

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN OF CERTAIN EMPLOYEES OF CEVA LOGISTICS U.S. INC. 1b Three-digit plan number (PN): 001 1c Effective date of plan: 01/01/1984 2a Plan sponsor's name, mailing address, city... 2b Employer Identification Number (EIN): 23-2142673 2c Plan Sponsor's telephone number: 281-618-3100 2d Business code (see instructions): 484200

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

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>CEVA EMPLOYEE BENEFITS ADMIN &amp; INVESTMENT COMMITTEE</p> <p>15350 VICKERY DRIVE HOUSTON, TX 77032</p>	<p><b>3b</b> Administrator's EIN 23-2142673</p> <p><b>3c</b> Administrator's telephone number 281-618-3100</p>
<p><b>4</b> 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:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 527</p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p>	
<p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p>	<p><b>6a(1)</b> 20</p>
<p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p>	<p><b>6a(2)</b> 18</p>
<p><b>b</b> Retired or separated participants receiving benefits.....</p>	<p><b>6b</b> 199</p>
<p><b>c</b> Other retired or separated participants entitled to future benefits .....</p>	<p><b>6c</b> 273</p>
<p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p>	<p><b>6d</b> 490</p>
<p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p>	<p><b>6e</b> 32</p>
<p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p>	<p><b>6f</b> 522</p>
<p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p>	<p><b>6g(1)</b></p>
<p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p>	<p><b>6g(2)</b></p>
<p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p><b>6h</b> 0</p>
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b></p>

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

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

<p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>RETIREMENT PLAN OF CERTAIN EMPLOYEES OF CEVA LOGISTICS U.S. INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CEVA LOGISTICS U.S., INC</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2142673</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>24060483</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>24545905</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>221</u>	<u>14054151</u>
	<b>b</b> For terminated vested participants .....	<u>290</u>	<u>9152447</u>
	<b>c</b> For active participants .....	<u>20</u>	<u>578220</u>
	<b>d</b> Total .....	<u>531</u>	<u>23784818</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.13 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>17342</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>17342</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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>10/13/2025</u>	Date
	<u>ERIN M. MALONE</u>	<u>23-08152</u>	Most recent enrollment number
	Firm name	<u>713-276-2127</u>	Telephone number (including area code)
	Address of the firm		
	<u>500 DALLAS STREET SUITE 1400 HOUSTON, TX 77002</u>		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	721438
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	118276
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	603162
<b>10</b>	Interest on line 9 using prior year's actual return of <u>16.31</u> % .....	0	98376
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.26</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	701538

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	100.22 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	103.17 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	97.30 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> 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		
			<b>Totals ▶</b>	<b>18(b)</b>	0	<b>18(c)</b>	0

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

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**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**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	17342
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	17342

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	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

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

<b>A</b> Name of plan <b>RETIREMENT PLAN OF CERTAIN EMPLOYEES OF CEVA LOGISTICS U.S. INC.</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CEVA LOGISTICS U.S., INC</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2142673</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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)

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50	TRUSTEE	14410	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"/>

(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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name: ERIC PUDLOWSKI	<b>b</b> EIN: 13-2834414
<b>c</b> Position: ACTUARY	
<b>d</b> Address: 15455 DALLAS PKWY #1100-2 ADDISON, TX 75001	<b>e</b> Telephone: 469-851-9613

Explanation: ERIC PUDLOWSKI IS NO LONGER EMPLOYED AT MERCER.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>RETIREMENT PLAN OF CERTAIN EMPLOYEES OF CEVA LOGISTICS U.S. INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CEVA LOGISTICS U.S., INC</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2142673</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL SHORT TERM INVESTMENT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENT, NA</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1418145</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL RUSSELL 3000 INDEX FUND NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENT, NA</u>		
<b>c</b> EIN-PN <u>45-6138589-097</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1628930</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON NON-US EQUITY INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-044</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>877029</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NISA ULTRA MID TREASURY CIF</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>88-6547562-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1202286</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON 20+ U.S. TREASURY STRIPS FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-036</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99177</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON INTERM GOVT BOND INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-043</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4509346</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG GOVERNMENT BOND INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-042</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1996845</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND FUND

**b** Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

<b>c</b> EIN-PN 37-6543784-038	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1003906
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CREDIT BOND FUND

**b** Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

<b>c</b> EIN-PN 37-6543784-040	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12014168
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NTGICL DLY AGGREGATE DB FD NONLDG

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT, NA

<b>c</b> EIN-PN 45-6138589-088	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NTGICLTV-DLY RSLI 2000 INDXFD NONLD

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT, NA

<b>c</b> EIN-PN 45-6138589-096	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NTGICLTV-DLY RSLI 1000 INDXFD NONLD

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT, NA

<b>c</b> EIN-PN 45-6138589-095	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NTCL MSCI ACWI EX-US INDXFD NONLDG

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENT, NA

<b>c</b> EIN-PN 45-6138589-103	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**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

<b>A</b> Name of plan <u>RETIREMENT PLAN OF CERTAIN EMPLOYEES OF CEVA LOGISTICS U.S. INC.</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CEVA LOGISTICS U.S., INC</u>		<b>D</b> Employer Identification Number (EIN) <u>23-2142673</u>	

**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.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	<u>821</u>	<u>3081</u>
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	<u>24059662</u>	<u>24749832</u>
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	24060483	24752913
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	24060483	24752913

**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.

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

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		1960061
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1960061

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1253221	
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
<b>(3)</b> Other.....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1253221
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
<b>(1)</b> Salaries and allowances .....	<b>2i(1)</b>		
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>		
<b>(3)</b> Recordkeeping fees .....	<b>2i(3)</b>		
<b>(4)</b> IQPA audit fees .....	<b>2i(4)</b>		
<b>(5)</b> Investment advisory and investment management fees .....	<b>2i(5)</b>		
<b>(6)</b> Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	14410	
<b>(7)</b> Actuarial fees .....	<b>2i(7)</b>		
<b>(8)</b> Legal fees .....	<b>2i(8)</b>		
<b>(9)</b> Valuation/appraisal fees .....	<b>2i(9)</b>		
<b>(10)</b> Other trustee fees and expenses .....	<b>2i(10)</b>		
<b>(11)</b> Other expenses.....	<b>2i(11)</b>		
<b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		14410
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1267631

