

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [X] 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 [X] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CARRIX, INC. RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/15/1959
2a Plan sponsor's name (employer, if for a single-employer plan): CARRIX, INC.
2b Employer Identification Number (EIN): 91-1653735
2c Plan Sponsor's telephone number: 206-623-0304
2d Business code (see instructions): 488300

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1918 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 1657 |
| | 6a(2) | 1597 |
| | 6b | 15 |
| | 6c | 242 |
| | 6d | 1854 |
| | 6e | 14 |
| | 6f | 1868 |
| | 6g(1) | 1400 |
| 6g(2) | 1538 | |
| 6h | 28 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2T 3H 2R 2C 2U

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **12/31/2024**

| | | |
|--|--|------------|
| A Name of plan CARRIX, INC. RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CARRIX, INC. | D Employer Identification Number (EIN) 91-1653735 | |

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 INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

KESTRA ADVISORY SERVICES

35-2552359

| (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? |
|------------------------|---|--|--|--|---|--|
| 16 26 27 | INVESTMENT ADVISOR | 68348 | 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|------------------------|---|--|--|--|---|--|
| 64 65 | RECORDKEEPER | 63423 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection. |
|---|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <u>02/01/2024</u> and ending <u>12/31/2024</u> | |
| A Name of plan <u>CARRIX, INC. RETIREMENT PLAN</u> | B Three-digit plan number (PN) <u>002</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CARRIX, INC.</u> | D Employer Identification Number (EIN) <u>91-1653735</u> |

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

| | | |
|--|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GR IV I1</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>38-7289851-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25806924</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH CON 2025 M</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>47-2458234-215</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH AGR 2025 M</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>47-2275031-213</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIP CL 2</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>04-3022712-024</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH MOD 2025 M</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>47-2285799-214</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH MOD 2045 M</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>47-2516187-220</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28974096</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH AGR RET M</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>47-2238264-210</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1185804</u> |

| | | |
|--|------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH AGR 2035 M | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 47-2468898-216 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2224299 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH AGR 2055 M | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 47-2554270-222 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 987934 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH MOD RET M | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 47-2248665-211 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83733921 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH CON 2035 M | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 47-2491300-218 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1167004 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-4116854-515 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3387403 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH AGR 2045 M | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 47-2503540-219 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 974012 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH CON 2045 M | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 47-2529162-221 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69849 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GR II I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-4126288-592 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3137675 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 85-4031707-653 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10996662 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GG INTL STK FUND I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 82-2436292-342 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3389291 |

a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CP VALUE I1**

b Name of sponsor of entity listed in (a): **GREAT GRAY TRUST COMPANY, LLC**

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN 38-4065329-426 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6825657 |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH CON 2055 M**

b Name of sponsor of entity listed in (a): **GREAT GRAY TRUST COMPANY**

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN 47-2575758-224 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77282 |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP VALUE I1**

b Name of sponsor of entity listed in (a): **GREAT GRAY TRUST COMPANY**

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN 38-4097325-488 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3770694 |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH MOD 2035 M**

b Name of sponsor of entity listed in (a): **GREAT GRAY TRUST COMPANY**

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN 47-2478524-217 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70139120 |
|---------------------------------------|-------------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH MOD 2055 M**

b Name of sponsor of entity listed in (a): **GREAT GRAY TRUST COMPANY**

| | | |
|---------------------------------------|-------------------------------|--|
| c EIN-PN 47-2563528-223 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9151232 |
|---------------------------------------|-------------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH CON RET M**

b Name of sponsor of entity listed in (a): **GREAT GRAY TRUST COMPANY**

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN 47-2264760-212 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192402 |
|---------------------------------------|-------------------------------|---|

