

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

2024

This Form is Open to Public Inspection

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.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: AAA COOPER TRANSPORTATION PENSION PLAN FOR ELIGIBLE EMPLOYEES
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1973
2a Plan sponsor's name (employer, if for a single-employer plan): AAA COOPER TRANSPORTATION
2b Employer Identification Number (EIN): 63-0364620
2c Plan Sponsor's telephone number: 334-793-2284
2d Business code (see instructions): 484120

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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	1185
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)	328
	6a(2)	297
	6b	236
	6c	533
	6d	1066
	6e	85
	6f	1151
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I

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 checked="" 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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>AAA COOPER TRANSPORTATION PENSION PLAN FOR ELIGIBLE EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AAA COOPER TRANSPORTATION</u>	D Employer Identification Number (EIN) <u>63-0364620</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>35422766</u>
	b Actuarial value	2b	<u>38965042</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>228</u>	<u>11282450</u>
	b For terminated vested participants	<u>630</u>	<u>15077365</u>
	c For active participants	<u>328</u>	<u>7522480</u>
	d Total	<u>1186</u>	<u>33882295</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.13 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>508564</u>
	c Target normal cost	6c	<u>508564</u>

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

SIGN HERE Signature of actuary <u>CHRISTOPHER J. ROMAN, EA, MAAA</u> Type or print name of actuary <u>SCHWAB RETIREMENT PLAN SERVICES</u> Firm name <u>4150 KINROSS LAKES PARKWAY</u> <u>RICHFIELD, OH 44286</u> Address of the firm	<u>06/30/2025</u> Date <u>23-08485</u> Most recent enrollment number <u>234-255-8677</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.37</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.08</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	115.00 %
15	Adjusted funding target attainment percentage	15	109.77 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years	28	0	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0	

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	508564	
b Excess assets, if applicable, but not greater than line 31a	31b	508564	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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 AAA COOPER TRANSPORTATION PENSION PLAN FOR ELIGIBLE EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AAA COOPER TRANSPORTATION	D Employer Identification Number (EIN) 63-0364620	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SCHWAB RETIREMENT PLAN SERVICES

34-1479833

(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 50 64 11	NONE	160605	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)

STERLING CAPITAL MANAGEMENT LL

42-1658828

(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?
28 50	NONE	84541	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)

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?
26 50	NONE	81498	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"/>

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)

BCG PENSION RISK CONSULTANTS

47-3313152

(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?
28 50	NONE	60000	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)

BARBACANE, THORNTON & COMPANY

51-0229493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10238	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

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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: JAMES F. GERBIC, JR.	b EIN: 34-1479833
c Position: ENROLLED ACTUARY	
d Address: 4150 KINROSS LAKES PKWY RICHFIELD, OH 44286	e Telephone: 330-908-4540

Explanation: JAMES F. GERBIC, JR. IS HEREBY REPLACED BY CHRISTOPHER J. ROMAN DUE TO JAMES' RETIREMENT FROM SCHWAB RETIREMENT PLAN SERVICES, INC.

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 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 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 AAA COOPER TRANSPORTATION PENSION PLAN FOR ELIGIBLE EMPLOYEES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AAA COOPER TRANSPORTATION	D Employer Identification Number (EIN) 63-0364620

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	1283303	767504
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)	292805	0
(2) U.S. Government securities	1c(2)	9897742	9960117
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	23684209	22799020
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	264707	261731

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	35422766	33788372
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		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	35422766	33788372

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5378	
(B) U.S. Government securities.....	2b(1)(B)	313628	
(C) Corporate debt instruments.....	2b(1)(C)	1143287	
(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)		1462293
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10950234	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10861139	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		89095
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1378660	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1378660

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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		10461
d Total income. Add all income amounts in column (b) and enter total.....	2d		183189

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1301016	
(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)		1301016
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	160605	
(4) IQPA audit fees	2i(4)	10238	
(5) Investment advisory and investment management fees	2i(5)	226039	
(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)	119685	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		516567
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1817583

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1634394
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: **BTCPA, LLP**

(2) EIN: **51-0229493**

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		5000000
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 549799.

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.
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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>AAA COOPER TRANSPORTATION PENSION PLAN FOR ELIGIBLE EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AAA COOPER TRANSPORTATION</u>	D Employer Identification Number (EIN) <u>63-0364620</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): 82-3967259

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		1
---	--	---

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: 100.0%
 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 _____.



**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES**

**REPORT ON AUDIT OF FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

DECEMBER 31, 2024 AND 2023

AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES

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INDEPENDENT AUDITOR'S REPORT

September 19, 2025

To the Profit Sharing Committee
AAA Cooper Transportation Pension
Plan for Eligible Employees
Dothan, Alabama

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

We have performed audits of the financial statements of the AAA Cooper Transportation Pension Plan for Eligible Employees, 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 – modified cash basis as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have an audit of the AAA Cooper Transportation Pension Plan for Eligible Employees' 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 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

To the Profit Sharing Committee
AAA Cooper Transportation Pension
Plan for Eligible Employees

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter – Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. 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 the modified cash basis of accounting described in Note B, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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

To the Profit Sharing Committee
AAA Cooper Transportation Pension
Plan for Eligible Employees

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the AAA Cooper Transportation Pension Plan for Eligible Employees' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the AAA Cooper Transportation Pension Plan for Eligible Employees' 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 the modified cash basis of accounting described in Note B.

To the Profit Sharing Committee
AAA Cooper Transportation Pension
Plan for Eligible Employees

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 the modified cash basis of accounting described in Note B.

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 Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – modified cash basis and Schedule H, Line 4j - Schedule of Reportable Transactions – modified cash basis as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules – modified cash basis, 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 GAAS. For information included in the supplemental schedules – modified cash basis 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 schedules – modified cash basis, we evaluated whether the supplemental schedules – modified cash basis, other than the information agreed to or derived from the certified investment information, including its form and content, are 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 schedules – modified cash basis, other than the information in the supplemental schedules – modified cash basis that agreed to or is derived from the certified investment information, are 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 schedules – modified cash basis 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).

