

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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 ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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 <u>FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>09/01/1984</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FLEETPRIDE, INC.</u> <u>600 E LAS COLINAS BLVD</u> <u>SUITE 400</u> <u>IRVING, TX 75039</u>
2b	Employer Identification Number (EIN) <u>63-0681070</u>
2c	Plan Sponsor's telephone number <u>469-249-7786</u>
2d	Business code (see instructions) <u>441300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	KAREN STEVENS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	4248
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	3226
a(2) Total number of active participants at the end of the plan year		6a(2)	3842
b Retired or separated participants receiving benefits.....		6b	21
c Other retired or separated participants entitled to future benefits		6c	1213
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	5076
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	35
f Total. Add lines 6d and 6e		6f	5111
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4861
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	938
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: 2K 2S 2T 3H 3D 2F 2G 2J			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 FLEETPRIDE, INC.	D Employer Identification Number (EIN) 63-0681070	

Part I	Service Provider Information (see instructions)
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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

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

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

AURORA PRIVATE WEALTH, INC.

47-4814591

(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?
27	INVESTMENT ADVISOR	75000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRECEPT ADVISORY GROUP LLC

56-1623293

(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?
27	INVESTMENT ADVISOR	73985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITLEYPENN

75-2393478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	29715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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?
37 60 64 65	RECORDKEEPER	-32701	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AF TRGT DATE 2010 R4 - AMERICAN FU 95-2566717	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AF TRGT DATE 2015 R4 - AMERICAN FU 95-2566717	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AF TRGT DATE 2020 R4 - AMERICAN FU 95-2566717	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AF TRGT DATE 2025 R4 - AMERICAN FU 95-2566717	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AF TRGT DATE 2030 R4 - AMERICAN FU 95-2566717	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AF TRGT DATE 2035 R4 - AMERICAN FU 95-2566717	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AF TRGT DATE 2040 R4 - AMERICAN FU 95-2566717	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AF TRGT DATE 2045 R4 - AMERICAN FU 95-2566717	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AF TRGT DATE 2050 R4 - AMERICAN FU 95-2566717	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AF TRGT DATE 2055 R4 - AMERICAN FU 95-2566717	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AF TRGT DATE 2060 R4 - AMERICAN FU 95-2566717	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
CONESTOGA SM CAP INV - ULTIMUS FUN 31-1663251	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
DODGE & COX STOCK - DST ASSET MANA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
EV ATL CAP SMID-CP I - BNY MELLON 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MFS INTL DIVRSN R4 - MFS SERVICE C	0.15%	
04-2865649		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIONEER BOND Y - BNY MELLON INVEST 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.23%	
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		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 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FLEETPRIDE, INC.				D Employer Identification Number (EIN) 63-0681070	
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: MELLON STABLE VALUE					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON					
c EIN-PN 11-3152987-000		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 946896	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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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)	
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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)	
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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)	
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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)	
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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)	
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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)	
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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)	
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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)	
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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)	
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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)	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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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 1	

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>FLEETPRIDE INC. RETIREMENT & SAVINGS 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>FLEETPRIDE, INC.</u>	D Employer Identification Number (EIN) <u>63-0681070</u>	

Part I	Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
Assets		(a) Beginning of Year	(b) End of Year	
a Total noninterest-bearing cash.....		1a	0	0
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions		1b(1)	0	0
(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)	8043533	7055380
(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)	2840022	2621679
(9) Value of interest in common/collective trusts		1c(9)	0	0
(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)	133296273	154716989
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	0	0
(15) Other.....		1c(15)	826068	946896

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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 145005896	165340944
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h 0	0
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 145005896	165340944

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 1634779	
	(B) Participants	2a(1)(B) 10872966	
	(C) Others (including rollovers).....	2a(1)(C) 3673020	
(2)	Noncash contributions.....	2a(2) 0	16180765
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		
(A)	Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) -11944	
(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) 109421	
(F)	Other	2b(1)(F) 0	
(G)	Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	97477
(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) 8907960	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	8907960
(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)		24700
(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)		14739254
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		39950156
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	19476575	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		19476575
f Corrective distributions (see instructions).....	2f		101
g Certain deemed distributions of participant loans (see instructions).....	2g		35648
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	145999	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		145999
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		19658323
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		20291833
l Transfers of assets:			
(1) To this plan.....	2l(1)		43215
(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: WHITLEY PENN LLP

(2) EIN: 75-2393478

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
4b		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	
4c		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	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		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	
4g		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	
4h		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		
4i	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	
4j		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	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?	X		636
4l	X		636
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		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.		X	
4n		X	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>FLEETPRIDE INC. RETIREMENT & SAVINGS 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>FLEETPRIDE, INC.</u>	D Employer Identification Number (EIN) <u>63-0681070</u>

Part I	Distributions
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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): <u>04-6568107</u>		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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
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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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**FLEETPRIDE INC.
RETIREMENT & SAVINGS PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

**Years Ended December 31, 2021 and 2020
with Report of Independent Auditors**

**FLEETPRIDE INC.
RETIREMENT & SAVINGS PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

Years Ended December 31, 2021 and 2020

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REPORT OF INDEPENDENT AUDITORS

To the Administrative Committee of the
FleetPride Inc. Retirement & Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We were engaged to perform an audit of the financial statements of the FleetPride Inc. Retirement & Savings Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (“2021 Financial Statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan’s 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor’s Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the 2021 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 GAAP.

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for the purpose 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 GAAS. For information included in the supplemental schedule that agreed to or was 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 was derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion and, accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Whitley Penn LLP". The signature is written in a cursive, flowing style.