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|--|--|--|
| 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 |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 12/31/2024 | |
| A Name of plan CARRIX, INC. RETIREMENT PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CARRIX, INC. | D Employer Identification Number (EIN) 91-1653735 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 12626682 | 12804108 |
| (2) Participant contributions | 1b(2) | 0 | 0 |
| (3) Other | 1b(3) | 0 | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| (2) U.S. Government securities | 1c(2) | 0 | 0 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 0 | 0 |
| (B) All other | 1c(3)(B) | 0 | 0 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 0 | 0 |
| (B) Common | 1c(4)(B) | 0 | 0 |
| (5) Partnership/joint venture interests | 1c(5) | 0 | 0 |
| (6) Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| (7) Loans (other than to participants) | 1c(7) | 0 | 0 |
| (8) Participant loans | 1c(8) | 0 | 0 |
| (9) Value of interest in common/collective trusts | 1c(9) | 235668662 | 256191261 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 79299170 | 90728408 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| (15) Other | 1c(15) | 0 | 2447054 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | 0 | 0 |
| (2) Employer real property..... | 1d(2) | 0 | 0 |
| e Buildings and other property used in plan operation..... | 1e | 0 | 0 |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 327594514 | 362170831 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 0 | 0 |
| h Operating payables..... | 1h | 18963 | 7565 |
| i Acquisition indebtedness..... | 1i | 0 | 0 |
| j Other liabilities..... | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 18963 | 7565 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 327575551 | 362163266 |

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) | 12827325 | |
| (B) Participants..... | 2a(1)(B) | 0 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 0 | |
| (2) Noncash contributions..... | 2a(2) | 0 | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 12827325 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 0 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 0 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 0 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | 0 | |
| (E) Participant loans..... | 2b(1)(E) | 0 | |
| (F) Other..... | 2b(1)(F) | 77606 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 77606 |
| (2) Dividends: (A) Preferred stock..... | 2b(2)(A) | 0 | |
| (B) Common stock..... | 2b(2)(B) | 0 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 3721202 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 3721202 |
| (3) Rents..... | 2b(3) | | 0 |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds..... | 2b(4)(A) | 0 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 0 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | 0 | |
| (B) Other..... | 2b(5)(B) | 0 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | 27176842 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | 8732613 |
| c Other income | 2c | 83388 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | 52618976 |

Expenses

| | | |
|---|--------|----------|
| e Benefit payment and payments to provide benefits: | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 17112842 |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 |
| (3) Other | 2e(3) | 786648 |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | 17899490 |
| f Corrective distributions (see instructions) | 2f | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | 0 |
| h Interest expense | 2h | 0 |
| i Administrative expenses: | | |
| (1) Salaries and allowances | 2i(1) | 0 |
| (2) Contract administrator fees | 2i(2) | 0 |
| (3) Recordkeeping fees | 2i(3) | 63423 |
| (4) IQPA audit fees | 2i(4) | 0 |
| (5) Investment advisory and investment management fees | 2i(5) | 0 |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 |
| (7) Actuarial fees | 2i(7) | 0 |
| (8) Legal fees | 2i(8) | 0 |
| (9) Valuation/appraisal fees | 2i(9) | 0 |
| (10) Other trustee fees and expenses | 2i(10) | 0 |
| (11) Other expenses | 2i(11) | 68348 |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 131771 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | 18031261 |

Net Income and Reconciliation

| | | |
|---|-------|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | 34587715 |
| l Transfers of assets: | | |
| (1) To this plan | 2l(1) | 0 |
| (2) From this plan | 2l(2) | 0 |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **VWC, P.S.**

(2) EIN: **91-1007261**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------------|---------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

| | | |
|--|---|--|
| 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. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection. |
|--|---|--|

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 12/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>CARRIX, INC. RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARRIX, INC.</u> | D Employer Identification Number (EIN) <u>91-1653735</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 | |
|---|--|

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): 04-6568107

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

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

| | |
|---|--|
| 3 | |
|---|--|

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

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

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

| | | |
|---|-----------|-----------------|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | <u>12827325</u> |
| 6 b Enter the amount contributed by the employer to the plan for this plan year | 6b | <u>12827325</u> |
| 6 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 | <u>0</u> |

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 _____.

| | | |
|---|--|---|
| SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small> | MULTIPLE-EMPLOYER RETIREMENT PLAN 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 **02/01/2024** and ending **12/31/2024**

| | | |
|---|---|------------|
| A Name of plan CARRIX, INC. RETIREMENT PLAN | B Three-digit Plan number (PN)..... ▶ | 002 |
| C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF CARRIX, INC. | D Administrator's EIN 91-1653735 | |