Barbacane, Thornton & Company LLP
BARBACANE, THORNTON & COMPANY LLP

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
Cash	\$ 767,504	\$ 1,576,108
Investments (at fair value)	33,020,868	33,846,658
TOTAL ASSETS	33,788,372	35,422,766
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 33,788,372	\$ 35,422,766

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

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
ADDITIONS		
Employer contributions	\$ -	\$ -
Investment income:		
Dividends	-	168,753
Interest	1,462,293	2,093,537
Net appreciation (depreciation) in fair value of investments	(1,279,104)	2,477,546
Total investment income (loss)	183,189	4,739,836
TOTAL ADDITIONS	183,189	4,739,836
DEDUCTIONS		
Benefits paid	1,301,016	3,075,112
Payments to insurance carriers for the provision of benefits	-	18,100,000
Pension Benefit Guaranty Corporation fees	119,685	335,672
Administrative fees	396,882	341,314
TOTAL DEDUCTIONS	1,817,583	21,852,098
Net Decrease	(1,634,394)	(17,112,262)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	35,422,766	52,535,028
End of Year	\$ 33,788,372	\$ 35,422,766

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

AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE A DESCRIPTION OF PLAN

The following description of the AAA Cooper Transportation Pension Plan for Eligible Employees ("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 frozen defined benefit pension plan covering drivers, drivers' helpers, warehousemen, warehousemen's helpers, mechanics, and mechanics' helpers of AAA Cooper Transportation ("the Company") who were participants as of December 31, 1996. The AAA Cooper Transportation Pension Committee and the plan administrator control and manage the operation and administration of the Plan. Charles Schwab Trust Bank is the trustee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension Benefits

Effective January 1, 1997 ("the freeze date"), the Company amended the Plan to provide that: (i) a participant's accrued benefit is frozen at the amount that the participant had accrued under the provisions of the Plan as of December 31, 1996, and no further benefit accruals will occur after that date; (ii) no employee shall become a participant in the Plan after December 31, 1996; and (iii) any participant who has not terminated service with the Company on December 31, 1996 shall be fully vested in their accrued benefit as of December 31, 1996. The Plan provides for normal retirement benefits upon reaching age 62, as amended January 1, 1993, and has provisions for early retirement and deferred retirement. The Plan also provides for benefits upon meeting certain other preconditions. Benefits under the Plan are determined based upon years of credited service, as defined by the Plan, multiplied by a benefit unit. Benefits are payable in the form of a joint and survivor annuity, a single life annuity, or other optional forms.

Death Benefit

If a vested, married participant dies before becoming eligible for retirement, their surviving spouse will receive an annuity defined by the Plan based on whether such participant was active or inactive. In the case of a participant or inactive participant who dies after becoming eligible for early retirement, their surviving spouse will receive an annuity computed as if such participant had begun receiving a joint and one-half survivor annuity on the day before their death.

Investment Portfolio

No participant investment elections are permitted under the Plan. All contributions are invested at the discretion of the trust's investment manager.

AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the modified cash basis, a basis of accounting other than accounting principles generally accepted in the United States of America. Investments are reported at fair value as prescribed or permitted by the Department of Labor, and employer contributions are accrued when earned. Other revenues are recognized when received rather than when earned, and benefit payments and other expenses are recorded when paid rather than when incurred.

Use of Estimates

The preparation of financial statements in accordance with the modified cash basis of accounting 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 and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated 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 Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends and interest are recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Company pays a substantial amount of the administrative expenses of the Plan. These expenses are excluded from the financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits – modified cash basis. In addition, the Company furnishes operating space, equipment, supplies, and other services. Investment-related expenses are included in net appreciation of fair value of investments.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments attributable under the Plan's provisions to service that employees have rendered to the freeze date (see Note A). Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the freeze date. Benefits to be provided via annuity contracts are excluded from plan assets and are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits has been determined by Schwab Retirement Plan Services, Inc., the Plan's actuary, and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death or retirement) between the benefit information date and the expected payment dates. The significant actuarial assumptions used in determining accumulated plan benefits as of January 1, 2024 and 2023 (the date of the latest valuation) are as follows:

Investment return: 6.0% compounded annually

Mortality: Pri-2012 Base Blue-Collar Mortality Table and Improvement Scale MP-2021

Retirement: Age 62 or age on the valuation date, if greater

Turnover: Sample rates are shown below:

<u>Age</u>	<u>Rate</u>
25	0.1000
40	0.0500
55	0.0400

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

The actuarially determined present value of accumulated plan benefits at January 1, 2024 (the date of the latest valuation) and January 1, 2023, are as follows:

AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

	01/01/2024	01/01/2023
Vested benefits:		
Participants currently receiving benefits	\$10,334,031	\$27,423,149
Other vested participants	20,248,977	21,539,664
Total vested benefits	30,583,008	48,962,813
Nonvested benefits	-	-
Actuarial present value of accumulated plan benefits	\$30,583,008	\$48,962,813

The decrease in the present value of accumulated plan benefits from January 1, 2023 to January 1, 2024 was \$18,379,805. The decrease is summarized as follows:

Actuarial present value of accumulated Plan benefits at January 1, 2023	\$ 48,962,813
Increase (decrease) attributable to:	
Increase for interest due to the decrease in the discount period	2,303,280
Benefits paid	(21,175,112)
Benefits accumulated and actuarial gains and losses	492,027
Net decrease	(18,379,805)
Actuarial present value of accumulated Plan benefits at January 1, 2024	\$ 30,583,008

Actuarial gains and losses include a settlement loss of \$513,180 related to a retiree annuity purchase of \$18,100,000 completed in November 2023.

NOTE C FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE C FAIR VALUE MEASUREMENTS (cont'd)

- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

Government and Corporate Bonds: Valued based on evaluated pricing methodology.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investments:				
Government bonds	\$ -	\$10,221,847	\$ -	\$10,221,847
Corporate bonds	-	22,799,021	-	22,799,021
Total	\$ -	\$33,020,868	\$ -	\$33,020,868

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Investments:				
Government bonds	\$ -	\$10,162,453	\$ -	\$10,162,453
Corporate bonds	-	23,684,205	-	23,684,205
Total	\$ -	\$33,846,658	\$ -	\$33,846,658

AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE D INFORMATION PREPARED AND CERTIFIED BY QUALIFIED INSTITUTION

The following is a summary of the Plan's investment information as of and for the years ended December 31, 2024 and 2023, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information certified by Charles Schwab Trust Bank, the trustee, a qualified institution, and furnished to the plan administrator. The plan administrator has obtained certifications from the qualified institution that information provided to the plan administrator by the trustee related to the following investments is complete and accurate in accordance with 29 CFR 2520.103-5. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following:

	<u>As of</u> <u>12/31/2024</u>	<u>As of</u> <u>12/31/2023</u>
Cash and cash equivalents	\$ 767,504	\$ 1,576,108
Investments (at fair value)	<u>33,020,868</u>	<u>33,846,658</u>
Total	<u>\$ 33,788,372</u>	<u>\$ 35,422,766</u>
	<u>Year Ended</u> <u>12/31/2024</u>	<u>Year Ended</u> <u>12/31/2023</u>
Net appreciation (depreciation) in fair value of investments	\$ (1,279,104)	\$ 2,477,546
Interest	1,462,293	2,093,537
Dividends	-	168,753

NOTE E RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has a cash account with Charles Schwab Trust Bank. Charles Schwab Trust Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Most fees incurred by the Plan for the investment management services are transactional fees which are included in net appreciation in fair value of the investments. Fees directly paid by the Plan are reported as administrative fees on the statements of changes in net assets available for benefits.

