

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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

<p>1a Name of plan <u>A.I.G. TRUCKING, INC. PROFIT SHARING / 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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>A.I.G. TRUCKING, INC.</u></p> <p><u>150 WAGARAW ROAD</u> <u>HAWTHORNE, NJ 07506</u></p>	<p>1c Effective date of plan <u>07/01/1985</u></p> <p>2b Employer Identification Number (EIN) <u>22-1814895</u></p> <p>2c Plan Sponsor's telephone number <u>973-423-2307</u></p> <p>2d Business code (see instructions) <u>484200</u></p>

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.	07/29/2025	TALHA SADIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2025	TALHA SADIK
	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 <input checked="" type="checkbox"/> 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	281
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)	233
	6a(2)	242
	6b	1
	6c	42
	6d	285
	6e	2
	6f	287
	6g(1)	277
6g(2)	281	
6h	18	
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:
 2E 2F 2G 2J 2K 2T 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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan A.I.G. TRUCKING, INC. PROFIT SHARING / 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 A.I.G. TRUCKING, INC.	D Employer Identification Number (EIN) 22-1814895	

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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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 52 59 60 62 72	RECORDKEEPER	80538	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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"/>

(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

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(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/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>A.I.G. TRUCKING, INC. PROFIT SHARING / 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>A.I.G. TRUCKING, INC.</u>	D Employer Identification Number (EIN) <u>22-1814895</u>	

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:	<u>FEDERATED HERMES CAPITAL PRESERVATI</u>	
b Name of sponsor of entity listed in (a):	<u>FEDERATED INVESTORS TRUST COMPANY</u>	
c EIN-PN <u>22-2712853-001</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>1604618</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

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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) <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.	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 **11/01/2023** and ending **10/31/2024**

A Name of plan A.I.G. TRUCKING, INC. PROFIT SHARING / 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 A.I.G. TRUCKING, INC.	D Employer Identification Number (EIN) 22-1814895	

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	175	325
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	450000	450000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2115	2418
(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)	507434	643307
(9) Value of interest in common/collective trusts	1c(9)	2529305	1604618
(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)	21840177	28155248
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25329206	30855916
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25329206	30855916

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)	450000	
(B) Participants	2a(1)(B)	1044947	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1494947
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	380	
(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)		
(E) Participant loans	2b(1)(E)	42874	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43254
(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)	952922	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		952922
(3) Rents	2b(3)		
(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)		
(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)		66825
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(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)		5084396
c Other income.....	2c		3333
d Total income. Add all income amounts in column (b) and enter total.....	2d		7645677

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2032003	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2032003
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	80538	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(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)	6426	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		86964
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2118967

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5526710
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: **LEAR & PANNERPACKER, LLP**

(2) EIN: **22-2947255**

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		750000
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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>A.I.G. TRUCKING, INC. PROFIT SHARING / 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>A.I.G. TRUCKING, INC.</u>	D Employer Identification Number (EIN) <u>22-1814895</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): 94-1687665

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

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702803A.



A.I.G. TRUCKING, INC. PROFIT SHARING 401(K) PLAN

FINANCIAL STATEMENTS

OCTOBER 31, 2024 AND 2023

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
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October 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan

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

We have performed an audit of the accompanying financial statements of A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of October 31, 2024 and 2023 and the related statement of changes in net assets available for benefits for the year ended October 31, 2024 and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of A.I.G. Trucking, Inc. Profit Sharing 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 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 a certification from a qualified institution as of October 31, 2024 and 2023 and for the year ended October 31, 2024, stating that the certified investment information, as described in Note 4 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 Auditor's 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).

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Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of A.I.G. Trucking, Inc. Profit Sharing 401(k) 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 A.I.G. Trucking, Inc. Profit Sharing 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 A.I.G. Trucking, Inc. Profit Sharing 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 October 31, 2024 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 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 generally accepted auditing standards. 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).