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| | | | |
|---|------------------------------------|---|--|
| 2a Name of Participating Employer SSA TERMINALS, LLC | 2b EIN 91-1983909 | 2c Percentage of Total Contributions for the Plan Year 22.36 | 2d Aggregate Account Balances Attributable to Participating Employer 77549285 |
| 2a Name of Participating Employer TIDEWORKS TECHNOLOGY, INC. | 2b EIN 20-0432360 | 2c Percentage of Total Contributions for the Plan Year 16.67 | 2d Aggregate Account Balances Attributable to Participating Employer 40105464 |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

| | | |
|--|-----------|---|
| 2e Does the plan include any individuals not participating through an employer or who are individual working owners? | 2e | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | 2f | |
| 2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a. | 2g | |

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

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--|--|
| SSA CONTAINERS, INC | 91-1703381 | 14.1 | 46967043 |
| SSA MARINE, INC. | 91-2038445 | 13.37 | 34556787 |
| SSA PACIFIC, INC | 20-0429009 | 9.96 | 31208718 |
| SSA ATLANTIC, LLC | 91-2171689 | 9.56 | 18784351 |
| SSA GULF, INC | 63-0181240 | 4.66 | 12596080 |
| SHIPPER'S TRANSPORT EXPRESS, INC | 94-3195136 | 2.46 | 7539967 |
| SSA INTERNATIONAL, INC | 91-2087317 | 2.43 | 16491088 |
| HOMEPORT INSURANCE SERVICES, INC | 91-1577387 | 1.89 | 6844721 |
| LOGISTIC SERVICES, INC | 91-1703577 | 1.43 | 2760121 |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|---|------------|--|--|
| TRANS-HOLD, INC | 25-1716875 | 0.44 | 1506496 |
| MARITECH, EQUIPMENT PARTS & SERVICES, INC | 95-3327269 | 0.34 | 764732 |
| COAST MARTIME SERVICES, INC | 91-1791898 | 0.21 | 1615997 |
| LOGISTIC SERVICES OF AMERICA, INC | 91-1501177 | 0.12 | 184039 |
| CARRIX, INC | 91-1653735 | 0.0 | 49891834 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

| | |
|-----------------|---|
| Part III | Pooled Employer Plan Information |
|-----------------|---|

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Carrix, Inc. Retirement Plan

Financial Statements
and Supplemental Schedule

December 31, 2024 and January 31, 2024

Carrix, Inc. Retirement Plan

Contents

| | |
|--|--------|
| <i>Independent Auditor's Report</i> | 1 - 4 |
| <i>Financial Statements</i> | |
| Statements of Net Assets Available for Benefits | 5 |
| Statements of Changes in Net Assets Available for Benefits | 6 |
| Notes to Financial Statements | 7 - 14 |
| <i>Supplemental Schedule</i> | |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 15 |



Independent Auditor's Report

Plan Administrator and Carrix, Inc. Retirement Plan Committee Carrix, Inc. Retirement Plan

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

We have performed audits of the accompanying financial statements of the Carrix, Inc. Retirement Plan, an employee benefit plan subject to the Employment 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 January 31, 2024, and the related statements of changes in net assets available for benefits for the 11-month period from February 1, 2024 to December 31, 2024 and the year ended January 31, 2024, 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (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 certifications from a qualified institution as of and for the 11-month period ended December 31, 2024 and year ended January 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is 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 Audits of the Financial Statements section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits 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.

Responsibilities of Management for the Financial Statements

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

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 for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of ERISA Section 103(a)(3)(C) Audits section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

VWC, P.S.

