

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LIQUID TRANSPORTERS, INC. DRIVERS & SHOP PERSONNEL RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>004</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRIMAC TRANSPORTATION, INC.</u></p> <p><u>PO BOX 3500</u> <u>3215 - 12 ST NE</u> <u>CALGARY, ALBERTA T2P2P9 CA</u> <u>CALGARY, ALBERTA T2E7S9 CA</u></p>	<p>1c Effective date of plan <u>10/11/1986</u></p> <p>2b Employer Identification Number (EIN) <u>61-0442341</u></p> <p>2c Plan Sponsor's telephone number <u>403-298-5157</u></p> <p>2d Business code (see instructions) <u>484200</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	JENNA GRAHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	38
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 2
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I 3H 1H

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan LIQUID TRANSPORTERS, INC. DRIVERS & SHOP PERSONNEL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 TRIMAC TRANSPORTATION, INC.	D Employer Identification Number (EIN) 61-0442341	

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

FIDELITY INVESTMENTS

04-2647786

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

THE VANGUARD GROUP, INC.

23-1945930

(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)

USI CONSULTING GROUP

06-1053228

(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?
11 15 17 50	NONE	47643	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)

FROST BROWN TODD LLP

61-0722001

(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?
29 50	NONE	19894	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)

PNC BANK, NA

25-1211909

(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?
19 28 50 51 52	NONE	10604	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LIQUID TRANSPORTERS, INC. DRIVERS & SHOP PERSONNEL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 TRIMAC TRANSPORTATION, INC.	D Employer Identification Number (EIN) 61-0442341

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7653	2
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1245317	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	776
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1063255	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2316225	779
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	779
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	779
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2316225	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5717	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5717
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	72967	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		72967
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	287549	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	287549	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	776	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		776

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-39614
c Other income	2c		-7650
d Total income. Add all income amounts in column (b) and enter total	2d		32196

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19713	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	943058	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		962771
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	10604	
(7) Actuarial fees	2i(7)	47643	
(8) Legal fees	2i(8)	19894	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4848	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		82989
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1045760

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1013564
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1302661

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TRIMAC TRANSPORTAION, INC. 401(K) PROFIT SHARING PLAN	76-1264794	001

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 544546.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>LIQUID TRANSPORTERS, INC. DRIVERS & SHOP PERSONNEL RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIMAC TRANSPORTATION, INC.</u>	D Employer Identification Number (EIN) <u>61-0442341</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 25-1211909

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		1
---	--	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 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 _____.

**LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL
RETIREMENT PLAN**

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

LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
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* 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 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
Liquid Transporters, Inc. Drivers and Shop Personnel Retirement Plan:

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

We have performed the audits of the financial statements of the Liquid Transporters, Inc. Drivers and Shop Personnel Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits – Liquidation Basis as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits – Liquidation Basis for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification 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, are complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with 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 meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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) audits are 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audit.

INDEPENDENT AUDITOR'S REPORT, continued

Other Matters - 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, is 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 & Brezina, LLP

Houston, Texas
October 8, 2025

LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – LIQUIDATION BASIS
DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
Interest-bearing cash	\$ 1	\$ -
Investments, at fair value (See Notes 2 and 4):	776	2,308,572
Accrued income receivable	-	7,653
Other receivable	2	-
Total assets	779	2,316,225
LIABILITIES		
Payable to Trimac Transportation, Inc. 401(k) Plan	779	-
Net assets available for benefits	\$ -	\$ 2,316,225

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

LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
LIQUIDATION BASIS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributable to:		
Investment income		
Dividends and interest	\$ 71,034	\$ 147,881
Net (depreciation) appreciation in fair value of investments	<u>(38,838)</u>	<u>418,748</u>
Total investment income	<u>32,196</u>	<u>566,629</u>
Total additions	<u>32,196</u>	<u>566,629</u>
Deductions from net assets attributable to:		
Benefits and withdrawals	19,713	355,227
Purchase of annuity contracts	772,421	2,802,025
Payment to PBGC	170,637	-
Administrative expenses	<u>82,989</u>	<u>88,466</u>
Total deductions	<u>1,045,760</u>	<u>3,245,718</u>
Net decrease in net assets available for benefits	(1,013,564)	(2,679,089)
Transfers to Trimac Transportation, Inc. 401(k) Plan	1,302,661	-
Net assets available for benefits at beginning of year	<u>2,316,225</u>	<u>4,995,314</u>
Net assets available for benefits at end of year	<u>\$ -</u>	<u>\$ 2,316,225</u>