Lear & Pannepacker, LLP

Princeton, New Jersey

June 30, 2025



Accountants and Advisors for Entrepreneurial Minds

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Statements of Net Assets Available for Benefits
October 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash	\$ 325	\$ 175
Investments at fair value	29,762,284	24,371,597
Employer contributions receivable	450,000	450,000
Notes receivable from participants	<u>643,307</u>	<u>507,434</u>
Total assets	<u>\$ 30,855,916</u>	<u>\$ 25,329,206</u>
Net assets available for benefits	<u>\$ 30,855,916</u>	<u>\$ 25,329,206</u>

See notes to financial statements

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended October 31, 2024

Additions to net assets attributed to	
Investment income	
Net appreciation in fair value of investments	\$ 5,151,221
Interest income	380
Dividend income	952,922
Interest income on notes receivable from participants	42,874
Other income	3,333
Contributions	
Employer	450,000
Participants	<u>1,044,947</u>
Total contributions	<u>1,494,947</u>
Total additions	7,645,677
Deductions from net assets attributed to	
Benefits paid to participants	2,032,003
Administrative expenses	<u>86,964</u>
Total deductions	<u>2,118,967</u>
Net increase in net assets available for benefits	5,526,710
Net assets available for benefits, beginning of year	<u>25,329,206</u>
Net assets available for benefits, end of year	<u>\$ 30,855,916</u>

See notes to financial statements

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

Note 1 - Description of plan

The following description of the A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of A.I.G. Trucking, Inc. d/b/a Kohler Distributing Co. (the Company). The Plan covers substantially all employees who are age twenty-one or older after one year of service.

The Plan entry date is the first day of each month coinciding with or subsequent to meeting eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's trustee is responsible for oversight of the Plan. A.I.G. Trucking, Inc. is the Plan Administrator and is responsible for the day-to-day operations of the Plan. The Plan's trustee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Participants may contribute up to 90% of their pre-tax annual compensation, as defined by the Plan. Participants that are fifty years of age or older may make catch-up contributions to the Plan. Contributions are subject to certain statutory limitations. Participants may also contribute amounts representing distributions from other qualified plans as rollover contributions.

The Company makes non-discretionary matching contributions and may make discretionary profit sharing contributions.

Matching contributions are 50% of the first 4% of the elective deferrals. Profit sharing contributions are discretionary and take into consideration contributions to the Social Security system made by the Company. Profit sharing contributions consist of a base contribution comprising a percentage of a participant's compensation up to the Social Security integration level and an excess contribution comprising a percentage of a participant's compensation above the Social Security integration level. Participants are required to be employed by the Company on the last day of the plan year to be eligible for matching and profit sharing contributions. Employer matching and profit sharing contributions are allocated as of the last day of the plan year. Participants must complete 1,000 hours of service and be employed on the last day of the year to receive matching and profit sharing contributions; however, the hours of service and last day of year requirements are waived in the event of death, disability or retirement during the plan year.

Participants direct the investment of contributions into various investment options offered by the Plan and may change their investment options at any time.

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

Note 1 - Description of plan (continued)

Participant accounts

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

Vesting

Participants are immediately vested in their voluntary and rollover contributions. The vesting in the Company's matching contributions and profit sharing contributions, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested, using graduated vesting, after six years of credited service. Additionally, participants become 100% vested if separated from service due to death or disability prior to termination of employment or upon reaching normal retirement, as defined in the Plan.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of 50% of the participant's vested account balance or \$50,000. The loans are collateralized by the balance in the participant's account and bear interest at the prime rate in effect at the loan's inception plus 1%. Principal and interest is paid ratably through payroll deductions over a period generally not to exceed sixty months, unless the loan is for the purchase of a principal residence, for which the repayment term may not exceed one hundred and twenty months. A participant may have no more than one loan outstanding at a given time.

Payment of benefits

Benefits are paid in the form of a lump sum. Participants may withdraw all or a portion of the vested portion of their accounts if they:

- terminate employment before attaining normal retirement age
- become disabled
- retire
- die
- attain normal retirement age but continue to work, or
- qualify for in-service distributions upon attaining age 59 ½

In addition, participants may withdraw their employee 401(k) contributions if they incur a financial hardship.

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

Note 2 - Summary of significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

Investment valuation and income recognition

Investments are reported at fair 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 trustee determines the Plan's valuation policies using information provided by the custodian. See Note 3 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 incurred. No allowance for credit losses has been recorded as of October 31, 2024 and 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of benefits

Benefits are recorded when paid.

