

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

| | |
|--|---|
| 1a Name of plan <u>SUFFOLK TRANSPORTATION SERVICE, INC. 401-K PLAN</u> | 1b Three-digit plan number (PN) ▶ <u>003</u> |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SUFFOLK TRANSPORTATION SERVICE, INC.</u> <u>10 MOFFITT BLVD.</u> <u>BAYSHORE, NY 11706</u> | 1c Effective date of plan <u>01/01/1989</u> 2b Employer Identification Number (EIN) <u>11-1782554</u> 2c Plan Sponsor's telephone number <u>631-665-3245</u> 2d Business code (see instructions) <u>485210</u> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/07/2025 | JOHN CORRADO |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/07/2025 | JOHN CORRADO |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2024)
v. 240311

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 209 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 172 |
| | 6a(2) | 161 |
| | 6b | |
| | 6c | 36 |
| | 6d | 197 |
| | 6e | 0 |
| | 6f | 197 |
| | 6g(1) | 181 |
| 6g(2) | 186 | |
| 6h | 5 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2J 2K 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:

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

| | | |
|--|--|------------|
| A Name of plan SUFFOLK TRANSPORTATION SERVICE, INC. 401-K PLAN | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SUFFOLK TRANSPORTATION SERVICE, INC. | D Employer Identification Number (EIN) 11-1782554 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

SACKLOW & ACOX, CPAS, LLC

83-0779411

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | ACCOUNTANT AUDITOR | 10000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | 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 | |
| A Name of plan SUFFOLK TRANSPORTATION SERVICE, INC. 401-K PLAN | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SUFFOLK TRANSPORTATION SERVICE, INC. | D Employer Identification Number (EIN) 11-1782554 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 99895 | 102637 |
| (2) Participant contributions | 1b(2) | 0 | 0 |
| (3) Other | 1b(3) | 56791 | 3358 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 4291480 | 2125026 |
| (2) U.S. Government securities | 1c(2) | 74408 | 75113 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 0 | 0 |
| (B) All other | 1c(3)(B) | 6180095 | 5185210 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | 0 | 0 |
| (B) Common | 1c(4)(B) | 24869032 | 26004240 |
| (5) Partnership/joint venture interests | 1c(5) | 0 | 0 |
| (6) Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| (7) Loans (other than to participants) | 1c(7) | 0 | 0 |
| (8) Participant loans | 1c(8) | 0 | 0 |
| (9) Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| (11) Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| (12) Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 307106 | 315931 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| (15) Other | 1c(15) | 0 | 0 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | 0 | 0 |
| (2) Employer real property..... | 1d(2) | 0 | 0 |
| e Buildings and other property used in plan operation..... | 1e | 0 | 0 |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 35878807 | 33811515 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 0 | 0 |
| h Operating payables..... | 1h | 10000 | 12781 |
| i Acquisition indebtedness..... | 1i | 0 | 0 |
| j Other liabilities..... | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 10000 | 12781 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 35868807 | 33798734 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 822637 | |
| (B) Participants..... | 2a(1)(B) | 1153170 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 348407 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 2324214 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 25598 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 3320 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 234189 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | 0 | |
| (E) Participant loans..... | 2b(1)(E) | 0 | |
| (F) Other..... | 2b(1)(F) | 0 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 263107 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | 0 | |
| (B) Common stock..... | 2b(2)(B) | 452570 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 13712 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 466282 |
| (3) Rents..... | 2b(3) | | 0 |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 7721572 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 5983906 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 1737666 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | 0 | |
| (B) Other..... | 2b(5)(B) | 1131180 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 1131180 |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 0 |
| c Other income | 2c | | 0 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 5922449 |

Expenses

| | | | |
|--|--------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 7982400 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other..... | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 7982400 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | 0 |
| h Interest expense..... | 2h | | 0 |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Recordkeeping fees | 2i(3) | 0 | |
| (4) IQPA audit fees | 2i(4) | 10000 | |
| (5) Investment advisory and investment management fees | 2i(5) | 0 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 122 | |
| (7) Actuarial fees | 2i(7) | 0 | |
| (8) Legal fees | 2i(8) | 0 | |
| (9) Valuation/appraisal fees | 2i(9) | 0 | |
| (10) Other trustee fees and expenses | 2i(10) | 0 | |
| (11) Other expenses..... | 2i(11) | 0 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 10122 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 7992522 |

