ 75,278,816</u> |

The following is a reconciliation of administrative expenses payable during liquidation per the financial statements to other liabilities per the Form 5500 as of December 31, 2024:

| | |
|--|------------------|
| Administrative expenses payable during liquidation | \$ 103,157 |
| Administrative expenses accrued during liquidation | (84,400) |
| Other liabilities per Form 5500 | <u>\$ 18,757</u> |

The following is a reconciliation of administrative expenses paid per the financial statements to the Form 5500 as of December 31, 2024:

| | |
|--|------------------|
| Administrative expenses per financial statements | \$ 635 |
| Administrative expenses paid during liquidation | 97,606 |
| Administrative expenses per Form 5500 | <u>\$ 98,241</u> |

NOTE 9 - SUBSEQUENT EVENTS

Events occurring between December 31, 2024 and July 22, 2025, the date the financial statements were available to be issued, have been evaluated for proper recording and disclosure in these financial statements. Based on this review, the Plan did not identify any subsequent events that would have required adjustment or disclosure in the financial statements.

**Supplemental Schedule
Required by ERISA**

Ingram Marine Group Retirement Plan
 Schedule H, Line 4i, Schedule of Assets (Held at End of Year)
 December 31, 2024

Ingram Marine Group Retirement Plan, EIN 62-0673043

Attachment to Form 5500, Schedule H, Part IV, Line 4i:

| (a) (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment involving, maturity date, rate of interest, collateral | (d) Cost* | (e) Current Value |
|--|--|-----------|----------------------|
| CapTrust Financial Advisors: | | | |
| Wilmington Aggressive Managed Account Portfolio | Common/Collective Trust | | \$ 1,647,241 |
| Wilmington Conservative Managed Account Portfolio | Common/Collective Trust | | 608,937 |
| Wilmington Growth Managed Account Portfolio | Common/Collective Trust | | 812,030 |
| Wilmington Income Managed Account Portfolio | Common/Collective Trust | | 416,464 |
| Wilmington Moderate Managed Account Portfolio | Common/Collective Trust | | 165,168 |
| Vanguard Group: | | | |
| Vanguard Target Retirement Income Trust II | Common/Collective Trust | | 5,939,563 |
| Vanguard Target Retirement 2020 Trust II | Common/Collective Trust | | 431,329 |
| Vanguard Target Retirement 2025 Trust II | Common/Collective Trust | | 13,867,599 |
| Vanguard Target Retirement 2030 Trust II | Common/Collective Trust | | 12,738,920 |
| Vanguard Target Retirement 2035 Trust II | Common/Collective Trust | | 11,244,711 |
| Vanguard Target Retirement 2040 Trust II | Common/Collective Trust | | 10,186,262 |
| Vanguard Target Retirement 2045 Trust II | Common/Collective Trust | | 7,367,337 |
| Vanguard Target Retirement 2050 Trust II | Common/Collective Trust | | 6,076,747 |
| Vanguard Target Retirement 2055 Trust II | Common/Collective Trust | | 2,948,280 |
| Vanguard Target Retirement 2060 Trust II | Common/Collective Trust | | 617,957 |
| Vanguard Target Retirement 2065 Trust II | Common/Collective Trust | | 229,028 |
| | | | <u>\$ 75,297,573</u> |

* Cost is not a required disclosure for participant-directed investments.

The above information has been certified as accurate and complete by John Hancock Trust Company, a qualified institution.