

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1988
2a Plan sponsor's name (employer, if for a single-employer plan): SPEED MOTOR EXPRESS OF W.N.Y., INC.
2b Employer Identification Number (EIN): 16-1092772
2c Plan Sponsor's telephone number: 716-876-2235
2d Business code (see instructions): 484110

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	219
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	183
	<b>6a(2)</b>	174
	<b>6b</b>	0
	<b>6c</b>	41
	<b>6d</b>	215
	<b>6e</b>	0
	<b>6f</b>	215
	<b>6g(1)</b>	133
<b>6g(2)</b>	127	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

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

---

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

---

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

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

---

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

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

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

---

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPEED MOTOR EXPRESS OF W.N.Y., INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>16-1092772</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>71-0294708</b>	<b>86509</b>	<b>813844</b>	<b>128</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>38970</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**TBS AGENCY, INC.** **1776 PLEASANT PLAIN RD**  
**FAIRFIELD, IA 52556**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>38970</b>	<b>0</b>		<b>4</b>

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**RIMKUS, MARCIANO & ASSOCIATES INC** **3136 SOUTH WINTON ROAD**  
**SUITE 300**  
**ROCHESTER, NY 14623**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>0</b>	<b>0</b>		<b>5</b>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	322736
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	8452015
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 631182
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 54324
	(2) Dividends and credits.....	<b>7c(2)</b> 0
	(3) Interest credited during the year.....	<b>7c(3)</b> 7120
	(4) Transferred from separate account .....	<b>7c(4)</b> 39673
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS	<b>7c(5)</b> 2822
	(6) Total additions .....	<b>7c(6)</b> 103939
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 735121
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 410211
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 1226
	(3) Transferred to separate account .....	<b>7e(3)</b> 0
	(4) Other (specify below)..... ▶ LOANS TAKEN	<b>7e(4)</b> 948
(5) Total deductions .....	<b>7e(5)</b> 412385	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 322736

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

<b>A</b> Name of plan <b>SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPEED MOTOR EXPRESS OF W.N.Y., INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>16-1092772</b>	

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

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

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

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

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

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

**VOYA RETIREMENT INSURANCE AND ANNUI**

**71-0294708**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

VOYA RETIREMENT INS & ANNUITY CO

72-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MORNINGSTAR INVESTMT MANAGEMENT LLC

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	INVESTMENT ADVISORY		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RIMKUS, MARCIANO & ASSOCIATES, INC.

3136 WINTON RD S  
ROCHESTER, NY 14623

(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?
49	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5767	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RIMKUS, MARCIANO & ASSOCIATES, INC.	49	5767

(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.
VOYA RETIREMENT INS AND ANNUITY CO  71-0294708	OTHER SERVICES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR	27	1610

(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.
VOYA RETIREMENT INS AND ANNUITY CO  71-0294708	INVESTMENT ADVISORY (PLAN)

(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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