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

**LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

1. Description of Plan

The following description of the Liquid Transporters, Inc. Drivers and Shop Personnel Retirement Plan (the "Plan") provides general information only. Participants should refer to the summary plan description and Plan document for a more complete description of the Plan's provisions.

General

The Plan covers Liquid Transporters, Inc. (the "Company") drivers, hourly shop and wash rack employees and owner operators who are at the Calvert City, Kentucky location and are covered by a collective bargaining agreement. Employees previously covered under the Liquid Transporters, Inc. Restated Retirement Plan for Eligible Company Drivers and Shop Personnel have continued to be covered under the Plan. The Plan is administered by the Pension Committee of Trimac Transportation, Inc. and is a defined benefit plan qualifying under the Internal Revenue Code ("IRC") Section 401(a) and 501(a). It is subject to the provisions of the Employee Retirement Income Securities Act of 1974 ("ERISA"). ERISA minimum funding requirements have been met.

On October 31, 2023 the Plan executed an amendment to terminate the Plan effective December 31, 2023. As provided by the amendment the Plan shall purchase annuity contracts issued by an insurance company selected by the administrator to provide the benefit still then due each participant, alternate payee, surviving spouse, or other beneficiary of a deceased participant in the Plan under the other provisions of the Plan and distribute such contract in full satisfaction of the accumulated plan benefits obligation to such participant.

After the satisfaction of the accumulated plan benefits obligation under the Plan, all of the Plan's residual assets, except for \$779, were transferred to a plan maintained by the sponsoring employer, which is a qualified replacement plan within the meaning of Section 4980(d)(2) of the Code ("QRP"). The remaining \$779 is payable to the plan maintained by the sponsoring employer.

Administration

The Company administers the Plan. PNC Bank, N.A. (the "Trustee") serves as trustee of the Plan and administers the Plan's trust fund on behalf of the Company.

Freeze of Benefits

The Plan's benefits were frozen effective December 31, 2005. The unit benefit amount is frozen at \$34 per unit and benefit service years are calculated as if the employee terminated on December 31, 2005. Monthly benefits shall be the product of the Unit Benefit in effect at the date of the Participant's termination of employment, multiplied by the number of years of Benefit Service. All Plan participants as of December 31, 2005 are considered fully vested as of that date. Any person who is not a Plan participant as of December 31, 2005 is not eligible to become a participant after that date.

**LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

Payment of Benefits

For eligible employees who have attained the age of 65 with 5 or more years of service, monthly benefits as detailed in the following table will be paid.

<u>Unit Benefit</u>	<u>Effective for Terminations and Accruals</u>
\$ 19.00	January 1, 1989 through December 31, 1989
20.00	January 1, 1990 through December 31, 1992
21.00	January 1, 1993 through December 31, 1993
22.00	January 1, 1994 through December 31, 1994
23.00	January 1, 1995 through December 31, 1995
24.00	January 1, 1996 through December 31, 1996
25.00	January 1, 1997 through December 31, 1997
26.00	January 1, 1998 through December 31, 1998
27.00	January 1, 1999 through December 31, 1999
29.00	January 1, 2000 through December 31, 2000
30.00	January 1, 2001 through December 31, 2001
31.00	January 1, 2002 through December 31, 2002
32.00	January 1, 2003 through December 31, 2003
33.00	January 1, 2004 through December 31, 2004
34.00	January 1, 2005 forward

Benefits are payable for the life of the participant but are guaranteed for ten years. The Plan permits early retirement at ages 55 to 64, at a reduced unit benefit, in addition to providing death and disability benefits. The Plan also provides for joint and survivor annuity and single lump sum benefit options. If any employee terminates prior to rendering five years of credited service, that employee forfeits the right to Plan benefits.