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		692430
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan.....	<b>2l(1)</b>		
<b>(2)</b> From this plan .....	<b>2l(2)</b>		

**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: **HAM, LANGSTON & BREZINA, LLP**

(2) EIN: **76-0448495**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 557348.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	--

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

<b>A</b> Name of plan <u>RETIREMENT PLAN OF CERTAIN EMPLOYEES OF CEVA LOGISTICS U.S. INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CEVA LOGISTICS U.S., INC</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2142673</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 36-8659460

**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		0
---	--	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.**

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES  
WITH INDEPENDENT AUDITOR'S REPORT  
As of and for the Years Ended December 31, 2024 and 2023**

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
TABLE OF CONTENTS**

	<u>Page</u>
Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023	4
Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023	5
Statement of Accumulated Plan Benefits As of December 31, 2023	6
Statement of Changes in Accumulated Plan Benefits For the Year Ended December 31, 2023	7
Notes to Financial Statements	8
Supplemental Schedules*:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) As of December 31, 2024	15
Schedule H, Line 4j – Schedule of Reportable Transactions For the Year Ended December 31, 2024	16

\* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

## **INDEPENDENT AUDITOR'S REPORT**

To the Trustees of the Retirement Plan for Certain  
Employees of CEVA Logistics U.S., Inc.:

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements**

We have performed audits of the financial statements of the Retirement Plan for Certain Employees of CEVA Logistics U.S., Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, the related Statements of Changes in Net Assets Available for Benefits for the years then ended, the Statement of Accumulated Plan Benefits as of December 31, 2023, and the related Statement of Changes in Accumulated Plan Benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 DOL'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 4 to the financial statements, is complete and accurate.

### **Opinion on the Financial Statements**

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 accounting principles generally accepted in the United States of America ("U.S. GAAP").
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the Financial Statements**

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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **INDEPENDENT AUDITOR'S REPORT, continued**

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 U.S. GAAP.

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.

## INDEPENDENT AUDITOR'S REPORT, continued

### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended 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 DOL'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, 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 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, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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).

*Ham, Langston & Brejda, L.L.P.*

Houston, Texas  
October 10, 2025



**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023**

<b>ASSETS</b>	<u>2024</u>	<u>2023</u>
Investments, at fair value (see Notes 2 and 3)	\$ 24,749,832	\$ 24,059,662
Accrued income	<u>3,081</u>	<u>821</u>
Net assets available for benefits	<u>\$ 24,752,913</u>	<u>\$ 24,060,483</u>

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

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Dividends and interest	\$ 19,002	\$ 13,329
Net appreciation in fair value of investments (see Note 2)	<u>1,941,059</u>	<u>3,435,012</u>
Total investment income	<u>1,960,061</u>	<u>3,448,341</u>
Deductions from net assets attributed to:		
Benefits paid to participants	1,253,221	1,222,709
Administrative expenses	<u>14,410</u>	<u>17,342</u>
Total deductions from net assets	<u>1,267,631</u>	<u>1,240,051</u>
Net increase in net assets available for benefits	692,430	2,208,290
Net assets available for benefits at beginning of year	<u>24,060,483</u>	<u>21,852,193</u>
Net assets available for benefits at end of year	<u>\$ 24,752,913</u>	<u>\$ 24,060,483</u>

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

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
DECEMBER 31, 2023\***

Actuarial present value of vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 14,266,635
Other participants	<u>10,180,736</u>
Total vested benefits	24,447,371
Actuarial present value of non-vested benefits	<u>6,136</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 24,453,507</u>

\* The Plan presents accumulated plan benefits using beginning of year actuarial data. (See Note 5)

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

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2023\***

Actuarial present value of accumulated plan benefits at beginning of period	<u>\$ 24,077,078</u>
Increase (decrease) during the year attributable to:	
Benefits paid	(1,222,709)
Benefits accumulated and plan experience	(286,340)
Increase in interest due to decrease in discount period	1,222,251
Change in actuarial assumptions	<u>663,227</u>
Net increase in accumulated plan benefits	<u>376,429</u>
Actuarial present value of accumulated plan benefits at end of period	<u>\$ 24,453,507</u>

\* The Plan presents accumulated plan benefits using beginning of year actuarial data. (See Note 5)

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

# RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF CEVA LOGISTICS U.S., INC. NOTES TO FINANCIAL STATEMENTS

## 1. Description of Plan

The following description of the Retirement Plan for Certain Employees of CEVA Logistics U.S., Inc. (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 noncontributory defined benefit plan covering substantially all administrative employees of CEVA Logistics U.S., Inc. (the "Company") who were employed as of December 31, 2000. Effective January 1, 2001, the Plan was frozen to new participants. Additionally, benefits under the Plan no longer accrue and each participant's accrued benefit and normal retirement benefit was frozen as of December 31, 2001 and will not increase thereafter.

The Plan has been amended and restated from time to time, most recently effective January 1, 2020, to comply with the latest tax laws and regulations applicable to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

### Administration

The Plan is administered by the Company. The Northern Trust Company (the "Trustee") serves as the Plan's trustee and Aon Hewitt is the Plan's recordkeeper.

### Funding Policy

The Company contributes such amounts as are necessary, based on actuarial calculations, to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants and their beneficiaries. The contributions to the Plan are subject to the limitations of maximum tax-deductible contributions and minimum required contributions determined by the actuary. Interest earned and appreciation (depreciation) on investments serves to reduce (increase) future contributions. The Company was not required and did not make any contributions for 2024 and 2023 as it met the minimum funding requirements of ERISA.