<b>A</b> Name of plan <u>SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SPEED MOTOR EXPRESS OF W.N.Y., INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>16-1092772</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS AM BALANCED R6</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>MAP CONTRACT SEPARATE ACCOUNT D</u>				
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>112536</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC R6</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>MAP CONTRACT SEPARATE ACCOUNT D</u>				
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>424920</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS GROWTH FND R6</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>MAP CONTRACT SEPARATE ACCOUNT D</u>				
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>1888063</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NW PRSPCTV R6</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>MAP CONTRACT SEPARATE ACCOUNT D</u>				
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>74050</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS WASH MUTUAL R6</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>MAP CONTRACT SEPARATE ACCOUNT D</u>				
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>53857</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN US EQUITY FUND R6</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>MAP CONTRACT SEPARATE ACCOUNT D</u>				
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>261544</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO ALL ASSET FUND INS</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>MAP CONTRACT SEPARATE ACCOUNT D</u>				
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		<u>68001</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGRD 500 INDEX FUND ADM</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">MAP CONTRACT SEPARATE ACCOUNT D</a>		
<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1300872</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGRD MID-CAP INDEX FUND ADM</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">MAP CONTRACT SEPARATE ACCOUNT D</a>		
<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">79002</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGRD SMALL-CAP INDEX FND ADM</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">MAP CONTRACT SEPARATE ACCOUNT D</a>		
<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">61332</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGRD TRGT RETIRE 2020 FD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">MAP CONTRACT SEPARATE ACCOUNT D</a>		
<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">847</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGRD TRGT RETIRE 2025 FD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">MAP CONTRACT SEPARATE ACCOUNT D</a>		
<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">333471</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGRD TRGT RETIRE 2030 FD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">MAP CONTRACT SEPARATE ACCOUNT D</a>		
<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">856536</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGRD TRGT RETIRE 2035 FD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">MAP CONTRACT SEPARATE ACCOUNT D</a>		
<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">872833</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGRD TRGT RETIRE 2040 FD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">MAP CONTRACT SEPARATE ACCOUNT D</a>		
<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">158010</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGRD TRGT RETIRE 2045 FD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">MAP CONTRACT SEPARATE ACCOUNT D</a>		
<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">574954</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGRD TRGT RETIRE 2050 FD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">MAP CONTRACT SEPARATE ACCOUNT D</a>		
<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">241633</a>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [VANGRD TRGT RETIRE 2055 FD](#)

**b** Name of sponsor of entity listed in (a): [MAP CONTRACT SEPARATE ACCOUNT D](#)

<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">83401</a>
--	--	---	-----------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [VANGRD TRGT RETIRE 2060 FD](#)

**b** Name of sponsor of entity listed in (a): [MAP CONTRACT SEPARATE ACCOUNT D](#)

<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">138107</a>
--	--	---	------------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [VANGRD TRGT RETIRE 2065 FD](#)

**b** Name of sponsor of entity listed in (a): [MAP CONTRACT SEPARATE ACCOUNT D](#)

<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">83055</a>
--	--	---	-----------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [VANGRD TRGT RETIRE 2070 FD](#)

**b** Name of sponsor of entity listed in (a): [MAP CONTRACT SEPARATE ACCOUNT D](#)

<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">5087</a>
--	--	---	----------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [VANGRD TRGT RETIRE INC FD](#)

**b** Name of sponsor of entity listed in (a): [MAP CONTRACT SEPARATE ACCOUNT D](#)

<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">67300</a>
--	--	---	-----------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [VICTORY SYCMR EST VL FD R6](#)

**b** Name of sponsor of entity listed in (a): [MAP CONTRACT SEPARATE ACCOUNT D](#)

<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">25289</a>
--	--	---	-----------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [VOYA FIXED ACCOUNT 4633](#)

**b** Name of sponsor of entity listed in (a): [MAP CONTRACT SEPARATE ACCOUNT D](#)

<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">322736</a>
--	--	---	------------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [VOYA INTERMEDIATE BOND FUND R6](#)

**b** Name of sponsor of entity listed in (a): [MAP CONTRACT SEPARATE ACCOUNT D](#)

<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">239027</a>
--	--	---	------------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [VOYA MID-CAP GROWTH EQTY FD 8](#)

**b** Name of sponsor of entity listed in (a): [MAP CONTRACT SEPARATE ACCOUNT D](#)

<b>c</b> EIN-PN <a href="#">71-0294708-000</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">448288</a>
--	--	---	------------------------

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

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

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



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

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPEED MOTOR EXPRESS OF W.N.Y, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>16-1092772</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	47817	63317
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	631182	322736
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	11584150	8452015
<b>(15)</b> Other.....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	12263149	8838068
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	1389	13345
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1389	13345
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	12261760	8824723

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	237519	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	471348	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		708867
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	5988	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		5988
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	0	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1717036
<b>c</b> Other income .....	<b>2c</b>		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2431891