Net Income and Reconciliation

| | | | |
|--|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | -2070073 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SACKLOW & ACOX, CPAS, LLC**

(2) EIN: **83-0779411**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

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

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

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

| | | |
|--|--|------------|
| A Name of plan <u>SUFFOLK TRANSPORTATION SERVICE, INC. 401-K PLAN</u> | B Three-digit plan number (PN) ▶ | <u>003</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUFFOLK TRANSPORTATION SERVICE, INC.</u> | D Employer Identification Number (EIN) <u>11-1782554</u> | |

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

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

| | | |
|---|---|---|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 11-3216977

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 01 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A.

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN

FINANCIAL STATEMENTS AND

SUPPLEMENTARY INFORMATION

YEAR ENDED DECEMBER 31, 2024

SUFFOLK TRANSPORTATION SERVICE, INC. 401 (K) PLAN
INDEX OF FINANCIAL STATEMENTS
DECEMBER 31, 2024

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LICENSED IN NEW JERSEY
AND NEW YORK

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Suffolk Transportation Service, Inc. 401(K) Plan

Opinion

We have audited the accompanying financial statements of Suffolk Transportation Service, Inc. 401(K) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Suffolk Transportation Service, Inc. 401(K) Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Suffolk Transportation Service, Inc. 401(K) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Suffolk Transportation Service, Inc. 401(K) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Suffolk Transportation Service, Inc. 401(K) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Suffolk Transportation Service, Inc. 401(K) Plan's ability to continue as a going concern for a reasonable period of time.

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements, as a whole and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Sacklaw & Assoc, CPAs, LLC

Springfield, New Jersey
September 19, 2025

SUFFOLK TRANSPORTATION SERVICE, INC. 401 (K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | <u>DECEMBER 31,</u> <u>2024</u> | <u>DECEMBER 31,</u> <u>2023</u> |
|-----------------------------------|------------------------------------|------------------------------------|
| <u>ASSETS:</u> | | |
| Investments at Fair Value | \$ 33,705,520 | \$ 35,722,121 |
| Employer Contributions Receivable | 102,637 | 99,895 |
| Other Receivables | <u>3,358</u> | <u>56,791</u> |
| TOTAL ASSETS | <u>33,811,515</u> | <u>35,878,807</u> |
| <u>LIABILITIES:</u> | | |
| Accrued Expenses | <u>12,781</u> | <u>10,000</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 33,798,734</u> | <u>\$ 35,868,807</u> |

See accompanying notes to financial statements.

SUFFOLK TRANSPORTATION SERVICE, INC. 401 (K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

INVESTMENT INCOME:

| | |
|--|---------------------|
| Net Appreciation (Depreciation) In Fair Value of Investments | \$ 2,868,846 |
| Interest | 263,107 |
| Dividends (net of foreign taxes of 3,660) | <u>466,282</u> |
| Total Investment Income | <u>\$ 3,598,235</u> |

CONTRIBUTIONS:

| | |
|---------------------|---------------------|
| Employer | \$ 822,637 |
| Participants | 1,153,170 |
| Rollovers | <u>348,407</u> |
| Total Contributions | <u>\$ 2,324,214</u> |

| | |
|-----------------|---------------------|
| TOTAL ADDITIONS | <u>\$ 5,922,449</u> |
|-----------------|---------------------|

DEDUCTIONS

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

| | |
|-------------------------------|--------------|
| Benefits Paid to Participants | \$ 7,982,400 |
| Audit Fees | 10,000 |
| Account Fees | <u>122</u> |

| | |
|------------------|---------------------|
| TOTAL DEDUCTIONS | <u>\$ 7,992,522</u> |
|------------------|---------------------|

| | |
|-------------------------|----------------|
| NET INCREASE (DECREASE) | \$ (2,070,073) |
|-------------------------|----------------|

| | |
|--|-------------------|
| NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR | <u>35,868,807</u> |
|--|-------------------|

| | |
|--|----------------------|
| NET ASSETS AVAILABLE FOR BENEFITS END OF YEAR | <u>\$ 33,798,734</u> |
|--|----------------------|

See accompanying notes to financial statements.