Fort Worth, Texas
October 11, 2022

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2021	2020
Assets		
Investments, at fair value	\$ 162,719,265	\$ 142,165,874
Receivables:		
Participant	200,370	253,383
Employer	41,337	-
Notes receivable from participants	2,902,360	2,840,022
Total receivables	<u>3,144,067</u>	<u>3,093,405</u>
Total assets	<u>165,863,332</u>	<u>145,259,279</u>
Net assets available for benefits	<u><u>\$ 165,863,332</u></u>	<u><u>\$ 145,259,279</u></u>

See accompanying notes to financial statements.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2021	2020
Additions to Net Assets		
Investment income:		
Net realized and unrealized gains on investments	\$ 14,739,259	\$ 20,967,091
Interest and dividends	8,920,710	6,103,455
Total investment income, net	23,659,969	27,070,546
Interest income from notes receivable from participants	123,200	136,702
Contributions:		
Participant	10,819,953	9,224,425
Rollover	3,673,020	1,128,018
Employer	1,676,116	177,961
Total contributions	16,169,089	10,530,404
Other income	233,921	-
Total additions to net assets	40,186,179	37,737,652
Deductions from Net Assets		
Benefits paid to participants	19,479,343	19,908,178
Administrative expenses	145,998	128,017
Total deductions from net assets	19,625,341	20,036,195
Net increase in net assets available for benefits	20,560,838	17,701,457
Plan transfer (Note A)	43,215	33,774
Net assets available for benefits at beginning of year	145,259,279	127,524,048
Net assets available for benefits at end of year	<u>\$ 165,863,332</u>	<u>\$ 145,259,279</u>

See accompanying notes to financial statements.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

A. Description of the Plan

General

The following brief description of the FleetPride Inc. Retirement & Savings Plan (the “Plan”) is provided for general information purposes only. The Plan is sponsored by FleetPride, Inc. (the “Company”). Participants should refer to the Plan document for more complete information. The Company’s corporate offices are located in Irving, Texas.

The Plan is a defined contribution plan and was effective September 1, 1984, restated effective May 26, 2015, and most recently amended March 16, 2020. All employees of the Company are eligible to participate in the Plan, except for those employees covered by a collective bargaining agreement. The Plan is administered by the Administrative Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

During 2020, the Company acquired three new companies whose participants became eligible to participate in the Plan. As a result, a loan was transferred from another plan in the amount of \$33,774 and is recorded in the Plan’s financial statements.

During 2021, the Company acquired eleven new companies whose participants became eligible to participate in the Plan. As a result, a loan was transferred from another plan in the amount of \$43,215 and is recorded in the Plan’s financial statements.

Contributions

Participants may contribute up to 25% of pre-tax and/or after-tax annual compensation, as defined by the Plan. In addition, participants may contribute designated Roth (after-tax) contributions. The Plan was amended on February 1, 2020, to allow participants to contribute up to 75% of pre-tax annual compensation. Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code (the “Code”) as defined in the Plan document. Eligible participants may make rollover contributions to the Plan.

Participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the close of the year may make catch-up contributions in accordance with, and subject to, the limitations imposed by the Code.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rates set at four percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

A. Description of the Plan – continued

Contributions – continued

The Plan allows for non-discretionary matching employer contributions, which are calculated based on 25% of the first 6% of the eligible participant's compensation contributed to the Plan, not to exceed 1.5%. Effective April 1, 2020, the non-discretionary matching employer contributions were suspended until December 31, 2020. Effective January 1, 2021, the non-discretionary match was reinstated. In 2021 and 2020, the Company's non-discretionary matching contributions totaled approximately \$2,092,000 and \$430,000, respectively. In 2021 and 2020, the Company applied forfeitures of approximately \$415,000 and \$252,000, respectively, to reduce matching contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of: (a) the Company's contributions and (b) Plan earnings. Allocations are based on participant earnings or account balances, 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 immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's non-discretionary contributions is based on years of continuous service, and a participant is 100% vested after five years of credited service at a rate of 20% vesting per year.

Notes Receivable from Participants

Participants may borrow from their accounts, at the discretion of the plan administrator, a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the vested account balances. Loan terms range from one to five years, or up to twenty years for the purchase of a primary residence. The notes receivable from participants are secured by the balances in the participants' accounts and bear interest at a fixed rate established at the time of the loans. As of December 31, 2021 and 2020, interest rates range from 3.25% to 7.00%. Principal and interest are paid ratably through weekly or biweekly payroll deductions.

Benefit Payments

Participants withdrawing during the year for reasons of service, disability, retirement, death, or termination are entitled to their vested account balances. Benefits may be paid as a lump-sum distribution or, in accordance with procedures established by the Administrative Committee, in substantially equal installments to the participant. If withdrawing participants are not entitled to their entire account balances, the amounts not received are forfeited.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

A. Description of the Plan – continued

Benefit Payments – continued

Certain in-service withdrawals are allowed. A participant may also elect to withdraw all or a portion of his/her vested account balance while employed after reaching aged 59 ½. A participant may receive a hardship distribution from salary reduction contributions if the distribution is: (1) on account of uninsured medical expenses incurred by the participant, his/her spouse, or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from his/her principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) for the payment of funeral or burial expenses for the participant's deceased parent, spouse, child, or dependent; or, (6) expenses for the repair of damage to the participant's principal residence that would qualify for a casualty loss deduction under Code section 165.

Effective January 1, 2019, the Plan's hardship withdrawal provisions were updated in connection with the Bipartisan Budget Act. Participants will no longer (1) be required to obtain a loan prior to requesting a hardship withdrawal; (2) participant deferral contributions will no longer be suspended after receipt of a hardship withdrawal; and (3) earnings on elective deferral contributions in a participant's account will be included as part of a hardship withdrawal. The reasons for heavy financial need were also expanded to include certain disaster events and casualty losses not associated with disasters.

Effective March 16, 2020, the Plan was amended whereas all participants who have severed employment and have balances less than \$5,000 are automatically rolled over into an individual retirement plan designated by the plan administrator. Prior to March 16, 2020, the cash out limit for severed employees was \$1,000.

Forfeitures

Forfeited balances of terminated participants' non-vested accounts are used to offset employer non-discretionary contributions and pay any administrative expenses of the Plan. The unallocated forfeited balances as of December 31, 2021 and 2020, were approximately \$135,000 and \$366,000, respectively.

Investment Options

Upon enrollment in the Plan, a participant may direct his/her salary deferrals in 1% increments into any of the Plan's investment options.

Plan Expenses

Employees of the Company perform certain administrative functions with no compensation from the Plan. In accordance with Plan provisions, the Company pays substantially all costs relating to asset charges and recordkeeping. All significant administrative expenses are paid by the Company and are not reflected in the accompanying financial statements.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

B. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Contributions

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the Plan’s administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

Investment Valuation and Income

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and requires certain disclosures about assets and liabilities measured at fair value. See Note C for information related to the Plan’s valuation methodologies under GAAP.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year-end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are recorded at the unpaid principal balance.