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	5858108	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other.....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5858108
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		0
<b>h</b> Interest expense.....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	6350	
(3) Recordkeeping fees .....	<b>2i(3)</b>	0	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	3920	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses.....	<b>2i(11)</b>	550	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		10820
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		5868928

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-3437037
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		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: **DANSA D'ARATA SOUCIA LLP**

(2) EIN: **16-1382528**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		900000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SPEED MOTOR EXPRESS OF W.N.Y, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>16-1092772</u>	

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

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

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

1	
---	--

**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): 71-0294708

**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	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702751A.

**SPEED MOTOR EXPRESS OF W.N.Y., INC.  
401(K) PROFIT SHARING PLAN AND TRUST**

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE  
AS OF DECEMBER 31, 2024 AND 2023 AND  
FOR THE YEAR ENDED DECEMBER 31, 2024  
WITH  
INDEPENDENT AUDITOR'S REPORT

# SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(k) PROFIT SHARING PLAN AND TRUST

## TABLE OF CONTENTS

---

	<b>Page(s)</b>
<b>INDEPENDENT AUDITOR'S REPORT</b>	1 - 3
<b>FINANCIAL STATEMENTS:</b>	
Statements of Net Assets Available for Plan Benefits	4
Statement of Changes in Net Assets Available for Plan Benefits	5
Notes to Financial Statements	6 - 12
<b>SUPPLEMENTAL SCHEDULE:</b>	
Form 5500: Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	13

### **SCHEDULES OMITTED:**

The schedules of *Loans or Fixed Income Obligations in Default or Classified as Uncollectible* and *Leases in Default or Classified as Uncollectible* are omitted because the Plan did not have any such obligations or leases. The schedule of *Nonexempt Transactions* and *Reportable Transactions* is omitted because the Plan had no such transactions that were not conveyed by a statutory or administrative exemption from being a prohibited transaction. The schedule of *Assets Acquired and Disposed of During the Plan Year* is omitted because all such transactions were subject to exclusion under Sections 2520.103-11 of the Department of Labor Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.

## **INDEPENDENT AUDITOR'S REPORT**

To the Administrative Committee of the  
**Speed Motor Express of W.N.Y., Inc. 401(k) Profit Sharing Plan and Trust**

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

We have performed an audit of the financial statements of Speed Motor Express of W.N.Y., Inc. 401(k) Profit Sharing Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

### *Opinion*

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

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

### *Basis for Opinion*

We conducted our 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 Financial Statements section of our report. We are required to be independent of Speed Motor Express of W.N.Y., Inc. 401(k) Profit Sharing Plan and Trust, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Speed Motor Express of W.N.Y., Inc. 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for one year from the date of this report.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Speed Motor Express of W.N.Y., Inc. 401(k) Profit Sharing Plan and Trust'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 Speed Motor Express of W.N.Y., Inc. 401(k) Profit Sharing Plan and Trust'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 accounting principles generally accepted in the United States of America.

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

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

***Other Matters - Supplemental Schedule Required by ERISA***

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor'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).



**DANSA D'ARATA SOUCIA LLP**

Buffalo, New York

September 24, 2025

**SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(k) PROFIT SHARING PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

DECEMBER 31, 2024 AND 2023

**ASSETS**

	<b>2024</b>	<b>2023</b>
<i>INVESTMENTS, at fair value:</i>		
Pooled separate accounts	\$ 8,452,015	\$ 11,584,150
Fixed annuity contracts	<u>322,736</u>	<u>631,182</u>
	<u>8,774,751</u>	<u>12,215,332</u>
 <i>RECEIVABLES:</i>		
Participant loans receivable	<u>63,317</u>	<u>47,817</u>
	<u><u>\$ 8,838,068</u></u>	<u><u>\$ 12,263,149</u></u>