The Company performs certain administrative functions of the Plan at no cost to the Plan.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE F FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The funding policy is to make annual cash contributions to the Plan in amounts computed by the Plan's actuary using the projected unit credit method, from the entry age normal method, as of January 1, 1997, to be consistent with the cessation of future benefit accruals. By using this method, employees' pension benefits are intended to be fully provided for by the time they retire under the Plan. The minimum funding requirements of ERISA have been met for 2024 and 2023.

NOTE G PLAN TERMINATION

The Plan can be terminated by the Company in certain limited situations. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the plan document as follows:

- To participants to whom payments under the Plan commenced at least three years preceding the date of termination, or to whom payments under the Plan would have commenced at least three years preceding the date of termination if such participant had retired as of the beginning of such three-year period (excluded from amounts receivable under this section or any increases in benefits resulting from amendments to the Plan at any time during the five years preceding the date of termination);
- To participants with other vested benefits whose benefits are guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations; and
- To participants with other benefits vested under the Plan (vested benefits not insured by the PBGC).

Benefits to be provided via annuity contracts (Note I), which the insurance company is obligated to pay, would be excluded for allocation purposes.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling applies to the pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later).

AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE G PLAN TERMINATION (cont'd)

For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted. Amendments to the Plan which have been in existence five years are fully covered if the total benefit falls below the ceiling. Benefits relating to amendments which have not been in effect five years are covered to the extent of the greater of (a) 20% per year of the benefit which would otherwise have been covered, or (b) \$20 per month, multiplied by the number of years (up to five) the amendment has been in effect.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE H TAX STATUS

The Plan has obtained its latest determination letter, dated July 13, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that 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 and the related trust is tax exempt.

Management evaluates tax positions taken by the Plan and recognizes a tax liability if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. Management has evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that more likely than not would not be sustained upon examination by the IRS and that would require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included 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.

NOTE I CONTRACT WITH INSURANCE COMPANY

The Plan's administrator may choose to purchase a single premium annuity for a retiring participant or for a terminated vested participant. Purchased annuities are contracts under which an insurance company is obligated to pay benefits to named participants or their beneficiaries. These contracts are reported as benefits paid when purchased and are excluded from the Plan's net assets available for benefits.

AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

NOTE I CONTRACT WITH INSURANCE COMPANY (cont'd)

During 2023, the plan sponsor completed a benefit retiree annuity program, whereby a select group of retirees from the Plan were transferred to an annuity plan held by a third-party insurance company. In total, approximately 882 retirees were transferred, accounting for a total of \$18.1 million of current obligation and corresponding assets from the Plan being transferred to the insurance company during 2023. Funds under the annuity contract that have been allocated and applied to purchase annuities (that is the third-party insurance company is obligated to pay the related pension benefits) have been excluded from the Plan's assets.

NOTE J 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 investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Cash consists of monies held in non-interest-bearing transaction accounts. The Plan places its cash with financial institutions deemed to be credit worthy. Balances are insured by the FDIC up to \$250,000 per institution. Plan cash balances exceeded FDIC insurance limits by \$267,490 and \$784,303 at December 31, 2024 and 2023, respectively.

NOTE K SUBSEQUENT EVENTS

On November 8, 2024, the Plan filed Form 5310, Application for Determination for Terminating Plan. As of September 19, 2025, a date for final termination of the plan has not yet been established.

The Plan has evaluated subsequent events through September 19, 2025, the date the Plan's financial statements were available to be issued.

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
SUPPLEMENTAL SCHEDULES**

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
PN # 001**

EIN 63-0364620

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS
AS OF DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Government Debt				
Federal Home Loan Bank	3.25% 06/9/28	90,000.000 units	\$ 97,308	\$ 86,652
United States Treasury	3.125% 0	4,055,800.000 units	3,509,827	3,202,815
United States Treasury	.375% 12/31/25	7,500.000.000 units	6,809	7,221
United States Treasury	.625% 7/31/26	5,576,900.000 units	5,217,674	5,270,171
United States Treasury	4.375% 5/15/34	666,300.000 units	688,412	656,514
United States Treasury	3.00% 10/31/25	123,200.000 units	124,315	121,930
United States Treasury	2.875% 5/15/52	878,700.000 units	699,392	614,815
Reedy Creek Improvement	2.547% 6/1/35	95,000.000 units	95,010	74,920
Sales Tax Securitization Corp	3.107% 1/1/35	225,000.000 units	225,015	186,809
				<u>10,221,847</u>
Corporate Debt				
AT&T Inc	4.5% 5/15/35	242,000.000 units	230,829	224,183
Aetna Insurance	4.5% 5/15/42	361,000.000 units	324,742	288,403
Alexandria Real Estate	4.5% 7/30/29	227,000.000 units	229,620	222,064
Amazon.com, Inc.	2.7%	357,000.000 units	252,596	203,994
American Tower	3.375% 10/15/26	374,000.000 units	361,598	365,364
Anthem Inc.	3.7% 9/15/49	195,000.000 units	190,558	137,292
Apple Inc	2.95% 9/11/49	406,000.000 units	328,033	270,765
AT&T Inc.	3.85% 6/1/60	470,000.000 units	384,736	326,075
Athene Holding	3.95% 5/25/51	366,000.000 units	258,970	259,797
Baker Hughes Inc.	5.125% 9/15/40	232,000.000 units	230,943	220,297
Bank America Corporation	2.831% 10/24/51	233,000.000 units	178,473	142,863
Bank New York Mellon	3% 10/30/28	252,000.000 units	236,651	235,303
Berkshire Hathaway Inc.	4.4% 5/15/42	341,000.000 units	333,053	308,590
Boardwalk Pipeline	3.4% 2/15/31	372,000.000 units	338,715	332,876