October 14, 2025

Carrix, Inc. Retirement Plan
 Statements of Net Assets Available for Benefits
 December 31, 2024 and January 31, 2024

| | December 31, 2024 | January 31, 2024 |
|--|-----------------------|-----------------------|
| <i>Assets</i> | | |
| Investments at fair value | \$ 300,481,929 | \$ 271,123,997 |
| Net assets held in 401(h) account | 48,884,794 | 43,843,835 |
| Employer contribution receivable | 12,804,108 | 12,626,682 |
| Total assets | <u>362,170,831</u> | <u>327,594,514</u> |
| <i>Liabilities</i> | | |
| Amounts related to obligations of 401(h) account | 48,884,794 | 43,843,835 |
| Accrued administrative expenses | 7,565 | 18,963 |
| Total liabilities | <u>48,892,359</u> | <u>43,862,798</u> |
| <i>Net Assets Available for Benefits</i> | <u>\$ 313,278,472</u> | <u>\$ 283,731,716</u> |

See accompanying notes to the financial statements.

Carrix, Inc. Retirement Plan

Statements of Changes in Net Assets Available for Benefits
11-month Period Ended December 31, 2024 and Year Ended January 31, 2024

| | 11-month Period ended December 31, 2024 | Year ended January 31, 2024 |
|---|--|-----------------------------------|
| Additions | | |
| Investment income: | | |
| Net appreciation in fair value of investments | \$ 33,159,734 | \$ 23,870,160 |
| Dividends | 723,499 | 563,917 |
| Interest | 77,606 | 304,285 |
| | <u>33,960,839</u> | <u>24,738,362</u> |
| Employer contribution | <u>12,827,325</u> | <u>12,626,682</u> |
| Total additions | <u>46,788,164</u> | <u>37,365,044</u> |
| Deductions | | |
| Benefits paid to participants | 17,112,842 | 16,400,687 |
| Administrative expenses | 128,566 | 160,357 |
| Total deductions | <u>17,241,408</u> | <u>16,561,044</u> |
| Net Increase | 29,546,756 | 20,804,000 |
| Net Assets Available for Benefits | | |
| Beginning of year | <u>283,731,716</u> | <u>262,927,716</u> |
| End of year | <u>\$ 313,278,472</u> | <u>\$ 283,731,716</u> |

See accompanying notes to the financial statements.

Carrix, Inc. Retirement Plan
Notes to Financial Statements

1. Description of Plan

The following description of the Carrix, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution money purchase pension plan (the Retirement Plan) covering all eligible employees of several employers, including principally Carrix, Inc., and the majority of its domestic, wholly owned subsidiaries (collectively, the Employer). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Carrix, Inc. is the plan sponsor and plan administrator. The Plan's investments are held by Fidelity Management Trust Company, the Plan's trustee, and the Plan's third party administrator is Fidelity Workplace Services LLC (collectively, Fidelity). The Retirement Plan Committee, maintained by Carrix, Inc., determines the appropriateness of the Plan's investment offerings, monitors investment performance, and is comprised of members of the Employer's management. The Plan also includes a medical benefits account under the Internal Revenue Code (the Code) Section 401(h).

Plan Amendment

Effective February 1, 2024, the Plan was amended to change the plan year end from January 31 to December 31, resulting in an 11-month plan year. Accordingly, the current period's financial information may not be comparable to the prior year's results, which reflect a full 12-month reporting period ended January 31, 2024.

Eligibility

Non-union employees who have completed twelve months of service in which they work at least 1,000 hours are eligible to participate in the Retirement Plan. Employees eligible to receive the Employer's contribution must work at least 1,000 hours during the plan year and must be employed at year-end. In connection with the amendment to change the plan year end, the Plan was also amended to allow an employee to receive the Employer's contribution if they work at least 1,000 hours during any plan year of fewer than 12 months. An exception to these eligibility requirements is granted to employees who die, become disabled, or terminate during the year after reaching the Plan's normal retirement age (62).

401(h) Account

The Plan includes a medical benefits account for the purpose of paying health benefits. The benefits are paid in accordance with Section 401(h) of the Code on behalf of certain eligible retirees and their spouses or domestic partners (collectively, the retirees) under a medical plan sponsored by Carrix, Inc. A separate investment account has been established and is maintained in the Plan for the assets related to the medical benefits account. In accordance with Section 401(h) of the Code, the Plan's investment held in the 401(h) account may not be used for, or diverted to, any purposes other than providing health benefits for the retirees. The related health benefits are not obligations of the Plan but are obligations of a separate health and welfare benefit plan (medical benefits plan).