**LIABILITIES AND NET ASSETS AVAILABLE  
FOR PLAN BENEFITS**

*LIABILITIES:*

Other	\$ 13,345	\$ 1,389
 <b>NET ASSETS AVAILABLE FOR PLAN BENEFITS</b>	<u>8,824,723</u>	<u>12,261,760</u>
	<u><u>\$ 8,838,068</u></u>	<u><u>\$ 12,263,149</u></u>

*See accompanying notes to financial statements.*

**SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(k) PROFIT SHARING PLAN AND TRUST**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

---

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

Investment income:

Net appreciation in fair value of investments	\$ 1,710,170
Interest and dividends	<u>12,854</u>
	<u>1,723,024</u>

Employee contributions	471,348
Employer contributions	<u>237,519</u>
	<u>708,867</u>

Total additions to net assets 2,431,891

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

Plan benefits paid to participants	5,858,108
Administrative expenses	<u>10,820</u>
Total deductions from net assets	<u>5,868,928</u>

**CHANGE IN NET ASSETS** **(3,437,037)**

**NET ASSETS AVAILABLE FOR PLAN BENEFITS:**

Beginning of year	<u>12,261,760</u>
End of year	<u><u>\$ 8,824,723</u></u>

*See accompanying notes to financial statements.*

# SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN AND TRUST

## NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

(See independent auditor's report.)

### 1. PLAN DESCRIPTION

The following is a brief description of the Speed Motor Express of W.N.Y., Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") provided for general informational purposes. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan as permitted under Section 401(k) of the Internal Revenue Code (the "Code") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is funded by employee and employer contributions. Employees who have attained 18 years of age and 6 months of service are covered by the Plan to make elective salary deferrals. Employees who have attained 18 years of age and 12 months of service are covered by the Plan to receive discretionary employer matching contributions. Employees who have attained 21 years of age and 12 months of service are covered by the Plan to receive employer safe harbor contributions. The Plan was adopted on January 1, 1988.

**Contributions** - Each eligible employee may make pre-tax and roth contributions to the Plan in the form of a 1% to 100% salary reduction, not to exceed certain limits imposed by the Code. The Plan requires an employer safe harbor match of 100% of employee deferrals up to 4% of compensation. Employers can elect to make additional matching contributions. Employer safe harbor matching contributions to the Plan for the year ended December 31, 2024 were \$237,519.

**Vesting** - Participants are immediately 100% vested in employer safe harbor contributions. Participants are 0% vested in employer discretionary profit sharing contributions in the first year, then 20% vested in each subsequent year. Participants are fully vested in all other contribution sources at all times. Deceased and disabled participants are immediately 100% vested in all contribution sources.

**Participant Accounts** - Each participant's account is credited with his or her pre-tax contribution, employer safe harbor match, an allocation of the employer matching contributions (if any), and Plan earnings and administrative expenses. Allocations of earnings are based on participant account balances.

**Participant Loans** - Participants may generally borrow up to 50% of their account balance ranging from a minimum of \$1,000 to a maximum of \$50,000. Loans bear interest at a rate equal to the prime rate at the time the loan is issued plus 1%. Loans must be repaid in at least quarterly installments over a maximum term of 5 years, except for residential loans in which the term may be longer.

**Payment of Benefits** - Participants are eligible for retirement benefits at age 65. Benefits are determined by the final value of the participant's account at the time of termination, retirement, or death. Early retirement is permitted at age 60. Benefits may be deferred until participants attain the applicable required beginning date under the Internal Revenue Code. For individuals reaching age 72 after December 31, 2022, the required beginning date is generally age 73, with later increases for younger birth cohorts as provided under the SECURE Act.

## SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

***Withdrawals and Distributions*** - Upon termination of service, including death, disability or retirement, a participant (or beneficiary) will receive a lump-sum distribution equal to the vested interest in his or her account.

***Forfeited Accounts*** - Forfeitures of nonvested accounts may be used to reduce employer contributions or pay reasonable Plan expenses. There were no forfeitures for the years ended December 31, 2024 and 2023.

***Basis of Presentation*** - The accompanying financial statements have been presented on the accrual basis of accounting.