### Pension Benefits

Under the terms of the Plan, participants are eligible for benefits in the form of a single life annuity, for single participants, or 50% joint and survivor annuity, for married participants, upon reaching normal retirement age of 65 and completing five years of service, or upon early retirement, between age 55 and 65, and completing at least fifteen years of credited service (or ten years of credited service for a participant who terminates service after June 30, 2000). Benefit payments are determined by the application of a benefit formula to a participant's compensation and years of service credited to the participant's date of normal or early retirement, or a fixed amount (as determined by the Plan document) multiplied by the participant's years of credited service to the date of normal or early retirement, whichever yields the highest benefit.

### Death and Disability Benefits

If an active participant dies at age 55 or older, a death benefit equal to the value of the participant's accumulated pension benefits is paid to the participant's beneficiary. Active participants who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

### Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the accompanying Statements of Changes in Net Assets Available for Benefits.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
NOTES TO FINANCIAL STATEMENTS**

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

**Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein, at the date of the financial statements. Accordingly, actual results may 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. See Note 3 for discussion of fair value measurements.

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation in fair value of investments, which consists of realized gains and losses on investments sold during the year and unrealized appreciation (depreciation) of investments held at the end of the year. Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

**Risks and Uncertainties**

The Plan invests in various investment securities. Such investments 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 and the Statements of Changes in Net Assets Available for Benefits.

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

**Benefit Payments**

Benefits are recorded when paid.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
NOTES TO FINANCIAL STATEMENTS**

**3. Fair Value Measurements**

The Financial Accounting Standards Board Accounting Standards Codification Topic 820 (“ASC 820”), *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

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

**Level 2** Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 not corroborated by market data 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.

In determining fair value, the Plan uses the market approach, which uses prices and other relevant data based on market transactions involving identical or comparable assets and liabilities.

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

*Collective trust funds:* Valued at the net asset value (“NAV”) of units of a bank collective trust fund. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust fund, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

In accordance with ASC 820-10, investments measured at NAV per share (or its equivalent) as a practical expedient, are not classified in the fair value hierarchy. All Plan investments at December 31, 2024 and 2023, are in collective trust funds and measured at NAV as a practical expedient. Accordingly, no fair value hierarchy is presented.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
NOTES TO FINANCIAL STATEMENTS**

**3. Fair Value Measurements, continued**

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023:

<u>Investment</u>	<u>Fair Value December 31,</u>		<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
	<u>2024</u>	<u>2023</u>	<u>Commitments</u>	<u>Frequency</u>	<u>Notice</u>
				<u>(if currently</u>	<u>Period</u>
				<u>eligible)</u>	
AON Trust Collective Long Credit Bond Fund	\$ 12,014,168	\$ -	N/A	Daily	None
AON Trust Collective US Intermediate Government Bond Index Fund	4,509,346	-	N/A	Daily	None
AON Trust Collective U.S. Long Government Bond Index Fund	1,996,845	-	N/A	Daily	None
Northern Trust Collective Russell 3000 Index Fund Non Lending	1,628,930	-	N/A	Daily	None
Northern Trust Collective Short-Term Investment Fund	1,418,145	480,756	N/A	Daily	None
Global Trust Collective NISA Ultra Mid Treasury CIF Class A	1,202,286	-	N/A	Daily	None
AON Trust Collective Intermediate Credit Fund	1,003,906	-	N/A	Daily	None
AON Trust Collective Formerly AON Hewitt Non U.S. Equity Index Fund	877,029	-	N/A	Daily	None
AON Trust Collective 20+ Year U.S. Treasury Strips	99,177	-	N/A	Daily	None
Northern Trust Collective Russell 1000 Index Fund Non Lending	-	9,361,881	N/A	Daily	None
Northern Trust Collective Aggregate Bond Index Fund Non Lending	-	8,197,081	N/A	Daily	None
Northern Trust Collective MSCI All Country World Ex-US Index Fund Non Lending	-	3,652,745	N/A	Daily	T+1

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
NOTES TO FINANCIAL STATEMENTS**

**3. Fair Value Measurements, continued**

<u>Investment</u>	<u>Fair Value December 31,</u>		<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
	<u>2024</u>	<u>2023</u>	<u>Commitments</u>	<u>Frequency</u> <u>(if currently</u> <u>eligible)</u>	<u>Notice</u> <u>Period</u>
Northern Trust Collective Russell 2000 Index Fund Non Lending	\$ -	\$ 2,367,199	N/A	Daily	None
	<u>\$ 24,749,832</u>	<u>\$ 24,059,662</u>			

**4. Information Certified by the Trustee of the Plan (Unaudited)**

The Plan administrator has elected the method of annual reporting and compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2024 and 2023, was obtained and derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

**5. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments attributable under the Plan's provisions to the service which participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits was calculated as of January 1, 2024, and accordingly, the Plan presents the Statement of Accumulated Plan Benefits and the Statement of Changes in Accumulated Plan Benefits using the beginning of year actuarial data. Had the actuarial valuations been performed as of December 31, 2023, there would be no material differences.

The significant actuarial assumptions underlying the actuarial valuations for January 1, 2024 are as follows:

Discount rate	4.97%
Mortality rates	
Healthy and disabled	Pri-2012 mortality study projected generationally with mortality improvement projections to scale MP-2021.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
NOTES TO FINANCIAL STATEMENTS**

**5. Actuarial Present Value of Accumulated Plan Benefits, continued**

Retirement age Participants are assumed to retire in accordance with the following schedule:

Attained Age	Annual Rate of Retirement
55	3.0%
56	4.0%
57	5.0%
58	6.0%
59	7.0%
60	15.0%
61	10.0%
62	35.0%
63 - 64	10.0%
65	75.0%
66 - 69	25.0%
70+	100.0%

Surviving Spouse Benefit It is assumed that 90% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.

Market-Related Value of Assets Fair value.

The foregoing 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 accumulated plan benefits.