Carrix, Inc. Retirement Plan
Notes to Financial Statements

1. Description of Plan, continued

401(h) Account, continued

The retirees do not contribute to the 401(h) account. Employer contributions are determined annually and are at the discretion of the plan sponsor. Plan activity in the 401(h) account (including contributions, distributions, and earnings), is not reported in the accompanying statements of changes in net assets available for benefits.

Contributions

The Retirement Plan is funded by an annual contribution made by the Employer. The amount of the contribution is based upon 9% of participants' base compensation during the plan year. Base compensation is regular, recurring compensation earned while the employee is an eligible participant of the Retirement Plan and is exclusive of bonuses, overtime, and other contingent remuneration. The 9% contribution is calculated annually and funded into the Plan subsequent to year end. Participants may make rollover contributions from other qualified plans. The Employer has complied with the Retirement Plan's minimum funding requirements. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's rollover contribution, if any, as well as an allocation of the Employer's contribution, if any, revenue sharing monies (see Note 2 for further information), if any, forfeitures, if any, and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, participation, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their rollover contributions plus actual earnings thereon. Vesting in the remainder of a participant's account balance is based on years of credited service. A participant vests at the rate of 20% per year and is 100% vested after five years of credited service. Employees who die, become disabled, or reach the Plan's normal retirement age (62) become fully vested in their accounts.

Investments

Participants direct the investment of their account balances into the Plan's investment options. Investments consist of shares in registered investment companies (mutual funds) and collective trust funds managed by Great Gray. Effective September 16, 2024, participants may elect to directly contribute to or to transfer their account balances to self-directed brokerage accounts (SDBA) where they may invest in common stocks, mutual funds, bonds, or other investment options.

Carrix, Inc. Retirement Plan
Notes to Financial Statements

1. Description of Plan, continued

Payment of Benefits

On termination of service, a participant or their beneficiary may elect to receive all or a portion of their vested balance as a lump-sum payment, receive installments in various frequencies over a period that does not exceed the participant's or beneficiary's life expectancies, or may elect to purchase an annuity contract. Distributions may also be made in installments to comply with minimum distribution rules required by the Code. The Retirement Plan permits in-service withdrawals to participants meeting certain requirements. Furthermore, a participant may withdraw the portion of their vested account resulting from rollover contributions at any time.

Forfeited Accounts

Forfeitures of the nonvested portions of terminated participants' accounts are maintained in a separate account and are used to pay the Retirement Plan's administrative expenses or allocated among eligible participants' accounts. During the 11-month period ended December 31, 2024, forfeitures of \$59,587 were used to pay administrative expenses (no amounts were allocated to eligible participants). During the year ended January 31, 2024, forfeitures of \$78,884 were allocated to eligible participants (no amounts were used to pay administrative expenses).

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Retirement Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from the Employer are recorded in the year in which the participant compensation is earned.

Carrix, Inc. Retirement Plan
Notes to Financial Statements

2. Summary of Accounting Policies, continued

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses and Revenue Sharing

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Participant withdrawal fees and quarterly recordkeeping fees are deducted from the related participants' accounts and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Certain other fees may be paid by the Retirement Plan through forfeitures or through revenue sharing that the Retirement Plan receives based on a revenue sharing agreement with Fidelity, and are also included in administrative expenses. Under the terms of this agreement, each quarter Fidelity refunds and deposits into the Retirement Plan certain excess fees, as defined by the agreement. These deposits are held by the Retirement Plan and may be used to pay administrative expenses or allocated to participant accounts. During the 11-month period ended December 31, 2024 and year ended January 31, 2024, revenue sharing amounts totaling \$16,954 and \$69,382, respectively, were used to pay administrative expenses (no amounts were allocated to eligible participants).

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

3. Certified Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule of assets (held at end of year), including investments at fair value held at December 31, 2024 and January 31, 2024, and net appreciation in fair value of investments, dividends, and interest for the 11-month period and year then ended, respectively, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity (the Plan's trustee).