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
PN # 001**

EIN 63-0364620

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS
AS OF DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	Bristol Myers 3.25% 8/01/42	371,000.000 units	303,535	268,043
	Bristol Myers Squibb 5.5% 2/22/44	51,000.000 units	50,731	50,339
	Canadian Pacific 3.125% 6/1/26	386,000.000 units	366,937	374,022
	Capital One Financial 3.75% 3/09/27	244,000.000 units	237,954	237,853
	Charter Community 4.9080% 7/23/25	74,000.000 units	76,199	73,908
	Charter Community 3.9% 6/01/52	516,000.000 units	386,082	331,620
	Citigroup Insurance 4.65% 7/23/48	323,000.000 units	320,474	276,192
	Comcast Corporation 2.8% 1/15/51	520,000.000 units	389,684	309,046
	Consolidated Edison 4.3% 12/01/56	470,000.000 units	424,244	364,702
	Consumers Energy 4.35% 8/31/64	473,000.000 units	439,159	372,730
	Deere & Co. 5.375% 10/16/29	413,000.000 units	458,317	426,089
	DH Europe Financial 3.4% 11/15/49	530,000.000 units	443,090	370,392
	Diamondback Energy 3.5% 12/1/29	188,000.000 units	189,130	174,472
	Duke Energy 4.1500% 12/01/44	232,000.000 units	213,116	189,701
	Entergy Louisiana 2.9% 3/15/51	462,000.000 units	350,578	283,455
	Exelis Insurance 5.054% 4/27/45	367,000.000 units	375,070	334,197
	Exelon Generation 6.25% 10/01/39	319,000.000 units	350,144	333,577
	Federal Realty 3.625% 8/01/46	391,000.000 units	305,968	276,498
	Fedex Corporation 4.5% 2/01/65	427,000.000 units	349,037	315,310
	Fiserv Insurance 4.4% 7/01/49	492,000.000 units	437,052	403,238
	FMC Corporation 4.515% 10/01/49	380,000.000 units	331,138	289,690
	Georgia-Pacific 8.875% 05/15/31	91,000.000 units	139,862	108,559
	HCA Healthcare, Inc. 3.5% 7/15/51	463,000.000 units	356,419	295,969
	HSBC Holdings 7.625% 5/17/32	360,000.000 units	385,920	397,089
	Jefferies Group 4.15% 1/23/30	524,000.000 units	487,184	500,424

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
PN # 001**

EIN 63-0364620

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS
AS OF DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	JP Morgan Chase Bank NA	228,000.000 units	230,241	222,947
	JP Morgan 10/15/30	352,000.000 units	315,731	315,324
	Kimco Realty Corporation 4.4500% 9/1/47	154,000.000 units	124,111	126,764
	Kimco Realty Corporation 3.700% 10/01/49	547,000.000 units	442,198	394,527
	Kinder Morgan Energy 6.5% 2/01/37	210,000.000 units	227,375	220,893
	LYB International Finance III 5.5% 3/01/34	85,000.000 units	86,120	83,082
	Marathon Pete Corporation 5% 9/15/54	387,000.000 units	352,075	318,085
	Mitsubishi Financial Group 3.751% 7/18/39	390,000.000 units	351,080	326,461
	Morgan Stanley 6.375% 7/24/42	223,000.000 units	270,200	241,468
	MPLX LP 4.8% 2/15/29	116,000.000 units	117,562	114,956
	National Rural Utilities 4.0230% 11/01/32	452,000.000 units	447,881	418,210
	Oneok Partners 6.125% 2/1/41	320,000.000 units	333,454	319,416
	Paypal Holdings 2.3% 6/1/30	556,000.000 units	493,445	487,248
	Pepsico Incorporated 2.875% 10/15/49	398,000.000 units	320,951	258,740
	Progress Energy 7.75% 3/01/31	274,000.000 units	336,503	309,378
	Prudential Financial 3.7% 3/13/51	565,000.000 units	476,344	409,149
	Realty Income Corporation 4.45% 9/15/26	245,000.000 units	244,294	245,711
	Salesforce, Inc. 2.9000% 07/15/51	465,000.000 units	362,742	296,726
	Schlumberger 2.6500% 6/26/30	332,000.000 units	286,223	295,821
	Sempra Energy 3.8% 2/01/38	392,000.000 units	341,793	325,696
	Shell International 5.5% 3/25/40	297,000.000 units	331,811	296,186
	Simon Property Group 3.25% 9/13/49	398,000.000 units	315,941	266,284
	Snap-On Inc. 3.15%	604,000.000 units	495,740	400,363
	State Street Corporation 3.55% 8/18/25	239,000.000 units	239,219	237,273
	T-Mobile USA Inc 5.8% 9/15/62	372,000.000 units	367,761	358,408

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
PN # 001**

EIN 63-0364620

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS
AS OF DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	Targa Resources 6.25% 7/1/52	465,000.000 units	452,696	464,136
	TC Energy Corporation 5.6% 3/31/34	420,000.000 units	447,399	417,422
	Telefonica Euro 8.25% 9/15/30	268,000.000 units	337,452	304,407
	The Coca-Cola Company 2.75% 6/1/60	491,000.000 units	378,922	286,734
	The Hershey Corporation 3.125% 11/15/49	395,000.000 units	328,380	262,061
	Tractor Supply Co 1.75% 11/1/30	313,000.000 units	265,827	261,490
	Transatlantic HL 8.00% 11/30/39	267,000.000 units	358,557	328,552
	United Health Group 3.875% 8/15/59	399,000.000 units	339,711	278,271
	United Health Group 4.625% 11/15/41	333,000.000 units	331,790	291,063
	Ventas Realty 4.375% 2/01/45	90,000.000 units	91,713	73,174
	Verizon Communications 1.5% 9/18/30	463,000.000 units	394,972	384,476
	Walt Disney Corporation 4.125% 12/01/41	352,000.000 units	336,206	294,456
	Westlake Chemical 4.375% 11/15/47	148,000.000 units	137,531	116,435
	Weyerhaeuser Corporation 6.9500% 10/01/27	201,000.000 units	229,074	211,841
	Williams Partners 5.4% 3/04/44	356,000.000 units	352,762	331,725
	W.R. Berkley Co. 3.55% 3/30/52	447,000.000 units	366,389	308,681
				<u>22,799,021</u>
	Total Investments			<u>\$ 33,020,868</u>

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
PN # 001
EIN 63-0364620**

**SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – MODIFIED CASH BASIS
AS OF DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Individual Transactions								
Charles Schwab Trust Bank	US Treas BD 3.125% 26,300 units	-	21,859.33	-	12.00	23,245.61	21,859.33	(1,386.28)
Charles Schwab Trust Bank	US Treas BD 3.125% 3,742,400 units	3,232,823.70	-	-	12.00	3,232,823.70	3,232,823.70	-
Charles Schwab Trust Bank	US Treasu NT 0.625% 24,400 units	-	22,479.82	-	12.00	21,834.24	22,479.82	645.58
Charles Schwab Trust Bank	US Treasu NT 0.625% 5,286,700 units	4,957,989.99	-	-	12.00	4,957,989.99	4,957,989.99	-

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



Schedule SB, line 26a – Schedule of Active Participant Data

Age versus Years of Credited Service Distribution for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-	-
45 to 49	-	9	-	-	-	-	-	-	-	-	9
50 to 54	-	37	12	-	-	-	-	-	-	-	49
55 to 59	-	38	42	8	-	-	-	-	-	-	88
60 to 64	-	48	52	12	3	-	-	-	-	-	115
65 to 69	-	23	23	3	5	1	-	-	-	-	55
over 70	-	2	3	6	1	-	-	-	-	-	12
Total	-	157	132	29	9	1	-	-	-	-	328



Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the actuarial methods and assumptions used in the valuation are presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2024.

Actuarial Methods

Actuarial cost method

The actuarial cost method used in this report for determining ERISA contributions is the Unit Credit cost method as defined by the Pension Protection Act of 2006. Under this method, an active participant’s accrued benefit is calculated based on the Plan’s benefit formula using current service and current compensation.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for the lookback period elected by the Plan Sponsor.