Tax status

The Plan adopted a non-standardized prototype plan developed by Merrill Lynch Pierce Fenner & Smith, Inc. (Merrill Lynch). The Internal Revenue Service has determined and informed Merrill Lynch by letter dated March 31, 2014, that the form of the prototype plan as then designed was in compliance with applicable provisions of the Internal Revenue Code (IRC). Although the prototype plan has been amended since receiving the determination letter, the plan administrator and the Plan's legal counsel believe that the Plan is designed and currently being operated in compliance with applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax exempt. Accordingly, there is no provision for income taxes in the accompanying financial statements.

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

Note 2 - Summary of significant accounting policies (continued)

Tax status (continued)

Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 740 *Accounting for Uncertainty in Income Taxes* requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if they have taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2024 and 2023 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's policy is to recognize interest and penalties related to unrecognized tax benefits in income tax expense.

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 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.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from these estimates.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from the financial statements. Fees related to the administration of notes receivable from participants and benefits paid to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses for some investment options are included in net appreciation of fair value of investments. In the year ended October 31, 2023, the Plan changed most of its investment options to a zero revenue sharing model which includes these Investment related expenses in administration expenses instead of offsetting them against net appreciation of fair value of investments.

Plan termination

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

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

Note 3 - Fair value of financial instruments

Financial Accounting Standards Board ASC 820, *Fair Value Measurements*, provides a framework for measuring, reporting and disclosing fair value under generally accepted accounting principles. The framework 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 an active market for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for 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 data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The valuation methodologies used for assets measured at fair value are described below. There have been no changes in methodologies used at October 31, 2024 and 2023.

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 SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts: These are funds which invest in stable value products, including traditional guaranteed investment contracts (GICs), synthetic GICs, separate account GICs and money market instruments. These funds are valued using the related liability recorded by the issuer. The stable value funds generally permit redemption daily. The Plan is permitted to redeem investment units at NAV on the measurement date. Investments in common collective trust funds are classified as Level 2 assets in the fair value hierarchy. Common collective trust funds have the characteristics of a structure similar to a mutual fund and are valued based on the readily determinable quoted market price that each fund publishes at the end of each day. While the underlying assets are actively traded on an exchange, the common collective trust funds are not and, therefore, are classified as Level 2 assets in the fair value hierarchy.

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

Note 3 - Fair value of financial instruments (continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable 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 the fair value could result in a different fair value measurement at the reporting date.

Assets at fair value are as follows:

<u>Assets at fair value as of October 31, 2024</u>					
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>	
Cash, interest-bearing	\$ 2,418	\$ --	\$ --	\$ 2,418	
Mutual funds					
Growth funds	8,050,724	--	--	8,050,724	
Income funds	4,842,627	--	--	4,842,627	
Balanced funds	6,697,664	--	--	6,697,664	
Index funds	4,808,972	--	--	4,808,972	
International funds	3,755,261	--	--	3,755,261	
Common/collective trust funds	--	<u>1,604,618</u>	--	<u>1,604,618</u>	
Total assets at fair value	<u>\$ 28,157,666</u>	<u>\$ 1,604,618</u>	<u>\$ --</u>	<u>\$ 29,762,284</u>	

<u>Assets at fair value as of October 31, 2023</u>					
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>	
Cash, interest-bearing	\$ 2,115	\$ --	\$ --	\$ 2,115	
Mutual funds					
Growth funds	6,732,765	--	--	6,732,765	
Income funds	3,562,867	--	--	3,562,867	
Balanced funds	4,937,872	--	--	4,937,872	
Index funds	3,305,719	--	--	3,305,719	
International funds	3,300,954	--	--	3,300,954	
Common/collective trust funds	--	<u>2,529,305</u>	--	<u>2,529,305</u>	
Total assets at fair value	<u>\$ 21,842,292</u>	<u>\$ 2,529,305</u>	<u>\$ --</u>	<u>\$ 24,371,597</u>	

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

Note 4 - Certified information

The plan management has elected the method of compliance permitted by 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.

The following information certified by the trustee, Bank of America, N.A., to be complete and accurate as of October 31, 2024 and 2023 was relied upon in the preparation of the financial statements and supplemental schedule of assets (held at end of year):

- Total investments included in the accompanying statements of net assets available for benefits as of October 31, 2024 and 2023.
- Net investment income included in the statement of changes in net assets available for benefits for the year ended October 31, 2024.
- Net depreciation in fair value of investments included in the statement of changes in net assets available for benefits for the year ended October 31, 2024.
- All investment-related information in the accompanying supplemental Schedule H, 4i - schedule of assets (Held at End of Year) as of October 31, 2024.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, no auditing procedures were performed with respect to the information certified as complete and accurate by the trustee, except for comparing such information to information included in the financial statements.