Payment of Benefits

Benefits are recorded when paid.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

C. Fair Value Measurements

GAAP defines fair value as 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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used.

The three levels defined in GAAP are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.
- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.
- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability. The Plan held no Level 3 assets as of December 31, 2021 or 2020.

GAAP requires that management describe the methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure each major category of investments are described below. There have been no changes in the methodologies used at December 31, 2021 or 2020.

- Mutual funds are measured using quoted market prices available on an active market and classified within Level 1 of the valuation hierarchy.
- Money market funds are valued at amortized cost, which approximates fair value, and are classified within Level 2 of the valuation hierarchy.
- Common/collective trust is valued at the net asset value (“NAV”) of the fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

C. Fair Value Measurements – continued

The following table details the Plan's investments by level, within the fair value hierarchy, as of December 31, 2021 and 2020.

	2021		
	Level 1	Level 2	Total
Mutual funds	\$154,716,989	\$ -	\$154,716,989
Money market fund	-	7,055,380	7,055,380
Total investments in the fair value hierarchy	<u>\$154,716,989</u>	<u>\$ 7,055,380</u>	161,772,369
Investments measured at NAV ^(a)			<u>946,896</u>
Total investments, at fair value			<u>\$162,719,265</u>

	2020		
	Level 1	Level 2	Total
Mutual funds	\$133,296,273	\$ -	\$133,296,273
Money market fund	-	8,043,533	8,043,533
Total investments in the fair value hierarchy	<u>\$133,296,273</u>	<u>\$ 8,043,533</u>	141,339,806
Investments measured at NAV ^(a)			<u>826,068</u>
Total investments, at fair value			<u>\$142,165,874</u>

(a) In accordance with GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

C. Fair Value Measurements – continued

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2021</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Mellon Stable Value Fund	\$ 946,896	N/A	Daily	12 months
<u>December 31, 2020</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Mellon Stable Value Fund	\$ 826,068	N/A	Daily	12 months

D. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net realized and unrealized gains on investments, interest and dividends, and interest income from notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

E. Tax Status

The Plan has adopted the Fidelity Volume Submitted Profit Sharing Plan, which has received a favorable advisory letter dated March 31, 2014. The advisory letter states that the form of the prototype plan is acceptable under Section 401 of the Code. The Company may rely on this letter with respect to the qualification of the Plan under Code Section 401(a) with certain limitations. The plan administrator believes the Plan has been operated in compliance with the applicable requirements of the Code and, therefore, the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

E. Tax Status – continued

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

F. Plan Termination

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, all amounts credited to participants' accounts will become 100% vested.

G. Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in shares of mutual funds and a money market fund managed by Fidelity Management Trust Company, the trustee, and its affiliates. Transactions in such investments, as well as notes receivable from participants, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

H. 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 reported in the statement of net assets available for benefits.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

I. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2021 and 2020, per the accompanying financial statements to the Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$165,863,332	\$145,259,279
Contributions receivable	(241,707)	(253,383)
Deemed distributions of participant loans as reflected in the Form 5500 for the current year	<u>(280,681)</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$165,340,944</u>	<u>\$145,005,896</u>

The following is a reconciliation of the net change in net assets available for benefits for the years ended December 31, 2021 and 2020, per the accompanying financial statements to the Form 5500:

	<u>2021</u>	<u>2020</u>
Net change in net assets available for benefits per the financial statements	\$ 20,560,838	\$ 17,701,457
Plus: prior year contributions receivable	253,383	36,516
Less: other	(11,112)	-
Less: current year contributions receivable	(241,707)	(253,383)
Less: prior year excess contributions payable	-	(20,976)
Deemed distributions of participant loans as reflected in the Form 5500 for the current year	<u>(269,569)</u>	<u>-</u>
Net change in net assets available for benefits per the Form 5500	<u>\$ 20,291,833</u>	<u>\$ 17,463,614</u>

The reconciling items noted above are due to the difference in the method of accounting used in preparing the Form 5500 as compared to the Plan's financial statements. Additionally, there are differences between the reporting of certain investment line items within the fair value hierarchy in Note C and the Form 5500 for the Mellon Stable Value Fund because the Mellon Stable Value Fund is not a direct filing entity and thus required to be reported at the underlying investment level in the Form 5500 and supplemental schedule.

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

J. Subsequent Events

In preparing the accompanying financial statements, management of the Company has evaluated all subsequent events and transactions for potential recognition or disclosure through October 11, 2022, the date the financial statements were available for issuance.

During 2022, Plan management changed the investments offered within the Plan.