4. Fair Value Measurements

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

Carrix, Inc. Retirement Plan

Notes to Financial Statements

4. Fair Value Measurements, continued

The three levels of the fair value hierarchy under the Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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 January 31, 2024.

- Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Collective trust funds: Valued at each fund's per unit NAV provided by each fund's trustee. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by each fund less its liabilities. The redemption frequency for participant transactions (purchases and sales) in the collective trust funds occurs daily. There are no unfunded commitments in the funds. Withdrawals from the collective trust funds initiated by the plan administrator require advance written notice ranging between five business days and twelve months.
- SDBA: Accounts primarily consist of mutual funds, common stocks, and government bonds. These accounts are valued at the closing price reported on the active market on which the respective security is traded, or at amortized cost, which approximates fair value, as applicable.

Carrix, Inc. Retirement Plan
Notes to Financial Statements

4. Fair Value Measurements, continued

The following table sets forth by level, within the fair value hierarchy, the Retirement Plan's assets at fair value as of December 31, 2024 and January 31, 2024:

| Assets at Fair Value as of December 31, 2024 | | | | |
|--|---------------|------------|---------|----------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 41,843,614 | \$ - | \$ - | \$ 41,843,614 |
| SDBA | 1,832,632 | 614,422 | - | 2,447,054 |
| Total assets in the fair value hierarchy | \$ 43,676,246 | \$ 614,422 | \$ - | 44,290,668 |
| Investments measured at NAV | | | | 256,191,261 |
| | | | | \$ 300,481,929 |
| Assets at Fair Value as of January 31, 2024 | | | | |
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 35,455,335 | \$ - | \$ - | \$ 35,455,335 |
| Investments measured at NAV | | | | 235,668,662 |
| | | | | \$ 271,123,997 |

5. Related-Party and Party-In-Interest Transactions

Certain plan investments are managed by Fidelity. Fidelity is the trustee as defined by the Plan and, therefore, transactions involving these investments qualify as party-in-interest transactions under ERISA. In addition, expenses paid by the Plan are to parties-in-interest as defined by ERISA.

6. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become fully vested in their Employer contributions and the net assets of the Retirement Plan would be distributed to the participants as provided by the Retirement Plan, and any amount remaining in the 401(h) account after satisfaction of all obligations would be returned to the Employer.

Carrix, Inc. Retirement Plan

Notes to Financial Statements

7. Tax Status

The Employer has adopted a plan document that has received an opinion letter from the IRS dated September 8, 2013, stating that the form of the plan document was in compliance with applicable requirements of the Code. Although the Plan has been amended since adopting the plan document, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code, and therefore, believes that the Plan is qualified and the related trust is tax-exempt.

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. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts as reported in the financial statements.

9. Reconciliation of Financial Statements to Form 5500

The net assets of the 401(h) account are included in the Form 5500 but are not included in the statements of accompanying net assets available for benefits as they are not available to pay benefits of the Retirement Plan. The net assets of the 401(h) account can only be used to pay benefits related to the retirees of the medical benefits plan. Similarly, the activity in the 401(h) account is included in the Form 5500 but is not included in the accompanying statements of changes in net assets available for benefits.

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and January 31, 2024 to Form 5500:

| | December 31, 2024 | January 31, 2024 |
|--|-----------------------|-----------------------|
| | <u>2024</u> | <u>2024</u> |
| Net assets available for benefits per the financial statements | \$ 313,278,472 | \$ 283,731,716 |
| Net assets held in 401(h) account included in net assets per Form 5500 | <u>48,884,794</u> | <u>43,843,835</u> |
| Net assets available for benefits per Form 5500 | <u>\$ 362,163,266</u> | <u>\$ 327,575,551</u> |