Note 5 - Forfeitures

At October 31, 2024 and 2023, forfeited nonvested accounts totaled \$1,726 and \$8,222, respectively. The 2023 employer profit sharing contribution funded in 2024 was reduced by \$6,426 of forfeitures. The 2022 employer profit sharing contribution funded in 2023 was reduced by \$17,800 of forfeitures.

Note 6 - Related party transactions

The Company provides certain accounting, administrative, and investment management services to the Plan for which no fees are charged. These transactions are exempt party in interest transactions.

Bank of America, N.A. receives all charges, fees and compensation, both direct and indirect, for services provided to the Plan under the packaged retirement services programs.

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

Note 6 - Related party transactions (continued)

See below for significant related party and party in interest transactions for services provided during the Plan years ended October 31, 2024 and 2023.

Related Party and Party in Interest

Description

Bank of America, N.A./Merrill Lynch

Third Party Administrator (TPA) to the Plan. TPA provided the following services to the Plan:

- Preparer of Form 5500
- Recordkeeper
- Plan Trustee
- Custodian of assets

AIG Trucking, Inc. d/b/a Kohler
Distributing Co.

Plan Sponsor and Plan Administrator

Scott and Gary Graham

Plan Trustees and Majority Owners of the Plan
Sponsor

Lear & Pannepacker, LLP

401(k) Plan external auditors

Note 7 - Subsequent events

The Plan has evaluated subsequent events through June 30, 2025, which is the date the financial statements were available to be issued.

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

October 31, 2024

EIN #22-1814895

Plan # 002

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lesser, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost**	Current Value	
Federated Capital Preser CL R6	Common/collective trust funds		\$	1,304,546
Federated Capital Preser R6 GM	Common/collective trust funds			300,072
American Balanced Fund CL R6	Mutual fund			5,742,312
American Funds 2025 Target	Mutual fund			70,418
American Funds 2030 Target	Mutual fund			358,580
American Funds 2035 Target	Mutual fund			281,226
American Funds 2040 Target	Mutual fund			7,534
American Funds 2045 Target	Mutual fund			155,929
American Funds 2050 Target	Mutual fund			11,060
American Funds 2060 Target	Mutual fund			706
American Funds 2065 Target	Mutual fund			69,899
Blackrock Health Science Opps	Mutual fund			322,023
Blackrock Mid Cap Grth Eq Fd K	Mutual fund			159,641
Blackrock Mid Cap Grth Eq K GM	Mutual fund			89,397
Blackrock Equity Dividend CI K	Mutual fund			675,555
Blackrock Equity Div CI K GM	Mutual fund			429,388
Blackrock Global Allocation K	Mutual fund			527,767
Columbia Global Tech Growth Adv	Mutual fund			950,291
Eaton Vance Atl Capital CI R6	Mutual fund			792,965
Eaton Vance Atl Capital R6 GM	Mutual fund			99,149
Ishares S&P 500 Index Fd GL K	Mutual fund			4,099,782
Ishares S&P 500 Index CI K GM	Mutual fund			387,166
JPMorgan Equity Income Fund R6	Mutual fund			293,374
JPMorgan Government Bond R6	Mutual fund			526,754
JPMorgan Government Bond R6 GM	Mutual fund			372,303
Principal Glbl Real Estate R6	Mutual fund			322,773
Principal Glbl Real Est R6 GM	Mutual fund			175,934
Vanguard International Value	Mutual fund			528,155
Vanguard International Value GM	Mutual fund			213,313
Vanguard Intl Grwt Adm CI S GM	Mutual fund			222,210
Vanguard Intl Grwt Fd Adm Clas	Mutual fund			<u>379,074</u>
Subtotal				19,869,296

A.I.G. Trucking, Inc. Profit Sharing 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
October 31, 2024