SUPPLEMENTAL SCHEDULE

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EIN: 63-0681070

Plan #: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Mutual funds:				
*	Fidelity	Growth Company Fund	**	\$ 38,230,245
	American Funds	2030 Target Date Retirement Fund	**	16,607,270
	American Funds	2025 Target Date Retirement Fund	**	13,257,449
*	Fidelity	Fidelity 500 Index	**	10,697,465
	American Funds	2035 Target Date Retirement Fund	**	10,674,753
	Dodge & Cox	Stock Fund	**	7,839,144
	American Funds	2050 Target Date Retirement Fund	**	7,504,941
	American Funds	2040 Target Date Retirement Fund	**	7,092,625
	American Funds	2020 Target Date Retirement Fund	**	6,967,084
	American Funds	2045 Target Date Retirement Fund	**	6,619,687
*	Fidelity	Fidelity Mid Cap Index	**	6,560,275
	MFS	MFS International Diversification Fund Class R4	**	4,544,877
	American Funds	2055 Target Date Retirement Fund	**	4,008,861
	Boston Financial	Pioneer Bond Y	**	3,906,777
	Conestoga	Low Price Stock Fund	**	2,613,432
	American Funds	2060 Target Date Retirement Fund	**	2,515,319
	Undiscovered Managers Funds	Undiscovered Managers Behavioral Value Fund Class R6	**	1,625,867
	American Funds	2015 Target Date Retirement Fund	**	1,240,383
	Victory Sycamore	Established Value Fund Class R6	**	624,896
*	Fidelity	Fidelity US Bond Index	**	518,186
	Eaton Vance	Atlanta Capital SMid-Cap I Fund	**	449,674
	American Funds	2010 Target Date Retirement Fund	**	340,371
*	Fidelity	Fidelity International Index	**	277,408
	Total mutual funds			<u>154,716,989</u>
Money market fund:				
*	Fidelity	Government Money Market Portfolio	**	<u>7,055,380</u>
Common/collective trust fund:				
	Insurance Company Separate Accounts - 11.50% New York Life		**	113,092
	BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund		**	88,866
	Prudential Short Duration Core Bond Fund		**	67,028
	BlackRock Mortgage-Backed Securities Index Fund		**	63,681
	Northern Trust Collective Mortgage-Backed Securities Index Fund		**	63,130
	Prudential Core Conservative Intermediate Bond Fund		**	58,666
	BlackRock 1-3 Year Government Bond Index Fund		**	47,644
	Northern Trust Collective 1-10 Year Intermediate Credit Bond Index Fund		**	45,040
	Northern Trust Collective Daily 1-5 Year Credit Bond Index Fund		**	42,877
	BlackRock Asset-Backed Securities Index Fund		**	41,202
	Northern Trust Collective Asset-Backed Securities Bond Index Fund		**	40,769
	Northern Trust Collective Short Term Government Bond Index Fund		**	38,917
	The Bank of New York Mellon Collective Trust Government Short Term Investment Fund (d)		**	31,353
	BlackRock Commercial Mortgage-Backed Securities Index Fund		**	16,088
	Northern Trust Collective Commercial Mortgage-Backed Securities Index Fund		**	15,926
	US Treasury Note, 0.38%, due 7/15/2024		**	11,276
	Northern Trust Collective 1-10 Year Intermediate Government Bond Index Fund		**	8,216
	US Treasury Note, 1.13%, due 10/31/2026		**	7,949

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EIN: 63-0681070

Plan #: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Common/collective trust fund (continued):				
	US Treasury Note, 2.50%, due 2/15/2022		**	7,504
	US Treasury Note, 0.13%, due 6/30/2023		**	7,367
	US Treasury Note, 2.50%, due 1/15/2022		**	5,982
	Nissan Auto Rec OT, 1.38%, due 12/16/2024		**	1,857
	CSAIL Comercial Mortgage Trust, 2.99%, due 6/15/2050		**	1,714
	Freddie Mac REMICS, 1.25%, due 4/25/2045		**	1,532
	Fannie Mae REMICS, 2.50%, due 12/25/2037		**	1,379
	Freddie Mac REMICS, 3.00%, due 10/15/2039		**	1,379
	BA Credit Card Trust, 1.74%, due 1/15/2025		**	1,309
	Cash		**	1,212
	Morgan Stanley BAML Trust, 3.04%, due 4/15/2048		**	1,204
	Benchmark 2019-B14 Mortgage Trust, 2.80%, due 12/15/2062		**	1,159
	Fannie Mae REMICS, 2.75%, due 9/25/2042		**	1,070
	US Treasury Note, 0.38%, due 8/15/2024		**	1,060
	Govt Natl Mortgage Assoc, 1.75%, due 11/20/2050		**	1,019
	Bank of America Corp, 3.25%, due 10/21/2027		**	994
	Freddie Mac REMICS, 3.00%, due 10/15/2045		**	976
	Govt Natl Mortgage Assoc, 1.00%, due 10/20/2034		**	929
	Fannie Mae, 3.50%, due 12/1/2046		**	920
	GS Mortgage Securities Trust 2017-GS6, 3.16%, due 5/10/2050		**	903
	Honda Auto Receivables 2021-3 Owner Trust, 0.41%, due 11/18/2025		**	903
	Freddie Mac REMICS, 3.50%, due 10/15/2028		**	890
	Dell Equip Fin TR, 2.24%, due 2/22/2023		**	884
	CD Mortgage Trust, 1.93%, due 8/15/2057		**	867
	GMF Floorplan Owner Revolving Trust, 0.69%, due 10/15/2025		**	859
	BANK, 3.22%, due 8/15/2061		**	809
	Fannie Mae, 4.00%, due 12/1/2037		**	800
	Hyundai Auto Receivables Trust 2020-C, 0.49%, due 11/16/2026		**	792
	Freddie Mac Gold Pool, 4.00%, due 3/1/2043		**	789
	Benchmark 2020-B20 Mortgage Trust, 2.03%, due 10/15/2053		**	783
	Fannie Mae REMICS, 2.50%, due 8/25/2034		**	783
	JPMorgan Chase & Co, 4.45%, due 12/5/2029		**	774
	Fannie Mae REMICS, 3.00%, due 6/25/2039		**	769
	Citigroup Commerical Mortgage Trust 2019-C7, 3.10%, due 12/15/2072		**	768
	Benchmark Mortgage Trust, 3.61%, due 3/15/2062		**	759
	Freddie Mac Gold Pool, 3.50%, due 11/1/2046		**	758
	Freddie Mac REMICS, 2.50%, due 11/15/2040		**	755
	John Deere Owner Trust, 0.36%, due 9/15/2025		**	732
	DBGS 2018-C1 Mortgage Trust, 4.47%, due 10/15/2051		**	729
	BANK 2020-BNK25, 2.61%, due 1/15/2063		**	709
	BANK 2021-BNK37, 2.51%, due 11/15/2064		**	697
	CarMax Auto Owner Trust 2020-4, 0.82%, due 4/15/2027		**	690
	Govt Natl Mortgage Assoc, 2.00%, due 3/20/2035		**	685
	Fannie Mae, 3.00%, due 11/1/2046		**	676
	CarMax Auto Owner Trust 2020-4, 0.63%, due 6/15/2026		**	673
	Pacific Life Global Funding II, 1.38%, due 4/14/2026		**	666
	ASB Bank Ltd, 1.63%, due 10/22/2026		**	658
	Citigroup Inc, 3.88%, due 10/25/2023		**	655