Participant Accounts

Contributions are accounted for separately, but are commingled with other Plan assets for investment purposes. Participants are entitled to withdraw their contributions at any time. Effective December 31, 2005, the Plan's benefits were frozen and employees were no longer allowed to contribute to the Plan.

Funding Policy

The Company's funding policy is to contribute such amounts as are necessary, on an actuarial basis, to provide the Plan with assets sufficient to meet the benefits to be paid to participants and their beneficiaries. The contributions to the Plan are based on the limitations of maximum and minimum tax-deductible deposits certified by the actuary. During the years ended December 31, 2024 and 2023, the Company did not make any contributions. The Company's contributions for 2024 and 2023 met the minimum funding requirements of ERISA.

2. Summary of Significant Accounting Policies

Basis of Accounting

Due to the decision to terminate the Plan during the year ended December 31, 2023, and in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), the financial statements have been prepared using the liquidation basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies, continued

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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 are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Investment Valuation and Income Recognition

Investments are valued by the Trustee at their fair values. 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. Fair values generally are determined using quoted market prices or rates for mutual funds. Money market funds are valued at amortized cost, which approximates fair value. See Note 4 for a discussion of fair value measurements. The net appreciation (depreciation) in fair value of investments includes 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 securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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 statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Benefit Payments

Benefit payments are recorded upon distribution to the participant.

3. Fair Value Measurements

Accounting Standard Codification ("ASC") Topic 820 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described below:

LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

3. Fair Value Measurements, continued

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 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 the fair value of the assets and liabilities, the Plan generally uses two approaches, the market approach and the cost approach. The market approach uses prices and other relevant data based on market transactions involving identical or comparable assets. The cost approach is the amount that would be currently required to replace an asset and indicates the cost to the Plan to require a substitute asset.

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

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

Exchange-traded funds: Valued based on observable market quotations. These securities are priced on a daily basis at the close of business. (Market approach)

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded. (Market approach)

Money market fund: Valued at amortized cost, which approximates fair value. (Cost approach)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

3. Fair Value Measurements, continued

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

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	1	-	-	1
Common Stocks	776	-	-	776
Total assets at fair value	\$ 777	\$ -	\$ -	\$ 777

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,777,466	\$ -	\$ -	\$ 1,777,466
Exchange-traded funds	485,789	-	-	485,789
Money market fund	-	45,317	-	45,317
Total assets at fair value	\$ 2,263,255	\$ 45,317	\$ -	\$ 2,308,572

4. Information Certified by the Trustee (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, net appreciation (depreciation) in fair value of investments, and interest and dividends for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee of the Plan.

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

5. Plan Termination

The Plan, using the terms available in its plan document, decided to terminate the Plan, effective December 31, 2023. Form 500 (Standard Termination Notice Single – Employer Plan Termination) was filed with the PBGC on March 1, 2024, with a proposed termination date of December 31, 2023, which was acknowledged by the PBGC on March 14, 2024. Annuity contracts were purchased on September 12, 2023, and June 6, 2024, for \$2,802,025 and \$772,421, respectively, in satisfaction of the accumulated plan benefits obligation. On August 14, 2024, an aggregate amount of \$170,637 was paid to PBGC for unclaimed distributes reported upon filing and plan termination. Residual assets remaining after the purchase of the annuities totaling \$1,302,661 were transferred, during 2024, to the Trimac Transportation, Inc. 401(k) Profit Sharing Plan, a defined contribution plan sponsored by the company where it will be allocated to eligible participants. The remaining \$779 in net assets is payable to the plan maintained by the sponsoring employer.

6. Party-In-Interest Transactions

Certain plan investments are in accounts managed by the Trustee. As described in Note 2, the Plan paid expenses related to the plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, as defined by ERISA. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

**LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

7. Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service dated February 28, 2018 advising that it constitutes a qualified trust under Section 401(a) of the IRC and is thereby exempt from Federal income taxes under the provisions of Section 501(a). The Plan has been amended since this determination letter; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRS.