Asset valuation method

The market value of assets represents the fair value of assets plus receivable contributions (if any) discounted to the valuation date using the prior year's effective interest rate as defined by PPA 2006.

- The Actuarial Value of Assets (Valuation Assets) is equal to the 3-year averaging method as described in IRS Notice 2009-22.

Demographic Assumptions

Mortality tables

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using separate mortality rates for annuitants and non-annuitants with mortality improvement applied on a fully generational basis.

Retirement rates

Participants are assumed to retire on the Normal Retirement Date.

Termination rates

Sample rates are shown below:

Age 25	Age 40	Age 55
0.1	0.05	0.04

Disability rates

None.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Form of Payment

Five-year certain and life annuity.

Percent of population that is married

100% were assumed to be married.

Age of assumed spouse

The spouse is assumed to be the same age as the participant.

Late Retirement

Vested participants past their Normal Retirement Date as of the valuation date were assumed to receive Actuarial Equivalent Late Retirement Increases. Suspension of Benefits Notices were taken into account for participants who received such notices.

Economic Assumptions

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the January 2024 full yield curve published by the IRS based on the December 2023 full yield curve.

Expense Load

\$508,564, equal to the prior year's actual, non-investment related administrative expenses.

CHANGES IN PRESCRIBED METHODS AND ASSUMPTIONS SINCE THE PRIOR VALUATION

The assumed discount rates on benefits paid in the future are based on the January 2024 full yield curve published by the IRS. Previously, the January 2023 full yield curve was used.

The mortality table was changed to the IRS 2024 Generational Mortality Table. Previously, the IRS 2023 Static Mortality Table was used.

All other prescribed actuarial assumptions remained unchanged from the prior valuation.

CHANGES IN NON-PRESCRIBED METHODS AND ASSUMPTIONS SINCE PRIOR VALUATION

All non-prescribed actuarial assumptions remained unchanged from the prior valuation.

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
PN # 001
EIN 63-0364620**

**SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS – MODIFIED CASH BASIS
AS OF DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Individual Transactions								
Charles Schwab Trust Bank	US Treas BD 3.125% 26,300 units	-	21,859.33	-	12.00	23,245.61	21,859.33	(1,386.28)
Charles Schwab Trust Bank	US Treas BD 3.125% 3,742,400 units	3,232,823.70	-	-	12.00	3,232,823.70	3,232,823.70	-
Charles Schwab Trust Bank	US Treasu NT 0.625% 24,400 units	-	22,479.82	-	12.00	21,834.24	22,479.82	645.58
Charles Schwab Trust Bank	US Treasu NT 0.625% 5,286,700 units	4,957,989.99	-	-	12.00	4,957,989.99	4,957,989.99	-

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

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

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

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

A Name of plan AAA COOPER TRANSPORTATION PENSION PLAN FOR ELIGIBLE EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AAA COOPER TRANSPORTATION	D Employer Identification Number (EIN) 63-0364620	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I	Basic Information		
1	Enter the valuation date:	Month <u>01</u>	Day <u>01</u> Year <u>2024</u>
2	Assets:		
	a Market value	2a	35422766
	b Actuarial value	2b	38965042
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	228	11282450
	b For terminated vested participants.....	630	15077365
	c For active participants	328	7522480
	d Total.....	1186	33882295
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.13 %
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses	6b	508564
	c Target normal cost.....	6c	508564

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

SIGN HERE	<p><i>Christopher Roman</i> <i>CR</i></p>	<p><i>6/30/2025</i></p>
	Signature of actuary	Date
	Christopher J. Roman, EA, MAAA	23-08485
	Type or print name of actuary	Most recent enrollment number
	Schwab Retirement Plan Services	(234) 255-8677
	Firm name	Telephone number (including area code)
	4150 Kinross Lakes Parkwav	
	Richfield, OH 44286	
	Address of the firm	

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
-------------------	-------------------	-------------------	--

b Applicable month (enter code) **21b**

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c) **31a** 508564

b Excess assets, if applicable, but not greater than line 31a **31b** 508564

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



Schedule SB, line 22 – Description of Weighted Average Retirement Age

Active and Terminated Vested participants are assumed to retire at age 62.

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



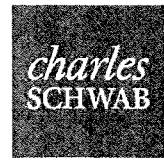
Schedule SB, line 26a – Schedule of Active Participant Data

Age versus Years of Credited Service Distribution for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-	-
45 to 49	-	9	-	-	-	-	-	-	-	-	9
50 to 54	-	37	12	-	-	-	-	-	-	-	49
55 to 59	-	38	42	8	-	-	-	-	-	-	88
60 to 64	-	48	52	12	3	-	-	-	-	-	115
65 to 69	-	23	23	3	5	1	-	-	-	-	55
over 70	-	2	3	6	1	-	-	-	-	-	12
Total	-	157	132	29	9	1	-	-	-	-	328

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



Schedule SB, line 26b – Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	342,015	526,162	1,131,190	1,999,367
2025	384,345	692,881	1,103,473	2,180,699
2026	440,742	825,514	1,074,169	2,340,425
2027	475,393	946,363	1,042,815	2,464,571
2028	523,146	1,035,000	1,006,876	2,565,022
2029	534,392	1,074,013	971,439	2,579,844
2030	554,287	1,120,398	928,877	2,603,562
2031	563,844	1,170,570	887,862	2,622,276
2032	573,873	1,195,853	846,564	2,616,290
2033	578,972	1,199,966	803,985	2,582,923
2034	583,925	1,193,108	759,627	2,536,660
2035	573,219	1,176,141	715,019	2,464,379
2036	561,251	1,150,829	669,740	2,381,820
2037	549,856	1,120,391	624,156	2,294,403
2038	537,315	1,088,099	578,645	2,204,059
2039	520,623	1,054,639	533,577	2,108,839
2040	503,256	1,019,945	489,302	2,012,503
2041	484,959	983,875	446,142	1,914,976
2042	465,609	946,427	404,384	1,816,420
2043	445,296	907,510	364,286	1,717,092
2044	424,187	867,120	326,070	1,617,377
2045	402,232	825,322	289,921	1,517,475
2046	379,495	782,204	255,988	1,417,687
2047	356,083	737,886	224,379	1,318,348
2048	332,134	692,513	195,166	1,219,813

...