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EIN: 63-0681070

Plan #: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Common/collective trust fund (continued):				
	COMM Mortgage Trust, 3.15%, due 2/10/2047		**	633
	Berkshire Hathaway Inc, 3.13%, due 3/15/2026		**	627
	VMware Inc, 3.90%, due 8/21/2027		**	615
	Raytheon Technologies Corp, 4.13%, due 11/16/2028		**	612
	Broadcom Inc, 3.42%, due 4/15/2033		**	604
	Fannie Mae, 2.50%, due 10/1/2051		**	591
	Bank of America Corp, 3.42%, due 12/20/2028		**	582
	Fannie Mae, 2.50%, due 9/1/2051		**	581
	Fannie Mae, 2.00%, due 6/1/2036		**	573
	Goldman Sachs Group Inc, 3.50%, due 11/16/2026		**	572
	Anheuser-Busch InBev, 4.75%, due 1/23/2029		**	571
	Oscar 2019-2A A4, 2.68%, due 9/10/2026		**	568
	AT&T Inc, 4.30%, due 2/15/2030		**	565
	Fannie Mae, 2.00%, due 7/1/2051		**	562
	Fannie Mae, 2.00%, due 4/1/2051		**	561
	Fannie Mae, 3.00%, due 11/1/2045		**	561
	Freddie Mac Pool, 2.00%, due 6/1/2036		**	560
	GM Financial Consumer Automobile Receivables Trust, 0.38%, due 8/18/2025		**	554
	Verizon Communications, 0.41%, due 4/21/2025		**	553
	Fannie Mae, 2.00%, due 4/1/2051		**	551
	Fannie Mae, 2.00%, due 8/1/2051		**	550
	Freddie Mac Pool, 2.00%, due 4/1/2051		**	545
	Exxon Mobil Corp, 1.57%, due 4/15/2023		**	542
	AEP Texas Restoration Funding LLC, 2.06%, due 2/1/2027		**	538
	Fannie Mae, 2.00%, due 2/1/2051		**	534
	GM Financial Consumer Automobile Receivables Trust 2020-3, 0.45%, due 4/16/2025		**	533
	Goldman Sachs Group Inc, 3.50%, due 4/1/2025		**	527
	Citigroup Commercial Mortgage Trust, 2.45%, due 7/10/2049		**	521
	Toyota Auto Receivables 2020-C, 0.44%, due 10/15/2024		**	515
	Morgan Stanley, 3.62%, due 4/1/2031		**	510
	Fannie Mae, 2.00%, due 2/1/2051		**	508
	Freddie Mac Pool, 2.00%, due 12/1/2050		**	504
	JPMorgan Chase & Co, 2.08%, due 4/22/2026		**	504
	Govt Natl Mortgage Assoc, 2.50%, due 5/20/2043		**	500
	Philip Morris Intl Inc, 2.38%, due 8/17/2022		**	500
	Freddie Mac Pool, 2.00%, due 12/1/2050		**	496
	GS Mortgage Securities Trust 2019-GC42, 2.75%, due 9/1/2052		**	493
	Apple Inc, 1.80%, due 9/11/2024		**	492
	Sealed Air Corp, 1.57%, due 10/15/2026		**	490
	COMM 2019-GC44 MTG TR, 2.83%, due 8/15/2057		**	477
	Stellantis Finance US Inc, 1.71%, due 1/29/2027		**	467
	Fannie Mae, 2.50%, due 12/1/2050		**	466
	Fannie Mae, 3.00%, due 3/1/2030		**	466
	Barclays PLC, 3.93%, due 5/7/2025		**	458
	Fannie Mae, 2.00%, due 11/1/2050		**	458
	NRG Energy Inc, 2.45%, due 12/2/2027		**	457
	Morgan Stanley BAML Trust, 3.45%, due 7/15/2050		**	453

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EIN: 63-0681070

Plan #: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Common/collective trust fund (continued):				
	CSAIL 2019-C18 COML, 2.85%, due 12/15/2052		**	452
	Freddie Mac Pool, 2.50%, due 9/1/2050		**	447
	World Omni Auto Receivables 2020-C, 0.48%, due 11/17/2025		**	444
	Fannie Mae, 2.50%, due 1/1/2051		**	441
	Ecolab Inc, 1.65%, due 2/1/2027		**	435
	Kredit Fuer Wiederaufbau, 2.38%, due 12/29/2022		**	434
	Aetna Inc, 2.80%, due 6/15/2023		**	431
	Kinder Morgan Inc/DE, 4.30%, due 6/1/2025		**	429
	Freddie Mac Pool, 2.50%, due 9/1/2050		**	426
	John Deere Owner Trust, 0.51%, due 11/15/2024		**	416
	BBCMS Mortgage Trust 2020-C8, 2.04%, due 10/15/2053		**	412
	Fannie Mae REMICS, 3.50%, due 8/25/2044		**	402
	Gilead Sciences Inc, 3.50%, due 2/1/2025		**	398
	BANK 2017-BNK9, 3.54%, due 11/15/2054		**	397
	PSNH Funding LLC, 3.09%, due 2/1/2026		**	395
	Fannie Mae, 3.00%, due 5/1/2051		**	389
	Banc of America Commercial Mortgage Trust 2017-BNK3, 3.57%, due 2/15/2050		**	388
	GM Financial Automobile Leasing Trust, 1.67%, due 12/20/2022		**	387
	Fannie Mae, 3.00%, due 9/1/2050		**	386
	Fannie Mae, 4.00%, due 8/1/2049		**	382
	Ginnie Mae I Pool, 4.50%, due 11/15/2024		**	382
	Fannie Mae, 2.50%, due 7/1/2050		**	379
	AerCap Ireland Capital DAC / AerCap Global Aviation Trust, 2.45%, due 10/29/2026		**	378
	Comcast Corp, 3.70%, due 4/15/2024		**	377
	Fannie Mae, 2.50%, due 7/1/2050		**	372
	Nissan Auto Rec OT, 2.50%, due 11/15/2023		**	371
	MMAF Equipment Finance LLC, 2.01%, due 12/12/2024		**	369
	Freddie Mac Gold Pool, 4.00%, due 8/1/2048		**	367
	Marriott International Inc/MD, 5.75%, due 5/1/2025		**	365
	COMM 2015-CR24 MTG TR, 3.70%, due 8/10/2048		**	362
	United Health Group Inc, 2.38%, due 8/15/2024		**	361
	Fannie Mae, 2.00%, due 7/1/2050		**	360
	Freddie Mac Pool, 2.50%, due 5/1/2030		**	357
	DFJPM 16-C3 Mortgage Trust, 2.89%, due 8/10/2049		**	355
	Govt Natl Mortgage Assoc, 2.00%, due 3/20/2042		**	352
	PNC Financial Services Group, 1.15%, due 8/13/2026		**	352
	World Omni Auto Receivables 2021-D, 0.81%, due 10/15/2026		**	350
	Fannie Mae, 3.50%, due 12/1/2047		**	345
	Freddie Mac Pool, 2.50%, due 5/1/2050		**	344
	Oscar 2018-2A A4, 3.63%, due 9/10/2025		**	344
	Capital One Financial Corp, 3.75%, due 3/9/2027		**	338
	Fannie Mae, 2.00%, due 10/1/2051		**	335
	Oscar US Funding, 1.00%, due 4/10/2028		**	333
	Wells Fargo & Co, 3.75%, due 1/24/2024		**	330
	John Deere Capital Corp, 3.65%, due 10/12/2023		**	327
	Wells Fargo & Co, 3.00%, due 2/19/2025		**	326
	Bristol Myers Squibb, 3.25%, due 2/20/2023		**	324