***Investment Valuation and Income Recognition*** - Investments in pooled separate accounts are stated at fair value based on quoted market prices of underlying investments provided by the Voya Retirement Insurance and Annuity Company (“VOYA”), the Plan’s custodian as of December 31, 2024 and 2023. The fixed annuity contracts are stated at fair value which approximates contract value.

The Plan has a fixed annuity contract with VOYA that maintains participant contributions in a general account and pooled separate accounts. These accounts are credited with actual earnings on the underlying investments and are charged with certain administrative expenses of the Plan. Since the agreement or funding agency has the ability to restrict certain transfers and withdrawals, the contract is not considered fully benefit responsive. The investment is included in the financial statements at contract value, which approximates fair value. Net appreciation in fair value of investments includes net realized gains and losses on investments sold. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

***Participant Loans Receivable*** - Loans receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Interest rates on outstanding loans ranged from 4.25% to 9.50% at December 31, 2024.

***Benefit Payments*** - Benefits are recorded when paid.

***Administrative Expenses*** - Costs associated with investment, distribution and other transactions are paid by participants from their individual account balances. Substantially all costs of administering and managing the Plan are paid by the Plan Sponsor (employer). During the years ended December 31, 2024 and 2023, expenses paid by the Plan totaled \$10,820 and \$4,657, respectively.

***Use of Estimates*** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the amounts of net assets at the date of the financial statements and the changes in net assets during the reporting period. Actual results may differ from these estimates.

## SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

#### 3. FAIR VALUE MEASUREMENTS

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

Level 1 - Represents inputs to the valuation methodology which consist of unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Represents inputs to the valuation methodology which consist of: 1) quoted market prices for similar assets or liabilities in active markets; 2) quoted market prices for identical or similar assets or liabilities in inactive markets; 3) inputs other than quoted prices that are observable for the asset or liability; and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Represents inputs to the valuation methodology that are unobservable and are significant to the overall fair value measurement.

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

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

*Pooled Separate Accounts:* Valued based on quoted market prices of underlying investments.

The Plan's investments in pooled separate accounts are invested in global and domestic equity and fixed income based investments. The net asset value of these investments is derived from the market value of the underlying investments. The net asset value of the funds are then calculated each day and posted by VOYA. The investment strategies of these accounts is to invest in global and domestic equity and fixed income investments with the goal of producing favorable long-term returns primarily through appreciation of assets, dividends, and interest. There are no restrictions on the number of transactions a participant can conduct. These accounts do not have any unfunded commitments.

## SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

#### 3. FAIR VALUE MEASUREMENTS *(Continued)*

*Fixed Annuity Contracts:* Fixed annuity contracts are valued at fair value, which the Plan's trustee reports based on contract value adjusted for the creditworthiness of the issuer and other market-based factors. Management believes the contract value approximates fair value at December 31, 2024 and 2023. These investments are not considered fully benefit-responsive under ASC 962; accordingly, they are classified as Level 2 within the fair value hierarchy.

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

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

	<u>Assets at Fair Value as of December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:	\$ -	\$ 8,452,015	\$ -	\$ 8,452,015
Fixed annuity contracts:	-	<u>322,736</u>	-	<u>322,736</u>
	<u>\$ -</u>	<u>\$ 8,774,751</u>	<u>\$ -</u>	<u>\$ 8,774,751</u>

	<u>Assets at Fair Value as of December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:	\$ -	\$ 11,584,150	\$ -	\$ 11,584,150
Fixed annuity contracts:	-	<u>631,182</u>	-	<u>631,182</u>
	<u>\$ -</u>	<u>\$ 12,215,332</u>	<u>\$ -</u>	<u>\$ 12,215,332</u>

#### 4. INCOME TAX STATUS

The Plan obtained a determination letter from the Internal Revenue Service stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and therefore was exempt from taxation under Section 401(a) of the Code.