All assumptions used in determining the actuarial present value of accumulated plan benefits remained unchanged from the prior year's valuation except for a change in the discount rate from 5.22% to 4.97%.

**6. Federal Income Tax Status**

The Plan has adopted the DF Pensions, Inc. Volume Submitter ("VS") Defined Benefit Plan sponsored by DF Pensions, Inc. The VS Plan is designed to comply with provisions of the IRC's Economic Growth and Tax Reconciliation Act of 2001 ("EGTRRA"). Such VS plans are pre-approved by the Internal Revenue Service ("IRS") by reference to the Cumulative List of Changes in Plan Qualification Requirements (the "Cumulative List") provided under EGTRRA. Because the Plan is a VS plan, the Company is not authorized to amend the Plan except to comply with changes in the Cumulative List. The VS Plan received a favorable opinion letter from the IRS dated March 30, 2018. Plan management believes the Plan complies with and is being operated in accordance with the applicable requirements of the Internal Revenue Code ("IRC") of 1986, as amended. Accordingly, no provision for federal income tax has been recorded.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
NOTES TO FINANCIAL STATEMENTS**

**7. Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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

- a. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period, would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

Whether all participants receive their benefits should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC or the financial condition of the Plan sponsor. 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 survivors' pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

**8. Party-in-Interest Transactions**

Plan investments are units of collective trusts, which are managed by the Trustee and therefore, such transactions qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the ERISA prohibited transaction rules; consequently, these transactions are permissible.

**9. Subsequent Events**

Plan management has evaluated all subsequent events through October 10, 2025 which is the date the financial statements were issued, and has concluded that there are no significant events to be reported.

**SUPPLEMENTAL SCHEDULES**

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024**

EIN: 23-2142673

PN: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	AON Trust Company LLC	Collective Trust – Long Credit Bond Index	\$ 12,000,000	\$ 12,014,168
*	AON Trust Company LLC	Collective Trust – U.S. Intermediate Government Bond Index Fund	4,500,000	4,509,346
*	AON Trust Company LLC	Collective Trust – U.S. Long Government Bond Index Fund	2,000,000	1,996,845
*	Northern Trust Global Investments	Collective Trust – Russell 3000 Index Fund Non Lending	1,625,000	1,628,930
*	Northern Trust Global Investments	Collective Trust – Short Term Investment Fund	1,418,145	1,418,145
	Global Trust Company	Collective Trust – NISA Ultra Mid Treasury CIF Class A	1,200,000	1,202,286
*	AON Trust Company LLC	Collective Trust – Intermediate Credit Bond Fund	1,000,000	1,003,906
*	AON Trust Company LLC	Collective Trust – Formerly AON Hewitt Non U.S. Equity Index Fund	875,000	877,029
*	AON Trust Company LLC	Collective Trust – 20+ Yr. U.S. Treasury Strips Fund	<u>100,000</u>	<u>99,177</u>
			<u>\$ 24,718,145</u>	<u>\$ 24,749,832</u>

\* Indicates a party-in-interest

See accompanying independent auditor's report.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN: 23-2142673  
PN: 001

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>Number of Transactions</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or Loss</u>
<b><u>Series of transactions</u></b>							
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	3	\$ 28,179,069	\$ -	\$ 28,179,069	\$ 28,179,069	\$ -
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	6	-	36,173,712	35,510,874	36,173,712	662,838
Northern Trust Global Investments	Collective Trust – MSCI ACWI U.S. Index Fund Non Lending	14	-	6,903,177	5,403,089	6,903,177	1,500,088
Northern Trust Global Investments	Collective Trust – Russel 1000 Index Fund Non Lending	13	-	19,622,911	12,781,368	19,622,911	6,841,543
Northern Trust Global Investments	Collective Trust – Russell 2000 Index Fund Non Lending	3	2,398,676	-	2,398,676	2,398,676	-
Northern Trust Global Investments	Collective Trust – Russell 2000 Index Fund Non Lending	8	-	4,961,170	3,390,656	4,961,170	1,570,514
Northern Trust Global Investments	Collective Trust – Short Term Investment Fund	19	3,395,478	-	3,395,478	3,395,478	-
Northern Trust Global Investments	Collective Trust – Short Term Investment Fund	22	-	2,458,089	2,458,089	2,458,089	-
<b><u>Single transactions</u></b>							
Northern Trust Global Investments	Collective Trust – MSCI ACWI U.S. Index Fund Non Lending	1	2,951,896	-	2,951,896	2,951,896	-

See accompanying independent auditor's report.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

**EIN: 23-2142673  
PN: 001**

<b>(a) Identity of Party Involved</b>	<b>(b) Description of Asset</b>	<b>Number of Transactions</b>	<b>(c) Purchase Price</b>	<b>(d) Selling Price</b>	<b>(g) Cost of Asset</b>	<b>(h) Current Value of Asset on Transaction Date</b>	<b>(i) Net Gain or Loss</b>
Northern Trust Global Investments	Collective Trust – MSCI ACWI U.S. Index Fund Non Lending	1	\$ -	\$ 3,000,000	\$ 1,816,022	\$ 3,000,000	\$ 1,183,978
Northern Trust Global Investments	Collective Trust – MSCI ACWI U.S. Index Fund Non Lending	1	-	2,950,000	2,690,577	2,950,000	259,423
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	1	14,000,000	-	14,000,000	14,000,000	-
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	1	13,865,000	-	13,865,000	13,865,000	-
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	1	-	14,211,202	13,328,958	14,211,202	882,244
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	1	-	21,937,453	22,159,305	21,937,453	(221,852)
Northern Trust Global Investments	Collective Trust – Russel 1000 Index Fund Non Lending	1	8,643,053	-	8,643,053	8,643,053	-
Northern Trust Global Investments	Collective Trust – Russel 1000 Index Fund Non Lending	1	-	8,600,000	3,238,420	8,600,000	5,361,580
Northern Trust Global Investments	Collective Trust – Russel 1000 Index Fund Non Lending	1	-	8,640,000	7,895,417	8,640,000	744,583
Northern Trust Global Investments	Collective Trust – Russel 1000 Index Fund Non Lending	1	-	1,443,288	1,275,263	1,443,288	168,025
Northern Trust Global Investments	Collective Trust – Russell 2000 Index Fund Non Lending	1	2,274,490	-	2,274,490	2,274,490	-