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EIN: 63-0681070

Plan #: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Common/collective trust fund (continued):				
	Ginnie Mae II Pool, 3.00%, due 8/20/2050		**	323
	Freddie Mac Pool, 2.00%, due 10/1/2036		**	317
	Jackson Financial Inc, 1.13%, due 11/22/2023		**	312
	Freddie Mac REMICS, 2.00%, due 5/25/2033		**	309
	Cigna Corp, 4.38%, due 10/15/2028		**	308
	Baker Hughes Holdings LLC / Baker Hughes Co-Obligor Inc, 2.06%, due 12/15/2026		**	306
	Citigroup Commerical Mortgage Trust 2016-P6, 3.51%, due 12/10/2049		**	306
	Enterprise Fleet Financing 2021-3 LLC, 1.22%, due 8/20/2027		**	306
	Fannie Mae, 2.50%, due 6/1/2032		**	306
	Truist Fin Corp, 3.70%, due 6/5/2025		**	306
	General Motors Financial Co Inc, 2.40%, due 4/10/2028		**	301
	Fannie Mae, 3.04%, due 9/1/2047		**	299
	Fannie Mae, 3.00%, due 1/1/2033		**	295
	Fannie Mae, 3.00%, due 7/1/2051		**	294
	CSX Corp, 2.60%, due 11/1/2026		**	291
	CVS Health Corp, 4.30%, due 3/25/2028		**	291
	CVS Health Corp, 2.13%, due 9/15/2031		**	290
	Fannie Mae, 3.00%, due 2/1/2050		**	290
	Fannie Mae, 3.00%, due 5/1/2050		**	283
	Lloyds Banking Group PLC, 1.63%, due 5/11/2027		**	283
	Fannie Mae, 2.00%, due 8/1/2051		**	282
	General Motors Financial Co Inc, 1.25%, due 1/8/2026		**	282
	Ginnie Mae II Pool, 3.00%, due 6/20/2050		**	282
	Fannie Mae, 2.00%, due 12/1/2050		**	280
	Fannie Mae, 3.00%, due 8/1/2051		**	280
	Citigroup Commerical Mortgage Trust 2020-GC46, 2.71%, due 2/15/2053		**	278
	Exelon Corp, 4.05%, due 4/15/2030		**	278
	Fannie Mae, 3.00%, due 7/1/2050		**	277
	Freddie Mac Pool, 3.00%, due 4/1/2050		**	277
	Fannie Mae, 4.50%, due 5/1/2047		**	276
	Freddie Mac Pool, 3.00%, due 9/1/2050		**	276
	Anglo American Capital PLC, 2.63%, due 9/10/2030		**	275
	Equinox Inc, 1.45%, due 5/15/2026		**	273
	AutoZone Inc, 3.75%, due 4/18/2029		**	272
	Lincoln National Corp, 3.80%, due 3/1/2028		**	272
	Truist Fin Corp, 3.05%, due 6/20/2022		**	272
	BP Capital Markets America Inc, 1.75%, due 8/10/2030		**	270
	Ginnie Mae II Pool, 3.00%, due 5/20/2050		**	270
	Cooperatieve Rabobank UA, 1.34%, due 6/24/2026		**	268
	Ecolab Inc, 3.25%, due 12/1/2027		**	268
	Fannie Mae, 3.00%, due 11/1/2048		**	267
	T-Mobile US, Inc, 3.50%, due 4/15/2025		**	267
	O'Reilly Automotive Inc, 1.75%, due 3/15/2031		**	266
	Crown Castle Intl Corp, 3.30%, due 7/1/2030		**	265
	Morgan Stanley, 3.75%, due 2/25/2023		**	265
	Verizon Communications, 4.02%, due 12/3/2029		**	264
	Daimler Finance NA LLC, 3.30%, due 5/19/2025		**	262