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



Schedule SB, line 26b – Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
...				
2049	307,813	646,265	168,383	1,122,461
2050	283,310	599,361	144,034	1,026,705
2051	258,841	552,065	122,092	932,998
2052	234,638	504,684	102,510	841,832
2053	210,938	457,574	85,214	753,726
2054	187,978	411,147	70,108	669,233
2055	165,977	365,852	57,070	588,899
2056	145,138	322,164	45,955	513,257
2057	125,632	280,543	36,599	442,774
2058	107,599	241,416	28,827	377,842
2059	91,137	205,153	22,457	318,747
2060	76,306	172,049	17,306	265,661
2061	63,123	142,304	13,195	218,622
2062	51,570	116,012	9,960	177,542
2063	41,593	93,165	7,448	142,206
2064	33,103	73,660	5,523	112,286
2065	25,985	57,306	4,067	87,358
2066	20,111	43,848	2,977	66,936
2067	15,339	32,980	2,169	50,488
2068	11,525	24,372	1,574	37,471
2069	8,526	17,685	1,140	27,351
2070	6,207	12,594	823	19,624
2071	4,445	8,796	594	13,835
2072	3,130	6,022	427	9,579
2073	2,166	4,038	307	6,511

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A summary of the actuarial methods and assumptions used in the valuation are presented below:

Data Methods

Census data

Was as collected from information presented by the Plan Sponsor and trustee as of January 1, 2024.

Actuarial Methods

Actuarial cost method

The actuarial cost method used in this report for determining ERISA contributions is the Unit Credit cost method as defined by the Pension Protection Act of 2006. Under this method, an active participant's accrued benefit is calculated based on the Plan's benefit formula using current service and current compensation.

Discount rate method

The discount rates used to develop the Funding Target and Funding Target Normal cost in this report are equal to the rates published by the IRS for the lookback period elected by the Plan Sponsor.

Asset valuation method

The market value of assets represents the fair value of assets plus receivable contributions (if any) discounted to the valuation date using the prior year's effective interest rate as defined by PPA 2006.

- The Actuarial Value of Assets (Valuation Assets) is equal to the 3-year averaging method as described in IRS Notice 2009-22.

Demographic Assumptions

Mortality tables

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using separate mortality rates for annuitants and non-annuitants with mortality improvement applied on a fully generational basis.

Retirement rates

Participants are assumed to retire on the Normal Retirement Date.

Termination rates

Sample rates are shown below:

Age 25	Age 40	Age 55
0.1	0.05	0.04

Disability rates

None.

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Form of Payment

Five-year certain and life annuity.

Percent of population that is married

100% were assumed to be married.

Age of assumed spouse

The spouse is assumed to be the same age as the participant.

Late Retirement

Vested participants past their Normal Retirement Date as of the valuation date were assumed to receive Actuarial Equivalent Late Retirement Increases. Suspension of Benefits Notices were taken into account for participants who received such notices.

Economic Assumptions

Discount rate used in Funding Target and Funding Target Normal Cost

The assumed discount rates on benefits paid in the future are based on the January 2024 full yield curve published by the IRS based on the December 2023 full yield curve.

Expense Load

\$508,564, equal to the prior year's actual, non-investment related administrative expenses.

CHANGES IN PRESCRIBED METHODS AND ASSUMPTIONS SINCE THE PRIOR VALUATION

The assumed discount rates on benefits paid in the future are based on the January 2024 full yield curve published by the IRS. Previously, the January 2023 full yield curve was used.

The mortality table was changed to the IRS 2024 Generational Mortality Table. Previously, the IRS 2023 Static Mortality Table was used.

All other prescribed actuarial assumptions remained unchanged from the prior valuation.

CHANGES IN NON-PRESCRIBED METHODS AND ASSUMPTIONS SINCE PRIOR VALUATION

All non-prescribed actuarial assumptions remained unchanged from the prior valuation.

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



Schedule SB, Part V – Summary of Plan Provisions

A summary of major plan provisions used in this valuation is presented below:

Effective date of plan, plan document & amendments

Effective date of the plan – January 1, 1973. Restated effective January 1, 2015.

Definitions

Participation Date – First day of the Plan Year following completion of 1,000 hours of service and attainment of age 21. However, no new Participants enter the Plan on or after January 1, 1997.

Plan Year of Service – Plan Year during which a Participant completes 1,000 or more hours of service. For purposes of determining accrued benefits, service after January 1, 1997 will not be counted.

Normal Retirement Age (NRA) – The 62nd birthday of the Participant.

Normal Retirement Date (NRD) – The first day of the month coincident with or next following the NRA.

Monthly Normal Retirement Benefit – Thirty dollars (\$30.00) per month for each Year of Service, up to a maximum of 33 years, payable as of the NRD. Years of Service after January 1, 1997 are not counted.

Monthly Accrued Benefit – As of any date on or after January 1, 1997 will equal the frozen accrued benefit on 12/31/1996.

Monthly Preretirement Survivor Annuity – 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment on the participant's earliest retirement date.

Qualified Joint and Survivor Annuity – An annuity payable to the Participant during his lifetime and a survivor annuity payable to his spouse during her lifetime in an amount equal to X% of the amount payable to the Participant. X is equal to the elected joint and survivor percentage and can be 50% or 100%. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's Accrued Benefit.

Eligibility for benefits

Normal Retirement – Retirement on NRD.

Early Retirement Age – First day of the month coincident with or next following age fifty and 10 Years of Service.

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



Schedule SB, Part V – Summary of Plan Provisions (continued)

Early Retirement Date – Any date on the first of the month on or after Early Retirement Age that the Participant elects to terminate employment and begin receiving benefits under the Plan.

Deferred Vested – Termination for reasons other than death or retirement after completing five Years of Service.

Pre-retirement Spouse Benefit – Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

Disability Retirement – No plan provisions for disability retirement.

Benefits paid out under each benefit type

Normal Retirement – Monthly Normal Retirement Benefit.

Early Retirement – The monthly Accrued Benefit, reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 7 years by which the Early Retirement Date precedes the Normal Retirement Date.

Termination with Deferred Vested Benefit – Monthly Accrued Benefit determined as of termination date, reduced in the same manner as for early retirement for commencing before NRD.

Death with Preretirement Spouse Benefits – The surviving spouse is entitled to the 50% of the monthly pension benefit as of the participant's earliest retirement date or date of death if later, reduced for the 50% joint and survivor election and reduced for payment before the participant's NRD.

Disability Benefit – The plan has no provisions for disability.

Forms of benefit

Normal Form of Payment – The normal form of payment is the five-year certain and life annuity option for single participants, and the 50% Qualified Joint and Survivor Annuity option (described above) for married participants.

Optional Forms of Payments – Optional forms are a 50%, 75% or 100% joint and survivor annuity, a life annuity and a 120 month certain and life annuity.

Benefit limitations

Maximum on benefit and pay – All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Changes since prior Valuation

None.

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



Schedule SB, line 22 – Description of Weighted Average Retirement Age

Active and Terminated Vested participants are assumed to retire at age 62.