EIN #22-1814895
Plan # 002

(a)	(b)	(c)	(e)	(e)
Identity of issuer, borrower, lesser, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value		Cost**	Current Value
	Subtotal from previous page			\$ 19,869,296
	Clearbridge Large Cap Grth A	Mutual fund		1,724,331
	Clearbridge Lrg Cap Grth GM	Mutual fund		217,036
	Davis Financial Fd CI Y	Mutual fund		228,415
	Invesco Developing Mkts FD R6	Mutual fund		389,750
	Invesco Developing Mkts R6 GM	Mutual fund		145,531
	JP Morgan Undisc Mgrs CI R6	Mutual fund		260,564
	JP Morgan Undsc Mgrs CI R6 GM	Mutual fund		156,542
	Loomis Sayles Core Plus CL N	Mutual fund		847,095
	Loomis Sayles Core Plus N GM	Mutual fund		310,058
	MFS Mass Investors Grw Stck R6	Mutual fund		22,071
	MFS Mass Investors Grw R6 GM	Mutual fund		206,467
	MFS Intrntl Intrinsic VI Fd R6	Mutual fund		493,923
	Oakmark Fund CL R6	Mutual fund		652,122
	PGIM Jennison Small Compy R6	Mutual fund		291,502
	PGIM Jennison Sml Compy R6 GM	Mutual fund		153,585
	Pimco Real Return Fd Inst GM	Mutual fund		211,108
	Pimco Real Return Fd CI Inst	Mutual fund		537,260
	Victory Sycamore Establishd R6	Mutual fund		1,072,466
	Victory Sycamore Estbd R6 GM	Mutual fund		226,070
	Western Asset Core Plus BD IS	Mutual fund		1,431,272
	Western Asset Core Plus IS GM	Mutual fund		313,402
*	Cash, non-interest bearing	Cash		325
*	Cash, interest bearing	Money market fund		2,418
	Notes receivable from participants	Interest at 4.25% to 9.5% with various maturity dates	\$ -0-	<u>643,307</u>
	Total assets held for investment purposes			<u>\$ 30,405,916</u>

* Party in Interest

** Cost information has been omitted with respect to participant-directed investments.

Attachment to 2023 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: AIG Trucking, Inc. Profit Sharing 401(k) Plan
Plan Sponsor's Name: AIG Trucking, Inc. a/k/a Kohler Distributing Co.

EIN:22-1814895
PN:002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	2,418	2,418
	FEDERATED CAPITAL PRESER CL R6	COMMON / COLLECTIVE TRUSTS	1,304,546	1,304,546
	FEDERATED CAPITAL PRESER R6 GM	COMMON / COLLECTIVE TRUSTS	300,072	300,072
	LOAN FUND	LOANS	643,307	643,307
	AMERICAN BALANCED FUND CL R6	MUTUAL FUNDS	4,858,045	5,742,312
	AMERICAN FUNDS 2025 TARGET R6	MUTUAL FUNDS	62,081	70,418
	AMERICAN FUNDS 2030 TARGET R6	MUTUAL FUNDS	308,118	358,580
	AMERICAN FUNDS 2035 TARGET R6	MUTUAL FUNDS	235,440	281,226
	AMERICAN FUNDS 2040 TARGET R6	MUTUAL FUNDS	7,006	7,534
	AMERICAN FUNDS 2045 TARGET R6	MUTUAL FUNDS	124,315	155,929
	AMERICAN FUNDS 2050 TARGET R6	MUTUAL FUNDS	8,767	11,060
	AMERICAN FUNDS 2060 TARGET R6	MUTUAL FUNDS	624	706
	AMERICAN FUNDS 2065 TARGET R6	MUTUAL FUNDS	55,505	69,899
	BLACKROCK EQUITY DIV CL K GM	MUTUAL FUNDS	407,438	429,388
	BLACKROCK EQUITY DIVIDEND CL K	MUTUAL FUNDS	641,874	675,555
	BLACKROCK GLOBAL ALLOCATION K	MUTUAL FUNDS	491,449	527,767
	BLACKROCK HEALTH SCIENCE OPPS	MUTUAL FUNDS	302,779	322,023
	BLACKROCK MID-CAP GRTH EQ FD K	MUTUAL FUNDS	122,765	159,641
	BLACKROCK MID-CAP GRTH EQ K GM	MUTUAL FUNDS	94,267	89,397

Attachment to 2023 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: AIG Trucking, Inc. Profit Sharing 401(k) Plan
Plan Sponsor's Name: AIG Trucking, Inc. a/k/a Kohler Distributing Co.