Carrix, Inc. Retirement Plan

Notes to Financial Statements

9. Reconciliation of Financial Statements to Form 5500, continued

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the 11-month period ended December 31, 2024 and year ended January 31, 2024 to Form 5500:

| | 11-month Period ended December 31, 2024 | | |
|---|---|----------------|---------------|
| | Amounts per | | |
| | Financial Statements | 401(h) Account | Form 5500 |
| Net investment income | \$ 33,960,839 | \$ 5,830,812 | \$ 39,791,651 |
| Employer contributions | 12,827,325 | - | 12,827,325 |
| Benefits paid to participants | 17,112,842 | - | 17,112,842 |
| Administrative expenses | 128,566 | 3,205 | 131,771 |
| Distributions for insurance premiums | - | 786,648 | 786,648 |

| | Year ended January 31, 2024 | | |
|---|-----------------------------|----------------|---------------|
| | Amounts per | | |
| | Financial Statements | 401(h) Account | Form 5500 |
| Net investment income | \$ 24,738,362 | \$ 4,381,008 | \$ 29,119,370 |
| Employer contributions | 12,626,682 | - | 12,626,682 |
| Benefits paid to participants | 16,400,687 | - | 16,400,687 |
| Administrative expenses | 160,357 | 4,043 | 164,400 |
| Distributions for insurance premiums | - | 692,567 | 692,567 |

Supplemental Schedule

Carrix, Inc. Retirement Plan

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

December 31, 2024

EIN: 91-1653735
Plan Number: 002

| (a) | (b) | (c) | (d) | (e) |
|--|--|-----------------------|---------------|-----------------------|
| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value | |
| * Fidelity mutual funds: | | | | |
| | Fidelity 500 Index | Mutual Fund | ** | \$ 27,411,358 |
| | Fidelity Mid Cap Index | Mutual Fund | ** | 8,757,711 |
| | Fidelity U.S. Bond index | Mutual Fund | ** | 3,244,909 |
| | Fidelity International Index | Mutual Fund | ** | 2,358,603 |
| | Fidelity Money Market Government Institutional | Mutual Fund | ** | 71,033 |
| | | | | <u>41,843,614</u> |
| Collective trust funds: | | | | |
| | Great Gray flexPATH Index Moderate Retirement M | Collective Trust Fund | ** | 83,733,922 |
| | Great Gray flexPATH Index Moderate 2035 M | Collective Trust Fund | ** | 70,139,120 |
| | Great Gray flexPATH Index Moderate 2045 M | Collective Trust Fund | ** | 28,974,096 |
| | Great Gray flexPATH Large Cap Growth Fund IV Class I1 | Collective Trust Fund | ** | 25,806,924 |
| | Great Gray flexPATH Stable Value Fund Class I1 | Collective Trust Fund | ** | 10,996,662 |
| | Great Gray flexPATH Index Moderate 2055 M | Collective Trust Fund | ** | 9,151,232 |
| | Great Gray flexPATH Single Box Large Cap Value I1 | Collective Trust Fund | ** | 6,825,657 |
| | Great Gray flexPATH Single Box Small Cap Value I1 | Collective Trust Fund | ** | 3,770,694 |
| | Great Gray flexPATH International Stock Fund Class I1 | Collective Trust Fund | ** | 3,389,291 |
| | Great Gray flexPATH Single Box Core Plus Bond I1 | Collective Trust Fund | ** | 3,387,403 |
| | Great Gray flexPATH Small Cap Growth Fund II Class I1 | Collective Trust Fund | ** | 3,137,675 |
| | Great Gray flexPATH Index Aggressive 2035 M | Collective Trust Fund | ** | 2,224,299 |
| | Great Gray flexPATH Index Aggressive Retirement M | Collective Trust Fund | ** | 1,185,804 |
| | Great Gray flexPATH Index Conservative 2035 M | Collective Trust Fund | ** | 1,167,004 |
| | Great Gray flexPATH Index Aggressive 2055 M | Collective Trust Fund | ** | 987,934 |
| | Great Gray flexPATH Index Aggressive 2045 M | Collective Trust Fund | ** | 974,012 |
| | Great Gray flexPATH Index Conservative Retirement M | Collective Trust Fund | ** | 192,402 |
| | Great Gray flexPATH Index Conservative 2055 M | Collective Trust Fund | ** | 77,282 |
| | Great Gray flexPATH Index Conservative 2045 M | Collective Trust Fund | ** | 69,848 |
| | | | | <u>256,191,261</u> |
| *** | Fidelity Brokerage Link | Various | ** | <u>2,447,054</u> |
| Section 401(h) Account: | | | | |
| * | Fidelity Multi-Asset Index Fund | Mutual Fund | \$ 30,834,038 | <u>48,884,794</u> |
| | | | | <u>\$ 349,366,723</u> |

* Represents a party-in-interest to the Plan.