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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Subsequent Events

Plan management has evaluated subsequent events through October 8, 2025, and concluded that there are no significant subsequent events to be reported.

SUPPLEMENTAL SCHEDULES

LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
SCHEDULE H, Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN: 61-0442341
 PN: 004

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Current Maturity Value	(d) Cost	(e) Current Value
<i>Common stocks</i>				
	Nebius Group	Common Stock, 28 shares	\$ 753	\$ 779
	Lukoil	Common Stock, 0.05 shares	<u>3,897</u>	<u>-</u>
		Total common stocks	<u>\$ 4,650</u>	<u>\$ 779</u>

See independent auditor's report

**LIQUID TRANSPORTERS, INC.
DRIVERS AND SHOP PERSONNEL RETIREMENT PLAN
SCHEDULE H, Line 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024**

**EIN: 61-0442341
PN: 004**

<u>(a) Identity of Party Involved</u>	<u>(b) Description of Asset</u>	<u>Number of Transactions</u>	<u>(c) Purchases Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction</u>	<u>(i) Net Gain or (Loss)</u>
Fidelity Investments	Fidelity Investments Money	1	\$ -	\$ 1,200,000	\$ 1,200,000	\$ 1,200,000	\$ -
Vanguard Group	Vanguard Total BD Market index #584	1	\$ -	\$ 123,010	\$ 118,750	\$ 123,010	\$ 4,260
Vanguard Group	Vanguard Long-Term Investment-Grade Fund Admiral Shares	1	\$ -	\$ 433,781	\$ 403,750	\$ 433,781	\$ 30,031
Vanguard Group	Vanguard Long-Term Corporate Bond	1	\$ -	\$ 467,046	\$ 433,276	\$ 467,046	\$ 33,770
Federated Hermes	Federated Hermes Govt Oblig	7	\$ 242,332	\$ -	\$ -	\$ 242,332	\$ -
Federated Hermes	Federated Hermes Govt Oblig	8	\$ -	\$ 287,549	\$ 287,549	\$ 287,549	\$ -

This schedule is a listing of single transactions and series of transactions of the same security that exceed 5% of the Plan's net assets as of January 1, 2024. The information in this schedule was obtained or derived from information supplied to the Company and certified as complete and accurate by the Trustee.

Detail

5% Report by asset-single transaction

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Valuation	Threshold
								Previous annual market	Net gain/loss
FEDERATED HERMES GOVT OBLIG PREM SHS #117	PUR	06/30/24	230,053.490	\$230,053.49	\$0.00	\$0.00	\$230,053.49	\$2,316,225.18	\$115,811.25
FEDERATED HERMES GOVT OBLIG PREM SHS #117	SAL	08/31/24	160,798.860	160,798.86	0.00	0.00	160,798.86	160,798.86	\$0.00
VANGUARD LONG-TERM CORP BOND ETF	SAL	06/07/24	6,061.000	467,046.11	0.00	194.82	433,080.88	485,789.15	\$33,770.41
FIDELITY INVESTMENTS MONEY MARKET GOVERNMENT PORTFOLIO FUND CLASS INST	SAL	09/16/24	1,200,000.000	1,200,000.00	0.00	0.00	1,200,000.00	1,200,000.00	\$0.00
VANGUARD TOTAL BD MKT INDX #584 ADM	SAL	06/07/24	12,907.609	123,009.51	0.00	0.00	118,750.00	125,332.88	\$4,259.51
VANGUARD L/T INVEST GR FD - AD FD # 568	SAL	06/07/24	55,612.948	433,780.99	0.00	0.00	403,750.00	452,133.27	\$30,030.99
	1 PURCHASES FOR			\$230,053.49				TOTAL ISSUE AGGREGATE	\$2,614,688.96
	5 SALES FOR			\$2,384,635.47					