The Plan has since been amended; however, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and therefore believe that the plan is qualified, and the related trust is tax-exempt. Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

## **SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN AND TRUST**

### NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

#### **5. RISKS AND UNCERTAINTIES**

The Plan invests in multiple investment securities that are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for plan benefits.

##### *Potential Impact of Plan Termination*

Subject to the provisions of the Plan, the Plan Trustees have the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the assets held within the Plan would be distributed to eligible participants and beneficiaries based on the terms and provisions outlined in the Plan document and ERISA guidelines. Distribution options may include lump-sum payments, rollovers to other qualified retirement plans, or installment payments over a specified period. Upon Plan termination, each participant's account balance would be determined as of the termination date. This account balance would consist of contributions made by the participant, employer contributions, investment gains or losses, and other applicable adjustments or allocations.

Distribution of Plan assets to participants and beneficiaries upon Plan termination may have tax implications. Depending on individual circumstances, recipients may be subject to income taxes, penalties for early withdrawals, or other tax obligations.

#### **6. PARTY-IN-INTEREST TRANSACTIONS**

The Plan engages in transactions with parties in interest, including the Plan sponsor and service providers, as defined by ERISA. During the year ended December 31, 2024, the Plan incurred \$10,820 in administrative expenses, including investment advisory and recordkeeping fees, paid to Voya Retirement Insurance and Annuity Company, Morningstar Investment Management LLC, and Rimkus, Marciano & Associates, Inc. These amounts include both direct and indirect compensation as disclosed on Schedule C of the Form 5500.

As of December 31, 2024, the Plan had no employer contributions receivable. Voya Retirement Insurance and Annuity Company, the Plan's trustee, held net assets available for Plan benefits of \$8,824,723 at December 31, 2024.

These transactions qualify as party-in-interest transactions under ERISA but are exempt from being considered prohibited transactions. The Plan did not engage in any prohibited transactions for the year ended December 31, 2024.

**SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

**7. SUMMARY OF CUSTODIAN INFORMATION**

The following is a summary of unaudited information included in the Plan's financial statements and supplemental schedules. The information was prepared by The Voya Retirement Insurance and Annuity Company, and furnished by the Plan Sponsors (employer). The Custodian has certified that the information is complete and accurate.

a. Current value of investments held by The Voya Retirement Insurance and Annuity Company at December 31:

	2024	2023
<b><u>Pooled separate accounts:</u></b>		
American Funds Growth Fnd R6	\$ 1,888,063	\$ 2,177,294
Vangrd 500 Index Fund Adm	1,300,872	1,310,921
Vangrd Trgt Retire 2035 Fd Inv	872,833	746,024
Vangrd Trgt Retire 2030 Fd Inv	856,536	730,715
Vangrd Trgt Retire 2045 Fd Inv	574,954	465,846
Voya Mid-Cap Growth Eqty Fd 8	448,288	1,748,377
American Funds EuroPacific Grw R6	424,920	845,743
Vangrd Trgt Retire 2025 Fd Inv	333,471	290,089
JPMorgan US Equity Fund R6	261,544	1,721,993
Vangrd Trgt Retire 2050 Fd Inv	241,633	185,179
Voya Intermediate Bond Fund R6	239,027	322,659
Vangrd Trgt Retire 2040 Fd Inv	158,010	111,910
Vangrd Trgt Retire 2060 Fd Inv	138,107	83,781
American Funds Am Balanced R6	112,536	206,869
Vangrd Trgt Retire 2055 Fd Inv	83,401	76,377
Vangrd Trgt Retire 2065 Fd Inv	83,055	40,013
Vangrd Mid-Cap Index Fund Adm	79,002	70,366
American Funds Nw Prspctv R6	74,050	140,003
PIMCO All Asset Fund Ins	68,001	69,901
Vangrd Trgt Retire Inc Fd Inv	67,300	56,979
Vangrd Small-Cap Index Fnd Adm	61,332	63,576
American Funds Wash Mtual R6	53,857	81,171
Victory Sycmr Est VI Fd R6	25,289	36,878
Vangrd Trgt Retire 2070 Fd Inv	5,087	1,017
Vangrd Trgt Retire 2020 Fd Inv	847	469
	<u>8,452,015</u>	<u>11,584,150</u>
Voya Fixed Account 4633	<u>322,736</u>	<u>631,182</u>
	<u>\$ 8,774,751</u>	<u>\$ 12,215,332</u>