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001



Schedule SB, line 26b – Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	342,015	526,162	1,131,190	1,999,367
2025	384,345	692,881	1,103,473	2,180,699
2026	440,742	825,514	1,074,169	2,340,425
2027	475,393	946,363	1,042,815	2,464,571
2028	523,146	1,035,000	1,006,876	2,565,022
2029	534,392	1,074,013	971,439	2,579,844
2030	554,287	1,120,398	928,877	2,603,562
2031	563,844	1,170,570	887,862	2,622,276
2032	573,873	1,195,853	846,564	2,616,290
2033	578,972	1,199,966	803,985	2,582,923
2034	583,925	1,193,108	759,627	2,536,660
2035	573,219	1,176,141	715,019	2,464,379
2036	561,251	1,150,829	669,740	2,381,820
2037	549,856	1,120,391	624,156	2,294,403
2038	537,315	1,088,099	578,645	2,204,059
2039	520,623	1,054,639	533,577	2,108,839
2040	503,256	1,019,945	489,302	2,012,503
2041	484,959	983,875	446,142	1,914,976
2042	465,609	946,427	404,384	1,816,420
2043	445,296	907,510	364,286	1,717,092
2044	424,187	867,120	326,070	1,617,377
2045	402,232	825,322	289,921	1,517,475
2046	379,495	782,204	255,988	1,417,687
2047	356,083	737,886	224,379	1,318,348
2048	332,134	692,513	195,166	1,219,813
...				

AAA Cooper Transportation Pension Plan for Eligible Employees

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Schedule SB, line 26b – Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
...				
2049	307,813	646,265	168,383	1,122,461
2050	283,310	599,361	144,034	1,026,705
2051	258,841	552,065	122,092	932,998
2052	234,638	504,684	102,510	841,832
2053	210,938	457,574	85,214	753,726
2054	187,978	411,147	70,108	669,233
2055	165,977	365,852	57,070	588,899
2056	145,138	322,164	45,955	513,257
2057	125,632	280,543	36,599	442,774
2058	107,599	241,416	28,827	377,842
2059	91,137	205,153	22,457	318,747
2060	76,306	172,049	17,306	265,661
2061	63,123	142,304	13,195	218,622
2062	51,570	116,012	9,960	177,542
2063	41,593	93,165	7,448	142,206
2064	33,103	73,660	5,523	112,286
2065	25,985	57,306	4,067	87,358
2066	20,111	43,848	2,977	66,936
2067	15,339	32,980	2,169	50,488
2068	11,525	24,372	1,574	37,471
2069	8,526	17,685	1,140	27,351
2070	6,207	12,594	823	19,624
2071	4,445	8,796	594	13,835
2072	3,130	6,022	427	9,579
2073	2,166	4,038	307	6,511

AAA Cooper Transportation Pension Plan for Eligible Employees

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Schedule SB, Part V – Summary of Plan Provisions

A summary of major plan provisions used in this valuation is presented below:

Effective date of plan, plan document & amendments

Effective date of the plan – January 1, 1973. Restated effective January 1, 2015.

Definitions

Participation Date – First day of the Plan Year following completion of 1,000 hours of service and attainment of age 21. However, no new Participants enter the Plan on or after January 1, 1997.

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Monthly Preretirement Survivor Annuity – 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment on the participant's earliest retirement date.

Qualified Joint and Survivor Annuity – An annuity payable to the Participant during his lifetime and a survivor annuity payable to his spouse during her lifetime in an amount equal to X% of the amount payable to the Participant. X is equal to the elected joint and survivor percentage and can be 50% or 100%. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's Accrued Benefit.

Eligibility for benefits

Normal Retirement – Retirement on NRD.

Early Retirement Age – First day of the month coincident with or next following age fifty and 10 Years of Service.

AAA Cooper Transportation Pension Plan for Eligible Employees

EIN/ PN 63 – 0364620 / 001

The logo for Charles Schwab, featuring the word "charles" in a script font above the word "SCHWAB" in a bold, sans-serif font, all within a blue square.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Early Retirement Date – Any date on the first of the month on or after Early Retirement Age that the Participant elects to terminate employment and begin receiving benefits under the Plan.

Deferred Vested – Termination for reasons other than death or retirement after completing five Years of Service.

Pre-retirement Spouse Benefit – Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

Disability Retirement – No plan provisions for disability retirement.

Benefits paid out under each benefit type

Normal Retirement – Monthly Normal Retirement Benefit.

Early Retirement – The monthly Accrued Benefit, reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 7 years by which the Early Retirement Date precedes the Normal Retirement Date.

Termination with Deferred Vested Benefit – Monthly Accrued Benefit determined as of termination date, reduced in the same manner as for early retirement for commencing before NRD.

Death with Preretirement Spouse Benefits – The surviving spouse is entitled to the 50% of the monthly pension benefit as of the participant's earliest retirement date or date of death if later, reduced for the 50% joint and survivor election and reduced for payment before the participant's NRD.

Disability Benefit – The plan has no provisions for disability.

Forms of benefit

Normal Form of Payment – The normal form of payment is the five-year certain and life annuity option for single participants, and the 50% Qualified Joint and Survivor Annuity option (described above) for married participants.

Optional Forms of Payments – Optional forms are a 50%, 75% or 100% joint and survivor annuity, a life annuity and a 120 month certain and life annuity.

Benefit limitations

Maximum on benefit and pay – All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Changes since prior Valuation

None.

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
PN # 001**

EIN 63-0364620

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS
AS OF DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
Government Debt				
Federal Home Loan Bank	3.25% 06/9/28	90,000.000 units	\$ 97,308	\$ 86,652
United States Treasury	3.125% 0	4,055,800.000 units	3,509,827	3,202,815
United States Treasury	.375% 12/31/25	7,500.000.000 units	6,809	7,221
United States Treasury	.625% 7/31/26	5,576,900.000 units	5,217,674	5,270,171
United States Treasury	4.375% 5/15/34	666,300.000 units	688,412	656,514
United States Treasury	3.00% 10/31/25	123,200.000 units	124,315	121,930
United States Treasury	2.875% 5/15/52	878,700.000 units	699,392	614,815
Reedy Creek Improvement	2.547% 6/1/35	95,000.000 units	95,010	74,920
Sales Tax Securitization Corp	3.107% 1/1/35	225,000.000 units	225,015	186,809
				<u>10,221,847</u>
Corporate Debt				
AT&T Inc	4.5% 5/15/35	242,000.000 units	230,829	224,183
Aetna Insurance	4.5% 5/15/42	361,000.000 units	324,742	288,403
Alexandria Real Estate	4.5% 7/30/29	227,000.000 units	229,620	222,064
Amazon.com, Inc.	2.7%	357,000.000 units	252,596	203,994
American Tower	3.375% 10/15/26	374,000.000 units	361,598	365,364
Anthem Inc.	3.7% 9/15/49	195,000.000 units	190,558	137,292
Apple Inc	2.95% 9/11/49	406,000.000 units	328,033	270,765
AT&T Inc.	3.85% 6/1/60	470,000.000 units	384,736	326,075
Athene Holding	3.95% 5/25/51	366,000.000 units	258,970	259,797
Baker Hughes Inc.	5.125% 9/15/40	232,000.000 units	230,943	220,297
Bank America Corporation	2.831% 10/24/51	233,000.000 units	178,473	142,863
Bank New York Mellon	3% 10/30/28	252,000.000 units	236,651	235,303
Berkshire Hathaway Inc.	4.4% 5/15/42	341,000.000 units	333,053	308,590
Boardwalk Pipeline	3.4% 2/15/31	372,000.000 units	338,715	332,876