** Cost information for participant directed investments is not required to be disclosed.

*** Includes certain investments managed by a party-in-interest to the Plan

Carrix, Inc. Retirement Plan

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

December 31, 2024

EIN: 91-1653735
Plan Number: 002

| (a) | (b) | (c) | (d) | (e) |
|--|--|-----------------------|---------------|-----------------------|
| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost | Current Value | |
| * Fidelity mutual funds: | | | | |
| | Fidelity 500 Index | Mutual Fund | ** | \$ 27,411,358 |
| | Fidelity Mid Cap Index | Mutual Fund | ** | 8,757,711 |
| | Fidelity U.S. Bond index | Mutual Fund | ** | 3,244,909 |
| | Fidelity International Index | Mutual Fund | ** | 2,358,603 |
| | Fidelity Money Market Government Institutional | Mutual Fund | ** | 71,033 |
| | | | | <u>41,843,614</u> |
| Collective trust funds: | | | | |
| | Great Gray flexPATH Index Moderate Retirement M | Collective Trust Fund | ** | 83,733,922 |
| | Great Gray flexPATH Index Moderate 2035 M | Collective Trust Fund | ** | 70,139,120 |
| | Great Gray flexPATH Index Moderate 2045 M | Collective Trust Fund | ** | 28,974,096 |
| | Great Gray flexPATH Large Cap Growth Fund IV Class I1 | Collective Trust Fund | ** | 25,806,924 |
| | Great Gray flexPATH Stable Value Fund Class I1 | Collective Trust Fund | ** | 10,996,662 |
| | Great Gray flexPATH Index Moderate 2055 M | Collective Trust Fund | ** | 9,151,232 |
| | Great Gray flexPATH Single Box Large Cap Value I1 | Collective Trust Fund | ** | 6,825,657 |
| | Great Gray flexPATH Single Box Small Cap Value I1 | Collective Trust Fund | ** | 3,770,694 |
| | Great Gray flexPATH International Stock Fund Class I1 | Collective Trust Fund | ** | 3,389,291 |
| | Great Gray flexPATH Single Box Core Plus Bond I1 | Collective Trust Fund | ** | 3,387,403 |
| | Great Gray flexPATH Small Cap Growth Fund II Class I1 | Collective Trust Fund | ** | 3,137,675 |
| | Great Gray flexPATH Index Aggressive 2035 M | Collective Trust Fund | ** | 2,224,299 |
| | Great Gray flexPATH Index Aggressive Retirement M | Collective Trust Fund | ** | 1,185,804 |
| | Great Gray flexPATH Index Conservative 2035 M | Collective Trust Fund | ** | 1,167,004 |
| | Great Gray flexPATH Index Aggressive 2055 M | Collective Trust Fund | ** | 987,934 |
| | Great Gray flexPATH Index Aggressive 2045 M | Collective Trust Fund | ** | 974,012 |
| | Great Gray flexPATH Index Conservative Retirement M | Collective Trust Fund | ** | 192,402 |
| | Great Gray flexPATH Index Conservative 2055 M | Collective Trust Fund | ** | 77,282 |
| | Great Gray flexPATH Index Conservative 2045 M | Collective Trust Fund | ** | 69,848 |
| | | | | <u>256,191,261</u> |
| *** | Fidelity Brokerage Link | Various | ** | <u>2,447,054</u> |
| Section 401(h) Account: | | | | |
| * | Fidelity Multi-Asset Index Fund | Mutual Fund | \$ 30,834,038 | 48,884,794 |
| | | | | <u>\$ 349,366,723</u> |

* Represents a party-in-interest to the Plan.

** Cost information for participant directed investments is not required to be disclosed.

*** Includes certain investments managed by a party-in-interest to the Plan