EIN:22-1814895
PN:002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	CLEARBRIDGE LARGE CAP GRTH	MUTUAL FUNDS	1,225,183	1,724,331
	CLEARBRIDGE LRG CAP GRTH GM	MUTUAL FUNDS	153,555	217,036
	COLUMBIA GLOBAL TECH GRTH ADV	MUTUAL FUNDS	570,965	950,291
	DAVIS FINANCIAL FD CL Y	MUTUAL FUNDS	184,134	228,415
	EATON VANCE ATL CAPITAL CL R6	MUTUAL FUNDS	686,330	792,965
	EATON VANCE ATL CAPITAL R6 GM	MUTUAL FUNDS	82,407	99,149
	INVESCO DEVELOPING MKTS FD R6	MUTUAL FUNDS	375,088	389,750
	INVESCO DEVELOPING MKTS R6 GM	MUTUAL FUNDS	139,846	145,531
	ISHARES S&P 500 INDEX CL K GM	MUTUAL FUNDS	283,464	387,166
	ISHARES S&P 500 INDEX FD CL K	MUTUAL FUNDS	3,122,105	4,099,782
	JP MORGAN EQUITY INCOME FD R6	MUTUAL FUNDS	261,490	293,374
	JP MORGAN GOVERNMENT BD R6	MUTUAL FUNDS	530,656	526,754
	JP MORGAN GOVERNMENT BD R6 GM	MUTUAL FUNDS	375,866	372,303
	JP MORGAN UNDISC MGRS CL R6	MUTUAL FUNDS	246,200	260,564
	JP MORGAN UNDISC MGRS CL R6 GM	MUTUAL FUNDS	145,003	156,542
	LOOMIS SAYLES CORE PLUS CL N	MUTUAL FUNDS	853,141	847,095
	LOOMIS SAYLES CORE PLUS N GM	MUTUAL FUNDS	317,377	310,058
	MFS INTRNTL INTRINSIC VL FD R6	MUTUAL FUNDS	469,162	493,923
	MFS MASS INVESTORS GRW R6 GM	MUTUAL FUNDS	166,378	206,467

Attachment to 2023 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: AIG Trucking, Inc. Profit Sharing 401(k) Plan
Plan Sponsor's Name: AIG Trucking, Inc. a/k/a Kohler Distributing Co.

EIN:22-1814895
PN:002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	MFS MASS INVESTORS GRW STCK R6	MUTUAL FUNDS	22,224	22,071
	OAKMARK FUND CL R6	MUTUAL FUNDS	522,017	652,122
	PGIM JENNISON SMALL COMPANY R6	MUTUAL FUNDS	253,949	291,502
	PGIM JENNISON SML COMPY R6 GM	MUTUAL FUNDS	134,758	153,585
	PIMCO REAL RETURN FD CL INST	MUTUAL FUNDS	537,895	537,260
	PIMCO REAL RETURN FD INST GM	MUTUAL FUNDS	211,364	211,108
	PRINCIPAL GLBL REAL EST R6 GM	MUTUAL FUNDS	164,864	175,934
	PRINCIPAL GLBL REAL ESTATE R6	MUTUAL FUNDS	303,466	322,773
	VANGUARD INTERNATIONAL VAL GM	MUTUAL FUNDS	210,900	213,313
	VANGUARD INTERNATIONAL VALUE	MUTUAL FUNDS	498,401	528,155
	VANGUARD INTL GRWT ADM CL S GM	MUTUAL FUNDS	226,990	222,210
	VANGUARD INTL GRWT FD ADM CLAS	MUTUAL FUNDS	355,336	379,074
	VICTORY SYCAMORE ESTABLISHD R6	MUTUAL FUNDS	993,280	1,072,466
	VICTORY SYCAMORE ESTBD R6 GM	MUTUAL FUNDS	208,703	226,070
	WESTERN ASSET CORE PLUS BD IS	MUTUAL FUNDS	1,477,673	1,431,272
	WESTERN ASSET CORE PLUS IS GM	MUTUAL FUNDS	328,037	313,402
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	325	325
	UNINVESTED CASH	UNINVESTED CASH	0	0

Attachment to 2023 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: AIG Trucking, Inc. Profit Sharing 401(k) Plan
Plan Sponsor's Name: AIG Trucking, Inc. a/k/a Kohler Distributing Co.

EIN:22-1814895
PN:002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value