See accompanying independent auditor's report.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN: 23-2142673  
PN: 001

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>Number of Transactions</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or Loss</u>
Northern Trust Global Investments	Collective Trust – Russell 2000 Index Fund Non Lending	1	\$ -	\$ 2,400,000	\$ 988,335	\$ 2,400,000	\$ 1,411,665
Northern Trust Global Investments	Collective Trust – Russell 2000 Index Fund Non Lending	1	-	2,275,000	2,137,809	2,275,000	137,191
Northern Trust Global Investments	Collective Trust – Russell 3000 Index Fund Non Lending	1	1,625,000	-	1,625,000	1,625,000	-
AON Trust Company LLC	Collective Trust – U.S. Intermediate Government Bond Index Fund	1	4,500,000	-	4,500,000	4,500,000	-
AON Trust Company LLC	Collective Trust – U.S Long Government Bond Index Fund	1	2,000,000	-	2,000,000	2,000,000	-
AON Trust Company LLC	Collective Trust – Long Credit Bond Fund	1	12,000,000	-	12,000,000	12,000,000	-

See accompanying independent auditor's report.

**Schedule SB, line 26 — Schedule of Active Participant Data**

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34											
35–39											
40–44						1					1
45–49					2	1					3
50–54					2	2					4
55–59					2	4					6
60–64						3	1				4
65–69						1					1
70 & up						1					1
Total					6	13	1				20

In each cell, the number is the count of active participants for each age/service combination.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial assumptions for January 1, 2024 funding valuation**

<b>Discount rate sponsor elections</b>			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	<b>Stabilized</b>	<b>Nonstabilized</b>	<b>PBGC</b>
• First 5 years	4.75%	3.62%	5.01%
• Next 15 years	4.87%	4.46%	5.13%
• Over 20 years	5.59%	4.52%	5.15%
<b>Mortality sponsor elections</b>			
• Healthy and disabled participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations in accordance with the IRS regulation 1.430(h)(3)-1.		
<b>Other economic assumptions</b>			
• Salary increases	Not applicable		
• Inflation	Not applicable		
• Social Security taxable wage base increases	Not applicable		
• Expected investment return	5.75% for 2022, 6.25% for 2023, 6.25% for 2024		
• Expenses	\$17,342 added to current year normal cost		

**Rationale for economic assumptions**

- Discount rate – Prescribed by IRS
- Expected Investment Return – The expected rate of return on plan assets for 2024 is based on the blend of hypothetical past performance of the plan’s target asset mix, adjusted for current market conditions, and the median stimulated investment return using capital market assumptions published in Mercer Investment Consulting’s Capital Market Outlook for the plan’s target asset mix.
- Expenses – This assumption is based on prior year’s actual administrative expenses paid from the trust.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

Demographic assumptions		
• Withdrawal	See table of sample rates.	
• Disability incidence	See table of sample rates.	
• Retirement age	<b>Attained age</b>	<b>Percentage</b>
	55	3.0%
	56	4.0%
	57	5.0%
	58	6.0%
	59	7.0%
	60	15.0%
	61	10.0%
	62	35.0%
	63	10.0%
	64	10.0%
	65	75.0%
	66	25.0%
	67	25.0%
	68	25.0%
	69	25.0%
	70	100.0%
• Benefit commencement age for		
– Future vested deferred	Retirement - Immediate commencement Termination - Age 60 if age 45 with 20 years of service, otherwise, age 65 Death - Immediate commencement if age 55 with 10 years of service, otherwise age 55	
– Current vested deferred	Age 65	
– Disabled	Immediate commencement if retirement eligible, otherwise age 65	
• Spouse assumptions	<b>Male participants</b>	<b>Female participants</b>
– Percentage married	90.0%	70.0%
– Spouse age difference	3 years younger	3 years older

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

Form of payment	Life Annuity	50% J&S	Reduced 50% J&S
• Active retirements	100% (for single participants)	100% (for married participants)	0%
• Future vested deferred	100% (for single participants)	100% (for married participants)	0%
• Future disabilities	100% (for single participants)	100% (for married participants)	0%
• Future deaths	0%	100%	0%
• Current vested deferred (If Date of termination is before 7/1/2000)	20%	0%	80%
• Current vested deferred (If Date of Term after 7/1/2000)	0%	100%	0%
<b>Unpredictable contingent event assumptions</b>	Not Applicable		

**Table of sample rates**

**Withdrawal rates<sup>1</sup>**

Attained age	Males	Female
15	29.715%	34.672%
20	18.714%	24.171%
25	10.122%	13.683%
30	6.125%	8.587%
35	4.712%	7.068%
40	3.677%	5.515%
45	2.595%	3.892%
50	1.426%	2.139%
55	0.132%	0.198%
56+	0.000%	0.000%

<sup>1</sup> The rates shown are for employees with 5 years of service. All current active participants have more than 5 years of service.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Disability rates**

Attained age	Males	Female
15	0.285%	0.428%
20	0.286%	0.429%
25	0.278%	0.417%
30	0.275%	0.413%
35	0.288%	0.432%
40	0.323%	0.485%
45	0.405%	0.608%
50	0.574%	0.861%
55	0.868%	1.302%
60	1.363%	2.045%
65+	0.000%	0.000%

**Rationale for demographic assumptions**

- Mortality – Assumption prescribed by the IRS.
- Retirement, withdrawal, disability, spouse assumptions and form of payment – Assumptions were developed by the prior actuary Aon. We have reviewed the assumptions to assure ourselves that the prior actuary's assumptions are reasonable based on last years' experience, and we continue to reassess those assumptions until we have sufficient experience to make our own assumptions via an experience study.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial methods for funding****Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