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

EIN: 63-0681070

Plan #: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Common/collective trust fund (continued):				
	ServiceNow Inc, 1.40%, due 9/1/2030		**	261
	Takeda Pharmaceutical, 2.05%, due 3/31/2030		**	261
	Fannie Mae, 3.50%, due 8/1/2026		**	259
	BNP Paribas SA, 1.68%, due 6/30/207		**	258
	T-Mobile US, Inc, 1.50%, due 2/1 Interest rates ranging from 3.25% to 7.00% with		**	258
	CNH Equipment Trust, 2.52%, due various due dates		**	257
	Fannie Mae, 2.50%, due 12/1/2049		**	257
	Abbvie Inc, 3.20%, due 11/21/2029		**	256
	Banco Santander SA, 3.13%, due 2/23/2023		**	256
	Dollar General Corp, 3.50%, due 4/3/2030		**	256
	Ameren Corp, 1.95%, due 3/15/2027		**	252
	Hyundai Auto Receivables Trust 2021-C, 0.74%, due 5/15/2026		**	252
	Avalonbay Communities, 3.30%, due 6/1/2029		**	251
	International Flavors & Fragrances Inc, 1.23%, due 10/1/2025		**	249
	BANK, 2.99%, due 6/15/2060		**	248
	Fannie Mae, 3.00%, due 10/1/2030		**	246
	Fannie Mae, 2.50%, due 4/1/2050		**	244
	Healthcare Trust of America, 3.50%, due 8/1/2026		**	244
	Fidelity National Information Services Inc, 1.15%, due 3/1/2026		**	236
	Freddie Mac Pool, 2.00%, due 8/1/2036		**	236
	Bank of America Corp, 2.88%, due 10/22/2030		**	234
	Freddie Mac Gold Pool, 3.00%, due 6/1/2033		**	234
	AstraZeneca PLC, 0.70%, due 4/8/2026		**	233
	McDonald's Corp, 3.30%, due 7/1/2025		**	233
	MPLX LP, 4.13%, due 3/1/2027		**	233
	Fannie Mae, 2.50%, due 12/1/2031		**	232
	Air Lease Corp, 1.88%, due 8/15/2026		**	231
	Citibank NA, 3.65%, due 1/23/2024		**	231
	Carrier Global Corp, 2.24%, due 2/15/2025		**	230
	Cheniere Corpus Chris, 5.88%, due 3/31/2025		**	230
	Keurig Dr Pepper Inc, 3.20%, due 5/1/2030		**	230
	AerCap Ireland Capital DAC / AerCap Global Aviation Trust, 1.75%, due 1/30/2026		**	229
	Fannie Mae, 3.00%, due 12/1/2049		**	228
	NatWest Group PLC, 3.88%, due 9/12/2023		**	228
	Oscar 2018-1A A4, 3.50%, due 5/12/2025		**	226
	DH Europe FIN II S A R, 2.20%, due 11/15/2024		**	225
	Nissan Auto Receivables 2020-A, 1.38%, due 12/16/2024		**	224
	Republic of Italy Government International Bond, 2.38%, due 10/17/2024		**	223
	CSX Corp, 3.35%, due 11/1/2025		**	222
	Govt Natl Mortgage Assoc, 3.50%, due 8/16/2039		**	222
	Volkswagen Auto Loan Enhanced Trust 2021-1, 1.26%, due 10/230/2028		**	219
	GM Financial Consumer Automobile Receivables Trust 2020-2, 1.49%, due 12/16/2024		**	214
	Morgan Stanley BAML Trust, 3.56%, due 11/15/2046		**	213
	Visa Inc, 2.15%, due 9/15/2022		**	210
	Amazon.com Inc, 2.40%, due 2/22/2023		**	209
	Fannie Mae, 4.00%, due 5/1/2050		**	209
	COMM 2014-CR14 MTG TR, 4.24%, due 2/10/2047		**	208

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

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Common/collective trust fund (continued):				
	Fannie Mae, 3.50%, due 1/1/2050		**	208
	Oscar 2019-2A A3, 2.59%, due 9/11/2023		**	208
	American Intl Group, 4.13%, due 2/15/2024		**	206
	Citigroup Inc, 2.67%, due 1/29/2031		**	206
	Fannie Mae, 2.00%, due 1/1/2036		**	205
	Ameriprise Financial Inc, 4.00%, due 10/15/2023		**	203
	CarMax Auto Owner Trust 2020-2, 1.70%, due 11/15/2024		**	203
	American Electric Power, 2.30%, due 03/01/2030		**	202
	Charter Comm OPT LLC/Cap, 4.46%, due 7/23/2022		**	201
	Crown Castle Intl Corp, 1.35%, due 7/15/2025		**	197
	Walt Disney Co, 3.00%, due 9/15/2022		**	196
	Fannie Mae, 3.00%, due 6/1/2032		**	195
	HSBC Holdings PLC, 0.98%, due 5/24/2025		**	192
	Wells Fargo Comm Mortgage, 3.15%, due 12/15/2047		**	192
	Conagra Brands Inc, 1.38%, due 11/1/2027		**	190
	Freddie Mac Pool, 3.50%, due 10/1/2049		**	190
	Freddie Mac REMICS, 2.00%, due 10/15/2039		**	189
	Realty Income Corp, 2.20%, due 6/15/2028		**	187
	UBS Comm Mortgage Trust, 3.00%, due 8/15/2050		**	187
	Diamondback Energy, 2.88%, due 12/1/2024		**	186
	ING Group, 3.55%, due 4/9/2024		**	186
	Massachusetts ST SCH, 2.08%, due 10/15/2023		**	184
	Paypal, 2.40%, due 10/1/2024		**	183
	Public Storage, 1.50%, due 11/9/2026		**	182
	Toyota Auto Receivables 2020-B, 1.36%, due 8/15/2024		**	178
	Fannie Mae REMICS, 3.00%, due 11/25/2040		**	176
	Nissan Auto Rec OT, 3.22%, due 6/15/2023		**	176
	Fannie Mae, 4.00%, due 9/1/2042		**	175
	Paypal, 1.65%, due 6/1/2025		**	172
	American Express Co, 3.40%, due 2/22/2024		**	170
	CNH Equipment Trust, 3.01%, due 4/15/2024		**	170
	Fannie Mae, 2.50%, due 9/1/2028		**	169
	Fannie Mae, 4.50%, due 12/1/2048		**	169
	Air Lease Corp, 2.88%, due 1/15/2026		**	168
	American Express Co, 2.50%, due 7/30/2024		**	168
	Cigna Corp, 2.40%, due 3/15/2030		**	166
	CarMax Auto Owner Trust 2019-2, 2.68%, due 3/15/2024		**	164
	Berkshire Hathaway Energy, 2.80%, due 1/15/2023		**	161
	Enbridge Inc, 3.13%, due 11/15/2029		**	160
	Fannie Mae, 2.50%, due 5/1/2028		**	158
	Verizon Communications, 1.94%, due 4/22/2024		**	158
	First Republic Bank, 1.91%, due 2/12/2024		**	157
	Merck & Co Inc, 2.90%, due 3/7/2024		**	156
	Apple Inc, 1.13%, due 5/11/2025		**	154
	Fannie Mae REMICS, 4.00%, due 11/25/2024		**	154
	7-Eleven Inc, 0.95%, due 2/10/2026		**	150
	Boeing Co, 2.70%, due 5/1/2022		**	150