LIQUID TRANSPORTERS DRVRS & CONS
DB TRUST STATEMENT

Account number 20-75-502-***0412
January 1, 2024 - December 31, 2024

Detail

5% Report by asset-aggregate

								Valuation	Threshold
								\$2,316,225.18	\$115,811.25
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
FIDELITY INVESTMENTS MONEY	SAL	09/16/24	1,200,000.000	\$1,200,000.00	\$0.00	\$0.00	\$1,200,000.00	\$1,200,000.00	\$0.00
0 PURCHASES FOR				\$0.00	TOTAL ISSUE AGGREGATE			\$1,200,000.00	
1 SALES FOR				\$1,200,000.00					
VANGUARD TOTAL BD MKT INDX #584	SAL	06/07/24	12,907.609	\$123,009.51	\$0.00	\$0.00	\$118,750.00	\$125,332.88	\$4,259.51
0 PURCHASES FOR				\$0.00	TOTAL ISSUE AGGREGATE			\$123,009.51	
1 SALES FOR				\$123,009.51					
VANGUARD L/T INVEST GR FD - AD	SAL	06/07/24	55,612.948	\$433,780.99	\$0.00	\$0.00	\$403,750.00	\$452,133.27	\$30,030.99
0 PURCHASES FOR				\$0.00	TOTAL ISSUE AGGREGATE			\$433,780.99	
1 SALES FOR				\$433,780.99					
VANGUARD LONG-TERM CORP BOND	SAL	06/07/24	6,061.000	\$467,046.11	\$0.00	\$194.82	\$433,080.88	\$485,789.15	\$33,770.41
0 PURCHASES FOR				\$0.00	TOTAL ISSUE AGGREGATE			\$467,046.11	
1 SALES FOR				\$467,046.11					
FEDERATED HERMES GOVT OBLIG PREM SHS #117	PUR	01/31/24	7,270.430	\$7,270.43	\$0.00	\$0.00	\$7,270.43	\$7,270.43	\$0.00
	SAL	01/31/24	284.310	284.31	0.00	0.00	284.31	284.31	0.00
	PUR	02/29/24	721.110	721.11	0.00	0.00	721.11	721.11	0.00
	PUR	02/29/24	0.860	0.86	0.00	0.00	0.86	0.86	0.00
	PUR	03/31/24	336.850	336.85	0.00	0.00	336.85	336.85	0.00
	SAL	04/30/24	17,060.970	17,060.97	0.00	0.00	17,060.97	17,060.97	0.00
	SAL	05/31/24	7,704.200	7,704.20	0.00	0.00	7,704.20	7,704.20	0.00
	PUR	06/30/24	230,053.490	230,053.49	0.00	0.00	230,053.49	230,053.49	0.00
	SAL	07/31/24	12,587.110	12,587.11	0.00	0.00	12,587.11	12,587.11	0.00
	SAL	08/31/24	160,798.860	160,798.86	0.00	0.00	160,798.86	160,798.86	0.00
	SAL	09/30/24	84,012.070	84,012.07	0.00	0.00	84,012.07	84,012.07	0.00
	PUR	10/31/24	3,829.870	3,829.87	0.00	0.00	3,829.87	3,829.87	0.00
	PUR	11/30/24	19.820	19.82	0.00	0.00	19.82	19.82	0.00
	SAL	12/31/24	5,100.790	5,100.79	0.00	0.00	5,100.79	5,100.79	0.00

Detail

								Valuation	Threshold
<i>5% Report by asset-aggregate (continued)</i>								\$2,316,225.18	\$115,811.25
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
	SAL	12/31/24	0.860	0.86	0.00	0.00	0.86	0.86	0.00
	7	PURCHASES FOR		\$242,232.43		TOTAL ISSUE AGGREGATE		\$529,781.60	
	8	SALES FOR		\$287,549.17					

Detail

Broker commission report

Broker/party	Tran			Purchase/sale	Broker	Other		Previous	
Asset description	type	Settle date	Shares/units	Cost/proceeds	commission	expense	Cost of asset	annual market	Net gain/Loss