**Participant methods**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

**Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan values the cost of unpredictable contingent event benefits by adding a load to the calculated liabilities / adding an additional decrement for affected participants and valuing the resulting benefits. The assumptions used to determine this cost are listed in Section 3.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN: 23-2142673  
PN: 001

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>Number of Transactions</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or Loss</u>
<b><u>Series of transactions</u></b>							
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	3	\$ 28,179,069	\$ -	\$ 28,179,069	\$ 28,179,069	\$ -
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	6	-	36,173,712	35,510,874	36,173,712	662,838
Northern Trust Global Investments	Collective Trust – MSCI ACWI U.S. Index Fund Non Lending	14	-	6,903,177	5,403,089	6,903,177	1,500,088
Northern Trust Global Investments	Collective Trust – Russel 1000 Index Fund Non Lending	13	-	19,622,911	12,781,368	19,622,911	6,841,543
Northern Trust Global Investments	Collective Trust – Russell 2000 Index Fund Non Lending	3	2,398,676	-	2,398,676	2,398,676	-
Northern Trust Global Investments	Collective Trust – Russell 2000 Index Fund Non Lending	8	-	4,961,170	3,390,656	4,961,170	1,570,514
Northern Trust Global Investments	Collective Trust – Short Term Investment Fund	19	3,395,478	-	3,395,478	3,395,478	-
Northern Trust Global Investments	Collective Trust – Short Term Investment Fund	22	-	2,458,089	2,458,089	2,458,089	-
<b><u>Single transactions</u></b>							
Northern Trust Global Investments	Collective Trust – MSCI ACWI U.S. Index Fund Non Lending	1	2,951,896	-	2,951,896	2,951,896	-

See accompanying independent auditor's report.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

**EIN: 23-2142673  
PN: 001**

<b>(a) Identity of Party Involved</b>	<b>(b) Description of Asset</b>	<b>Number of Transactions</b>	<b>(c) Purchase Price</b>	<b>(d) Selling Price</b>	<b>(g) Cost of Asset</b>	<b>(h) Current Value of Asset on Transaction Date</b>	<b>(i) Net Gain or Loss</b>
Northern Trust Global Investments	Collective Trust – MSCI ACWI U.S. Index Fund Non Lending	1	\$ -	\$ 3,000,000	\$ 1,816,022	\$ 3,000,000	\$ 1,183,978
Northern Trust Global Investments	Collective Trust – MSCI ACWI U.S. Index Fund Non Lending	1	-	2,950,000	2,690,577	2,950,000	259,423
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	1	14,000,000	-	14,000,000	14,000,000	-
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	1	13,865,000	-	13,865,000	13,865,000	-
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	1	-	14,211,202	13,328,958	14,211,202	882,244
Northern Trust Global Investments	Collective Fund – Aggregate Bond Index Fund Non Lending	1	-	21,937,453	22,159,305	21,937,453	(221,852)
Northern Trust Global Investments	Collective Trust – Russel 1000 Index Fund Non Lending	1	8,643,053	-	8,643,053	8,643,053	-
Northern Trust Global Investments	Collective Trust – Russel 1000 Index Fund Non Lending	1	-	8,600,000	3,238,420	8,600,000	5,361,580
Northern Trust Global Investments	Collective Trust – Russel 1000 Index Fund Non Lending	1	-	8,640,000	7,895,417	8,640,000	744,583
Northern Trust Global Investments	Collective Trust – Russel 1000 Index Fund Non Lending	1	-	1,443,288	1,275,263	1,443,288	168,025
Northern Trust Global Investments	Collective Trust – Russell 2000 Index Fund Non Lending	1	2,274,490	-	2,274,490	2,274,490	-

See accompanying independent auditor's report.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

EIN: 23-2142673  
PN: 001

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>Number of Transactions</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or Loss</u>
Northern Trust Global Investments	Collective Trust – Russell 2000 Index Fund Non Lending	1	\$ -	\$ 2,400,000	\$ 988,335	\$ 2,400,000	\$ 1,411,665
Northern Trust Global Investments	Collective Trust – Russell 2000 Index Fund Non Lending	1	-	2,275,000	2,137,809	2,275,000	137,191
Northern Trust Global Investments	Collective Trust – Russell 3000 Index Fund Non Lending	1	1,625,000	-	1,625,000	1,625,000	-
AON Trust Company LLC	Collective Trust – U.S. Intermediate Government Bond Index Fund	1	4,500,000	-	4,500,000	4,500,000	-
AON Trust Company LLC	Collective Trust – U.S Long Government Bond Index Fund	1	2,000,000	-	2,000,000	2,000,000	-
AON Trust Company LLC	Collective Trust – Long Credit Bond Fund	1	12,000,000	-	12,000,000	12,000,000	-

See accompanying independent auditor's report.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  <small>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).</small>  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan RETIREMENT PLAN OF CERTAIN EMPLOYEES OF CEVA LOGISTICS U. S. INC.	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CEVA LOGISTICS U.S., INC	<b>D</b> Employer Identification Number (EIN) 23-2142673	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
a Market value.....	<b>2a</b>		24,060,483
b Actuarial value.....	<b>2b</b>		24,545,905
<b>3</b> Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	221	14,054,151	14,054,151
b For terminated vested participants.....	290	9,152,447	9,152,447
c For active participants.....	20	578,220	584,148
d Total.....	531	23,784,818	23,790,746
<b>4</b> 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.....	<b>4a</b>		
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.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>		5.13%
<b>6</b> Target normal cost			
a Present value of current plan year accruals.....	<b>6a</b>		0
b Expected plan-related expenses.....	<b>6b</b>		17,342
c Target normal cost.....	<b>6c</b>		17,342

**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.

<b>SIGN HERE</b>	Erin M. Malone <i>ammm</i>		10/13/2025
	Signature of actuary		Date
	ERIN M. MALONE		2308152
	Type or print name of actuary		Most recent enrollment number
	MERCER		713-276-2127
	Firm name		Telephone number (including area code)
	500 DALLAS STREET SUITE 1400 HOUSTON TX 77002		
	Address of the firm		