b. Net appreciation (depreciation) in fair value of investments \$ 1,710,170 \$ 2,172,004

c. Schedule of assets held for investment purposes See attached Schedule H, Line 4i

# SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(K) PROFIT SHARING PLAN AND TRUST

## NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

### 8. INVESTMENT CONCENTRATION

The Plan's investments that represented 5% or more of net assets available for plan benefits were as follows at December 31:

	2024	2023
American Funds Growth Fnd R6	\$ 1,888,063	\$ 2,177,294
Vangrd 500 Index Fund Adm	1,300,872	1,310,921
Vangrd Trgt Retire 2035 Fd Inv	872,833	746,024
Vangrd Trgt Retire 2030 Fd Inv	856,536	730,715
Vangrd Trgt Retire 2045 Fd Inv	574,954	465,846
Voya Mid-Cap Growth Eqty Fd 8	448,288	1,748,377
American Funds EuroPacific Grw R6	424,920	845,743

### 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets per Form 5500 to the financial statements at December 31, 2024 and 2023:

	2024	2023
Net assets available per financial statements	\$ 8,824,723	\$ 12,261,760
Adjustments to reconcile net assets to Form 5500	<u>-</u>	<u>-</u>
Net assets available per Form 5500	<u>\$ 8,824,723</u>	<u>\$ 12,261,760</u>

### 10. SUBSEQUENT EVENTS

*Subsequent Events* - The Plan has evaluated events and transactions that occurred between January 1, 2025 and September 24, 2025, which is the date these financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

\* \* \* \* \*

**SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(k) PROFIT SHARING PLAN AND TRUST**

EIN: 16-1092772, PLAN NUMBER 001

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

DECEMBER 31, 2024

(See independent auditor's report.)

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Number of Shares	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
<b><u>Pooled Separate Accounts:</u></b>				
American Funds	34,499	American Funds Growth Fnd R6	**	\$ 1,888,063
Vanguard	36,137	Vangrd 500 Index Fund Adm	**	1,300,872
Vanguard	33,004	Vangrd Trgt Retire 2035 Fd Inv	**	872,833
Vanguard	34,844	Vangrd Trgt Retire 2030 Fd Inv	**	856,536
Vanguard	19,474	Vangrd Trgt Retire 2045 Fd Inv	**	574,954
* Voya	13,751	Voya Mid-Cap Growth Eqty Fd 8	**	448,288
American Funds	21,182	American Funds EuroPacific Grw R6	**	424,920
Vanguard	14,627	Vangrd Trgt Retire 2025 Fd inv	**	333,471
JPMorgan	4,843	JPMorgan US Equity Fund R6	**	261,544
Vanguard	8,071	Vangrd Trgt Retire 2050 Fd Inv	**	241,633
* Voya	19,340	Voya Intermediate Bond Fund R6	**	239,027
Vanguard	5,598	Vangrd Trgt Retire 2040 Fd Inv	**	158,010
Vanguard	4,551	Vangrd Trgt Retire 2060 Fd Inv	**	138,107
American Funds	3,783	American Funds Am Balanced R6	**	112,536
Vanguard	2,790	Vangrd Trgt Retire 2055 Fd Inv	**	83,401
Vanguard	4,465	Vangrd Trgt Retire 2065 Fd Inv	**	83,055
Vanguard	3,002	Vangrd Mid-Cap Index Fund Adm	**	79,002
American Funds	1,885	American Funds Nw Prspctv R6	**	74,050
PIMCO	3,792	PIMCO All Asset Fund Ins	**	68,001
Vanguard	4,083	Vangrd Trgt Retire Inc Fd Inv	**	67,300
Vanguard	2,487	Vangrd Small-Cap Index Fnd Adm	**	61,332
American Funds	1,235	American Funds Wash Mtual R6	**	53,857
Victory Capital	874	Victory Sycmr Est V1 Fd R6	**	25,289
Vanguard	185	Vangrd Trgt Retire 2070 Fd	**	5,087
Vanguard	41	Vangrd Trgt Retire 2020 Fd	**	847
				8,452,015
<b><u>Fixed Annuity Contracts</u></b>				
* Voya	12,525	Voya Fixed Account 4633	**	322,736
				8,774,751
* <b><u>Participant Loans:</u></b>	Interest rates (4.25% to 9.50%)		**	63,317
				\$ 8,838,068