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
PN # 001**

EIN 63-0364620

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS
AS OF DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	Bristol Myers 3.25% 8/01/42	371,000.000 units	303,535	268,043
	Bristol Myers Squibb 5.5% 2/22/44	51,000.000 units	50,731	50,339
	Canadian Pacific 3.125% 6/1/26	386,000.000 units	366,937	374,022
	Capital One Financial 3.75% 3/09/27	244,000.000 units	237,954	237,853
	Charter Community 4.9080% 7/23/25	74,000.000 units	76,199	73,908
	Charter Community 3.9% 6/01/52	516,000.000 units	386,082	331,620
	Citigroup Insurance 4.65% 7/23/48	323,000.000 units	320,474	276,192
	Comcast Corporation 2.8% 1/15/51	520,000.000 units	389,684	309,046
	Consolidated Edison 4.3% 12/01/56	470,000.000 units	424,244	364,702
	Consumers Energy 4.35% 8/31/64	473,000.000 units	439,159	372,730
	Deere & Co. 5.375% 10/16/29	413,000.000 units	458,317	426,089
	DH Europe Financial 3.4% 11/15/49	530,000.000 units	443,090	370,392
	Diamondback Energy 3.5% 12/1/29	188,000.000 units	189,130	174,472
	Duke Energy 4.1500% 12/01/44	232,000.000 units	213,116	189,701
	Entergy Louisiana 2.9% 3/15/51	462,000.000 units	350,578	283,455
	Exelis Insurance 5.054% 4/27/45	367,000.000 units	375,070	334,197
	Exelon Generation 6.25% 10/01/39	319,000.000 units	350,144	333,577
	Federal Realty 3.625% 8/01/46	391,000.000 units	305,968	276,498
	Fedex Corporation 4.5% 2/01/65	427,000.000 units	349,037	315,310
	Fiserv Insurance 4.4% 7/01/49	492,000.000 units	437,052	403,238
	FMC Corporation 4.515% 10/01/49	380,000.000 units	331,138	289,690
	Georgia-Pacific 8.875% 05/15/31	91,000.000 units	139,862	108,559
	HCA Healthcare, Inc. 3.5% 7/15/51	463,000.000 units	356,419	295,969
	HSBC Holdings 7.625% 5/17/32	360,000.000 units	385,920	397,089
	Jefferies Group 4.15% 1/23/30	524,000.000 units	487,184	500,424

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
PN # 001**

EIN 63-0364620

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS
AS OF DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	JP Morgan Chase Bank NA	228,000.000 units	230,241	222,947
	JP Morgan 10/15/30	352,000.000 units	315,731	315,324
	Kimco Realty Corporation 4.4500% 9/1/47	154,000.000 units	124,111	126,764
	Kimco Realty Corporation 3.700% 10/01/49	547,000.000 units	442,198	394,527
	Kinder Morgan Energy 6.5% 2/01/37	210,000.000 units	227,375	220,893
	LYB International Finance III 5.5% 3/01/34	85,000.000 units	86,120	83,082
	Marathon Pete Corporation 5% 9/15/54	387,000.000 units	352,075	318,085
	Mitsubishi Financial Group 3.751% 7/18/39	390,000.000 units	351,080	326,461
	Morgan Stanley 6.375% 7/24/42	223,000.000 units	270,200	241,468
	MPLX LP 4.8% 2/15/29	116,000.000 units	117,562	114,956
	National Rural Utilities 4.0230% 11/01/32	452,000.000 units	447,881	418,210
	Oneok Partners 6.125% 2/1/41	320,000.000 units	333,454	319,416
	Paypal Holdings 2.3% 6/1/30	556,000.000 units	493,445	487,248
	Pepsico Incorporated 2.875% 10/15/49	398,000.000 units	320,951	258,740
	Progress Energy 7.75% 3/01/31	274,000.000 units	336,503	309,378
	Prudential Financial 3.7% 3/13/51	565,000.000 units	476,344	409,149
	Realty Income Corporation 4.45% 9/15/26	245,000.000 units	244,294	245,711
	Salesforce, Inc. 2.9000% 07/15/51	465,000.000 units	362,742	296,726
	Schlumberger 2.6500% 6/26/30	332,000.000 units	286,223	295,821
	Sempra Energy 3.8% 2/01/38	392,000.000 units	341,793	325,696
	Shell International 5.5% 3/25/40	297,000.000 units	331,811	296,186
	Simon Property Group 3.25% 9/13/49	398,000.000 units	315,941	266,284
	Snap-On Inc. 3.15%	604,000.000 units	495,740	400,363
	State Street Corporation 3.55% 8/18/25	239,000.000 units	239,219	237,273
	T-Mobile USA Inc 5.8% 9/15/62	372,000.000 units	367,761	358,408

**AAA COOPER TRANSPORTATION
PENSION PLAN FOR ELIGIBLE EMPLOYEES
PN # 001**

EIN 63-0364620

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS
AS OF DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	Targa Resources 6.25% 7/1/52	465,000.000 units	452,696	464,136
	TC Energy Corporation 5.6% 3/31/34	420,000.000 units	447,399	417,422
	Telefonica Euro 8.25% 9/15/30	268,000.000 units	337,452	304,407
	The Coca-Cola Company 2.75% 6/1/60	491,000.000 units	378,922	286,734
	The Hershey Corporation 3.125% 11/15/49	395,000.000 units	328,380	262,061
	Tractor Supply Co 1.75% 11/1/30	313,000.000 units	265,827	261,490
	Transatlantic HL 8.00% 11/30/39	267,000.000 units	358,557	328,552
	United Health Group 3.875% 8/15/59	399,000.000 units	339,711	278,271
	United Health Group 4.625% 11/15/41	333,000.000 units	331,790	291,063
	Ventas Realty 4.375% 2/01/45	90,000.000 units	91,713	73,174
	Verizon Communications 1.5% 9/18/30	463,000.000 units	394,972	384,476
	Walt Disney Corporation 4.125% 12/01/41	352,000.000 units	336,206	294,456
	Westlake Chemical 4.375% 11/15/47	148,000.000 units	137,531	116,435
	Weyerhaeuser Corporation 6.9500% 10/01/27	201,000.000 units	229,074	211,841
	Williams Partners 5.4% 3/04/44	356,000.000 units	352,762	331,725
	W.R. Berkley Co. 3.55% 3/30/52	447,000.000 units	366,389	308,681
				<u>22,799,021</u>
	Total Investments			<u>\$ 33,020,868</u>