**NO
ACTIVITY
THIS PERIOD**

Detail

5% Report by broker-securities

								Valuation	Threshold	
								\$2,316,225.18	\$115,811.25	
Broker/party	Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
.....										
EVERCORP ISI	VANGUARD LONG-TERM CORP BOND ETF	SAL	06/07/24	6,061.000	\$467,046.11	\$0.00	\$194.82	\$433,080.88	\$485,789.15	\$33,770.41
		0 PURCHASES FOR		\$0.00		TOTAL ISSUE AGGREGATE		\$467,046.11		
		1 SALES FOR		\$467,046.11						
.....										
MUTUAL FUND AGENT										
	FIDELITY INVESTMENTS MONEY MARKET GOVERNMENT PORTFOLIO FUND CLASS INST	SAL	09/16/24	1,200,000.000	\$1,200,000.00	\$0.00	\$0.00	\$1,200,000.00	\$1,200,000.00	\$0.00
	VANGUARD TOTAL BD MKT INDX #584 ADM	SAL	06/07/24	12,907.609	123,009.51	0.00	0.00	118,750.00	125,332.88	4,259.51
	VANGUARD L/T INVEST GR FD - AD FD # 568	SAL	06/07/24	55,612.948	433,780.99	0.00	0.00	403,750.00	452,133.27	30,030.99
		0 PURCHASES FOR		\$0.00		TOTAL ISSUE AGGREGATE		\$1,756,790.50		
		3 SALES FOR		\$1,756,790.50						

Detail

5% Report by broker-nonsecurities

								Valuation	Threshold
								\$2,316,225.18	\$115,811.25
Broker/party asset description	Tran type	Settle date	Shares/units	Purchase/sale cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
.....									
EVERCORP ISI									
VANGUARD LONG-TERM CORP BOND ETF	SAL	06/07/24	6,061.000	\$467,046.11	\$0.00	\$.194.82	\$433,080.88	\$485,789.15	\$33,770.41
0 PURCHASES FOR				\$0.00	TOTAL ISSUE AGGREGATE			\$467,046.11	
1 SALES FOR				\$467,046.11					
.....									
MUTUAL FUND AGENT									
FIDELITY INVESTMENTS MONEY MARKET GOVERNMENT PORTFOLIO FUND CLASS INST	SAL	09/16/24	1,200,000.000	\$1,200,000.00	\$0.00	\$.000.00	\$1,200,000.00	\$1,200,000.00	\$0.00
VANGUARD TOTAL BD MKT INDX #584 ADM	SAL	06/07/24	12,907.609	123,009.51	0.00	.000.00	118,750.00	125,332.88	4,259.51
VANGUARD L/T INVEST GR FD - AD FD # 568	SAL	06/07/24	55,612.948	433,780.99	0.00	.000.00	403,750.00	452,133.27	30,030.99
0 PURCHASES FOR				\$0.00	TOTAL ISSUE AGGREGATE			\$1,756,790.50	
3 SALES FOR				\$1,756,790.50					

Detail

Portfolio

Cash

Description	Value last statement	Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit			Avg. original value at PNC per unit				
UNINVESTED CASH	\$0.86	0.860	\$0.86	0.12 %		\$0.86	\$1.00			

Interest bearing cash

Description	Value last statement	Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit			Avg. original value at PNC per unit				
FEDERATED HERMES GOVT OBLIG PREM SHS #117 20-75-080-***0412			\$1.0000	0.01 %						\$2.33

Corporate stock - common

Description (Symbol)	Value last statement	Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Quantity	Current price per unit			Avg. original value at PNC per unit				
NEBIUS GROUP N.V. (NBIS) ISIN NL0009805522 SEDOL B5BSZB3 20-75-710-***0412		28	\$775.60	100.00 %	\$775.60	\$753.35	\$26.91			
LUKOIL PJSC-SPON ADR (LUKOY) SEDOL BYZF386 ISIN US69343P1057 (MARKET VALUE AS OF 03/17/23) 20-75-710-***0412		0.05 46	0.05 0.0010	0.01 %		3,897.01	84.72			

Detail

Corporate stock - common

Description (Symbol)	Value last statement Quantity	Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Current price per unit	Current price per unit			Avg. original value at PNC per unit	Avg. original value at PNC per unit			
Total corporate stock - common	\$0.05	\$775.65	\$775.65	99.89 %	\$775.60	\$4,650.36				
Total portfolio	\$0.91	\$776.51	\$776.51	100.00 %	\$775.60	\$4,651.22				\$2.33