\* Denotes party-in-interest

\*\* Costs not required for assets held in participant-directed accounts.

**SPEED MOTOR EXPRESS OF W.N.Y., INC. 401(k) PROFIT SHARING PLAN AND TRUST**

EIN: 16-1092772, PLAN NUMBER 001

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

DECEMBER 31, 2024

(See independent auditor's report.)

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Number of Shares	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
<b><u>Pooled Separate Accounts:</u></b>				
American Funds	34,499	American Funds Growth Fnd R6	**	\$ 1,888,063
Vanguard	36,137	Vangrd 500 Index Fund Adm	**	1,300,872
Vanguard	33,004	Vangrd Trgt Retire 2035 Fd Inv	**	872,833
Vanguard	34,844	Vangrd Trgt Retire 2030 Fd Inv	**	856,536
Vanguard	19,474	Vangrd Trgt Retire 2045 Fd Inv	**	574,954
* Voya	13,751	Voya Mid-Cap Growth Eqty Fd 8	**	448,288
American Funds	21,182	American Funds EuroPacific Grw R6	**	424,920
Vanguard	14,627	Vangrd Trgt Retire 2025 Fd inv	**	333,471
JPMorgan	4,843	JPMorgan US Equity Fund R6	**	261,544
Vanguard	8,071	Vangrd Trgt Retire 2050 Fd Inv	**	241,633
* Voya	19,340	Voya Intermediate Bond Fund R6	**	239,027
Vanguard	5,598	Vangrd Trgt Retire 2040 Fd Inv	**	158,010
Vanguard	4,551	Vangrd Trgt Retire 2060 Fd Inv	**	138,107
American Funds	3,783	American Funds Am Balanced R6	**	112,536
Vanguard	2,790	Vangrd Trgt Retire 2055 Fd Inv	**	83,401
Vanguard	4,465	Vangrd Trgt Retire 2065 Fd Inv	**	83,055
Vanguard	3,002	Vangrd Mid-Cap Index Fund Adm	**	79,002
American Funds	1,885	American Funds Nw Prspctv R6	**	74,050
PIMCO	3,792	PIMCO All Asset Fund Ins	**	68,001
Vanguard	4,083	Vangrd Trgt Retire Inc Fd Inv	**	67,300
Vanguard	2,487	Vangrd Small-Cap Index Fnd Adm	**	61,332
American Funds	1,235	American Funds Wash Mtual R6	**	53,857
Victory Capital	874	Victory Sycmr Est V1 Fd R6	**	25,289
Vanguard	185	Vangrd Trgt Retire 2070 Fd	**	5,087
Vanguard	41	Vangrd Trgt Retire 2020 Fd	**	847
				8,452,015
<b><u>Fixed Annuity Contracts</u></b>				
* Voya	12,525	Voya Fixed Account 4633	**	322,736
				8,774,751
* <b><u>Participant Loans:</u></b>		Interest rates (4.25% to 9.50%)	**	63,317
				\$ 8,838,068

\* Denotes party-in-interest

\*\* Costs not required for assets held in participant-directed accounts.