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 17,342
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 17,342
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.0%	10,000	300	16,500
56	4.0%	9,700	388	21,728
57	5.0%	9,312	466	26,539
58	6.0%	8,846	531	30,785
59	7.0%	8,316	582	34,343
60	15.0%	7,734	1,160	69,602
61	10.0%	6,573	657	40,098
62	35.0%	5,916	2,071	128,380
63	10.0%	3,845	385	24,227
64	10.0%	3,461	346	22,150
65	75.0%	3,115	2,336	151,849
66	25.0%	779	195	12,849
67	25.0%	584	146	9,783
68	25.0%	438	110	7,446
69	25.0%	329	82	5,667
70	100.0%	246	246	17,247
<b>Total</b>			<b>10,000</b>	<b>619,194</b>
<b>Average</b>				<b>61.92</b>

**Schedule SB, Part V — Summary of Plan Provisions****Summary of major plan provisions**

Effective date and plan year	Original plan: Effective January 1, 1984 Amended and restated: Effective January 1, 2020
Status of the plan	As of December 31, 2001, the plan was frozen. There will be no new participants or additional benefit accruals after this freeze date.
Significant events that occurred during the year	None
<b>Definitions</b>	
• Covered employees	A Participant is considered Eligible Employee if he is an employee of CEVA Logistics U.S., Inc., provided he is not otherwise excluded from the plan. The following categories of employees are excluded from the plan: <ul style="list-style-type: none"> <li>• Employees who are covered by a collective bargaining agreement unless that agreement provides for their participation in the Plan;</li> <li>• Individuals who were employed by TNT Logistics North America, Inc. prior to its merger with the Employer;</li> <li>• Any individual employed by a nonparticipating affiliate of the Employer or TNT Post Group N.V.;</li> <li>• Employees whose first day of employment with the Employer was on or after January 1, 2001</li> </ul>
• Participation	Regular salaried or hourly administrative employees will enter the plan on their date of hire. Effective December 31, 2001, the plan is frozen with no new entrants.
• Vesting service	Employee is credited with 1 year of vesting service for each year in which they work at least 1,000 hours. In addition, if employee earns less than 1,000 hours of service in their first or last year of employment, they will receive a partial year of vesting service equal to actual hours of service divided by 1,000.
• Credited service	<u>Employment before January 1, 1992</u> : Employee earns 1/12 of a year of benefit service for each complete month of employment - without regards to actual hours of service for any such month. <u>Employment after January 1, 1992</u> : Employee earns 1 year of benefit service for each calendar year in which they completed 1,750 hours of service. In addition, for any calendar year where employee completes less than 1,750 hours of service, employee earns partial benefit service equal to actual hours of service in that year divided by 1,750. <u>Service after December 31, 2001</u> : Service after the plan freeze date of December 31, 2001 is not considered in calculating benefits.
• Covered Compensation	Covered compensation under the plan is the average of the taxable wage bases (as determined by IRS) for the 35-year period ending with the year in which employee reaches the social security retirement age (age 65 if you were born before 1938, age 66 if you were born between 1938 and 1954, and age 67 if you were born in 1955 or later). Covered compensation will be determined when an employer leaves employment. When calculating covered compensation, it will be assumed that the taxable wage base for each year that remains in the 35-year period

**Schedule SB, Part V — Summary of Plan Provisions**

described above will be the same as the taxable wage base in effect when employment ended.

In addition, if an employee was still employed at the plan freeze date, covered compensation will be determined as if the employee terminated employment on that date.

---

<ul style="list-style-type: none"> <li>• Average Compensation</li> </ul>	<p>Average of an employee's compensation during the 5 consecutive years that produce the highest average compensation. For this purpose, the plan will take into account the compensation earned during the participant's entire period of employment for periods when employee was credited with 1,000 or more hours of service. Compensation earned before December 31, 2001 will only be considered in this calculation.</p>
<ul style="list-style-type: none"> <li>• Excess Compensation</li> </ul>	<p>The amount of an employee's average compensation above the covered compensation is the Excess compensation</p>
<ul style="list-style-type: none"> <li>• Accrued benefit</li> </ul>	<p>The normal retirement benefit payable as a life annuity commencing on the first of the month coincident with or immediately following the participant's normal retirement age or immediately if the participant has already attained his normal retirement age.</p>

---

**Schedule SB, Part V — Summary of Plan Provisions****Normal retirement**

---

- Eligibility Normal retirement age is the later of:
    - Participant's 65th birthday
    - The earlier of the date on which the participant completes 5 years of vesting service or the 5th anniversary of the date on which the participant first commenced participation in the plan.
- 

- Benefit Benefit for terminations before July 1, 2000:  
If the employee terminated employment before July 1, 2000, they will be entitled to an annual benefit equal to:
  - 1.25% of Average compensation; plus
  - 0.50% of Excess compensation; multiplied by
  - Years of benefit service (up to 25 years)

Benefit for terminations on or after July 1, 2000:

If employee terminates employment on or after July 1, 2000, they will be entitled to an annual benefit equal to:

- 1.40% of Average compensation; plus
- 0.35% of Excess compensation; multiplied by
- Years of benefit service (up to 25 years)

The benefit as calculated above shall never be less than:

- \$465 multiplied by first 10 years of benefit service; plus
- \$615 multiplied by next 10 years of benefit service

Frozen plan: The plan is frozen effective December 31, 2001. Therefore, regardless of any benefit formula as set above, no employee will accrue a benefit under the plan with respect to service or compensation earned on or after December 31, 2001.

The benefit determined above would be entitled to the employee at the Normal retirement age in the form of a single life annuity.