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Common/collective trust fund (continued):				
	Corporacion Andina DE, 3.25%, due 2/11/2022		**	150
	Cigna Corp, 3.05%, due 11/30/2022		**	148
	Waste Management Inc, 2.00%, due 6/1/2029		**	148
	Comcast Corp, 3.15%, due 3/1/2026		**	146
	TSMC Arizona Corp, 1.75%, due 10/25/2026		**	146
	Fannie Mae, 3.00%, due 3/1/2048		**	145
	Freddie Mac Pool, 3.00%, due 10/1/2049		**	145
	Volkswagen Group America, 2.70%, due 9/26/2022		**	142
	United Health Group Inc, 3.75%, due 7/15/2025		**	139
	Boeing Co, 2.80%, due 3/1/2024		**	138
	Arizona Department of Transportation State Highway Fund Revenue, 2.17%, due 7/1/2026		**	135
	Fannie Mae, 3.00%, due 11/1/2031		**	132
	Freddie Mac REMICS, 3.00%, due 3/15/2041		**	132
	John Deere Capital Corp, 2.80%, due 3/6/2023		**	128
	Nissan Auto Receivables 2019-A, 2.90%, due 10/16/2023		**	123
	NatWest Group PLC, 1.64%, due 6/14/2027		**	122
	ConocoPhillips, 3.75%, due 10/1/2027		**	119
	Viatrix Inc, 1.65%, due 6/22/2025		**	117
	American Intl Group, 3.90%, due 4/1/2026		**	115
	Starbucks Corp, 1.30%, due 5/7/2022		**	115
	Boeing Co, 3.63%, due 2/1/2031		**	114
	Freddie Mac REMICS, 3.00%, due 6/15/2039		**	113
	Hewlett Packard Enterprise, 1.75%, due 4/1/2026		**	112
	Freddie Mac Pool, 3.00%, due 7/1/2029		**	110
	Freddie Mac Gold Pool, 3.00%, due 12/1/2033		**	109
	Freddie Mac Gold Pool, 3.00%, due 6/1/2031		**	107
	Govt Natl Mortgage Assoc, 4.50%, due 6/20/2039		**	106
	Keurig Dr Pepper Inc, 4.06%, due 5/25/2023		**	105
	Morgan Stanley Capital I Trust, 3.32%, due 12/15/2051		**	104
	Freddie Mac Pool, 4.00%, due 5/1/2050		**	103
	Abbvie Inc, 2.60%, due 11/21/2024		**	100
	Fannie Mae, 3.50%, due 2/1/2048		**	100
	Fannie Mae REMICS, 4.00%, due 6/25/2026		**	100
	Republic Services Inc, 2.50%, due 8/15/2024		**	96
	GM Financial Consumer Automobile Trust, 3.21%, due 10/16/2023		**	95
	Massachusetts ST WTR, 1.77%, due 8/1/2023		**	95
	USAA Capital Corp, 1.50%, due 5/1/2023		**	94
	Abbvie Inc, 2.30%, due 11/21/2022		**	91
	Energy Transfer Partners LP, 4.20%, due 4/15/2027		**	91
	Fannie Mae REMICS, 3.50%, due 5/25/2041		**	90
	State of Wisconsin, 1.75%, due 5/1/2023		**	88
	Reedy Creek Improvement District, 1.77%, due 6/1/2015		**	82
	Fannie Mae, 4.00%, due 10/1/2048		**	81
	Freddie Mac REMICS, 4.00%, due 3/15/2037		**	80
	Freddie Mac Pool, 3.50%, due 1/1/2050		**	78
	Nutrien Ltd, 1.90%, due 5/13/2023		**	75
	Fannie Mae, 4.50%, due 4/1/2049		**	74

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Common/collective trust fund (continued):				
	Medtronic Inc, 3.50%, due 3/15/2025		**	72
	Sherwin-Williams Co, 2.30%, due 5/15/2030		**	71
	CD 2017-CD4 Mortgage Trust, 2.01%, due 5/10/2050		**	68
	Freddie Mac Non Gold Pool, 3.20%, due 7/1/2047		**	68
	CyrusOne LP, 2.90%, due 11/15/2024		**	67
	Pfizer Inc, 2.95%, due 3/15/2024		**	65
	Pfizer Inc, 3.20%, due 9/15/2023		**	65
	Freddie Mac REMICS, 2.50%, due 12/15/2030		**	59
	Estee Lauder Cos Inc, 2.00%, due 12/1/2024		**	51
	WFRBS13-C17 ASB, 3.56%, due 12/15/2046		**	51
	Fannie Mae REMICS, 2.00%, due 12/25/2022		**	50
	City & County Honolulu HI Wastewater System Revenue, 2.23%, due 7/1/2024		**	48
	State of Connecticut, 2.10%, due 7/1/2025		**	48
	Fannie Mae, 2.50%, due 2/1/2028		**	46
	Fannie Mae REMICS, 4.00%, due 5/25/2041		**	43
	Fannie Mae REMICS, 4.50%, due 2/25/2038		**	43
	Fannie Mae, 2.50%, due 11/1/2027		**	41
	Freddie Mac REMICS, 3.50%, due 10/15/2030		**	41
	Wells Fargo Comm Mortgage, 2.50%, due 10/15/2049		**	41
	Govt Natl Mortgage Assoc, 2.50%, due 11/16/2037		**	35
	Fannie Mae, 3.50%, due 1/1/2026		**	33
	UBS Comm Mortgage Trust, 3.40%, due 5/10/2045		**	33
	Fannie Mae, 3.00%, due 1/1/2028		**	23
	Fannie Mae, 2.50%, due 12/1/2027		**	17
	Oscar 2017-2A A4, 2.76%, due 12/10/2024		**	13
	Bank of America Commercial Mortgage Trust, 1.96%, due 2/15/2050		**	11
	Fannie Mae REMICS, 3.50%, due 12/25/2040		**	9
	Freddie Mac REMICS, 2.00%, due 1/15/2039		**	7
	Ginnie Mae II Pool, 4.63%, due 8/20/2062		**	6
	Govt Natl Mortgage Assoc, 4.00%, due 6/16/2038		**	6
	Fannie Mae REMICS, 3.00%, due 6/25/2040		**	3
	Ginnie Mae II Pool, 4.39%, due 5/20/2063		**	2
	Ginnie Mae II Pool, 4.39%, due 11/20/2062		**	1
	Total common/collective trust fund			<u>946,896</u>
*	Participant loans	Interest rates ranging from 3.25% to 7.00% with various due dates	-0-	<u>2,621,679</u>
	Total			<u><u>\$ 165,340,944</u></u>

* A party in interest as defined by ERISA

** Cost omitted for participant directed investments