---

**Schedule SB, Part V — Summary of Plan Provisions****Early retirement**

- 
- Eligibility
 

Early retirement age under the plan is the first day of month when employee attains all of the following:

    - Age 55
    - If terminated service before July 1, 2000, completion of 15 years of credited service, or,
    - If terminated service after June 30, 2000, completion of 10 years of credited service.
- 
- Benefit
 

General reduction:

    - 0.25% for each of the first 36 months by which employee's benefit commencement date precedes the first day of the month coinciding with or next following 65th birthday; and
    - 0.50% for each of the first 84 months by which employee's benefit commencement date precedes the first day of month coinciding with or next following 62nd birthday.

Special reduction:

If employee's employment ends on or after July 1, 2000, and he has reached age 45 and completed 20 or more years of Benefit service (including Benefit Service attributable to employment after December 31, 2001), the monthly benefit at normal retirement age will be reduced by 0.2775% for each month by which benefit commencement date precedes first day of month coinciding with or next following 60th birthday. Benefits that begin after age 60 will not be reduced for early commencement.
- 

**Deferred vested**

- 
- Eligibility
 

A participant becomes 100% vested once he attains 5 years of vesting service.

Participants who terminate after December 31, 2001 are eligible for a vested retirement benefit without regard to the number of years of vesting service earned.
- 
- Benefit
 

The accrued normal retirement benefit deferred to age 65. Deferred vested participants who (1) terminate after June 30, 2000 and (2) attained age 45 with 20 years of credited service prior to termination are eligible for unreduced benefits at age 60 or reduced benefits payable as early as age 55 with the benefit reduced 3.33% per year from age 60.

Deferred vested participants who terminate after June 30, 2000 with 10 years of credited service prior to termination are eligible for reduced benefits payable as early as age 55. The benefit is reduced 3% per year from age 65 and 6% per year from age 62.
-

**Schedule SB, Part V — Summary of Plan Provisions****Disability**

- |               |   |
|---------------|---|
| • Eligibility | An employee is disability eligible upon becoming totally & permanently disabled after attaining age 45 and completing 15 or more years of benefit service.  |
| • Benefit     | The accrued normal retirement benefit, deferred to age 65, based on Average compensation and credited service the participant would have had if employment continued through the earlier of normal retirement age or December 31, 2001. |

**Pre-retirement death**

- |                           |   |
|---------------------------|---|
| • Death before retirement | <p>If employee dies before attain retirement, the death benefit is payable as follows depending upon whether employee is married or not:</p> <ul style="list-style-type: none"> <li>- <b>Spousal Benefit:</b> If employee is married at the time of their death, spouse is entitled to a Pre-retirement death benefit with an annuity payable for his/her life. Spouse may elect to receive another payment form to the extent the plan authorizes.</li> <li>- <b>Non-Spousal Benefit:</b> If employee is not married at the time of death, there will no death benefit payable unless employee is eligible for and elects coverage under plan's optional pre-retirement survivor benefit.</li> </ul> |
|---------------------------|---|

**Form of benefits**

- |   |  |
|---|--|
| • Automatic form for unmarried participants | Single life annuity  |
| • Automatic form for married participants   | 50% Joint and survivor annuity   |
| • Optional forms                            | <p>Employees may elect any of the following optional form of payments:</p> <ul style="list-style-type: none"> <li>- Joint &amp; Survivor 50%/75%/100%</li> <li>- Life annuity</li> <li>- Life annuity with 10 years certain</li> </ul> |
| • Optional form conversion factors          | Benefit of equal value based on the 1971 Group Annuity Table (Weighted 90% male/10% female) at 8% compounded annually.   |

**Miscellaneous**

- |                        |  |
|------------------------|--|
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000. |
| • Maximum benefits     | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.  |

## Schedule SB, Part V — Summary of Plan Provisions

### Benefits included or excluded

Unless noted below, all benefits provided by the plan, are included in this valuation:

- **Most recent plan amendments included:** The plan was amended and restated effective January 1, 2020
- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
  - *Active participants:* The plan provides late retirement benefits equal to the greater of: (1) the benefit calculated at late retirement, and (2) the actuarial equivalent of the accrued benefit at normal retirement. This valuation includes those increases for active participants assumed to retire after age 65.
  - *Deferred vested participants:* The plan distributes benefits to all deferred vested participants upon attaining age 65.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

### Plan provisions specific to funding

#### Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**RETIREMENT PLAN FOR CERTAIN EMPLOYEES OF  
CEVA LOGISTICS U.S., INC.  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024**

EIN: 23-2142673

PN: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	AON Trust Company LLC	Collective Trust – Long Credit Bond Index	\$ 12,000,000	\$ 12,014,168
*	AON Trust Company LLC	Collective Trust – U.S. Intermediate Government Bond Index Fund	4,500,000	4,509,346
*	AON Trust Company LLC	Collective Trust – U.S. Long Government Bond Index Fund	2,000,000	1,996,845
*	Northern Trust Global Investments	Collective Trust – Russell 3000 Index Fund Non Lending	1,625,000	1,628,930
*	Northern Trust Global Investments	Collective Trust – Short Term Investment Fund	1,418,145	1,418,145
	Global Trust Company	Collective Trust – NISA Ultra Mid Treasury CIF Class A	1,200,000	1,202,286
*	AON Trust Company LLC	Collective Trust – Intermediate Credit Bond Fund	1,000,000	1,003,906
*	AON Trust Company LLC	Collective Trust – Formerly AON Hewitt Non U.S. Equity Index Fund	875,000	877,029
*	AON Trust Company LLC	Collective Trust – 20+ Yr. U.S. Treasury Strips Fund	<u>100,000</u>	<u>99,177</u>
			<u>\$ 24,718,145</u>	<u>\$ 24,749,832</u>

\* Indicates a party-in-interest

See accompanying independent auditor's report.

***Schedule SB, line 24 — Change in Actuarial Assumptions***

- Interest discounts and mortality rates were updated from 2023 to 2024 in accordance with PPA and ARPA.
- The expense component of normal cost decreased from \$59,103 to \$17,342 to reflect expectations for the current plan year.