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Suffolk Transportation Service, Inc. 401(K) Plan (Plan) is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time non-union employees of Suffolk Transportation Service, Inc. and JAC Bus Corp., Inc. (Company) who have completed one year of service and 1,000 hours and have attained the age of twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investments, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

Each year, participants may elect to reduce their compensation by a specific percentage or dollar amount not to exceed a dollar limit which is set by law, and have that amount contributed to the Plan on a pre-tax basis as a salary deferral. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. The Company makes matching contributions equal to 100% of salary deferrals, not including "catch-up contributions", up to 4% of pre-tax annual compensation. Participants may also contribute rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

Each year, the Company may make a discretionary profit sharing contribution to the Plan. During the year ended December 31, 2024, the Company made a \$388,841 profit sharing contribution to the Plan. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings and account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or payment in the form of Qualified Joint and Survivor Annuity.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$5,894 and \$13,665, respectively. These accounts are used to reduce future employer contributions. Also, for 2024, employer contributions were reduced by \$5,894 from forfeited non-vested accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through September 19, 2025, which is the date the financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies. See note 3 for discussion of fair value measurements.

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

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

Use of Estimates

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

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the evaluation methodology include: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets.• Quoted prices for identical or similar assets or liabilities in active markets.• Inputs other than quoted prices that are observable for the asset or liability.• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

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

Common Stocks

Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Bonds

Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. Government Securities

Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual Funds

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

SUFFOLK TRANSPORTATION SERVICE, INC. 401 (K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following tables segregate all financial assets and liabilities as of December 31, 2024 and 2023 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on the inputs used to determine the fair value at the measurement date:

Assets at Fair Value as of December 31, 2024

| Description | Level 1 | Level 2 | Level 3 | Total |
|----------------------------|---------------------|---------------------|-------------|---------------------|
| Common Stocks | \$26,004,240 | \$ - | \$ - | \$26,004,240 |
| Corporate Bonds | | 5,185,210 | | 5,185,210 |
| Mutual Funds | 315,931 | | | 315,931 |
| Savings, Money Mkt. Accts. | 2,125,026 | | | 2,125,026 |
| US Government Securities | <u>-</u> | <u>75,113</u> | <u>-</u> | <u>75,113</u> |
| Investments At Fair Value | <u>\$28,445,197</u> | <u>\$ 5,260,323</u> | <u>\$ -</u> | <u>\$33,705,520</u> |

Assets at Fair Value as of December 31, 2023

| Description | Level 1 | Level 2 | Level 3 | Total |
|----------------------------|---------------------|---------------------|-------------|---------------------|
| Common Stocks | \$24,869,033 | \$ - | \$ - | \$24,869,033 |
| Corporate Bonds | | 6,180,094 | | 6,180,094 |
| Mutual Funds | 307,106 | | | 307,106 |
| Savings, Money Mkt. Accts. | 4,291,480 | | | 4,291,480 |
| US Government Securities | <u>-</u> | <u>74,408</u> | <u>-</u> | <u>74,408</u> |
| Investments At Fair Value | <u>\$29,467,619</u> | <u>\$ 6,254,502</u> | <u>\$ -</u> | <u>\$35,722,121</u> |

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2024, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

NOTE 4 – NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

| | December 31, | |
|----------------------------|---------------------|---------------------|
| | <u>2024</u> | <u>2023</u> |
| Net Assets: | | |
| Common Stocks | \$26,004,240 | \$24,869,033 |
| Corporate Bonds | 5,185,210 | 6,180,094 |
| Mutual Funds | 315,931 | 307,106 |
| Savings, Money Mkt. Accts. | 2,125,026 | 4,291,480 |
| U.S. Government Securities | <u>75,113</u> | <u>74,408</u> |
| Total | <u>\$33,705,520</u> | <u>\$35,722,121</u> |

| Year Ended | <u>December 31, 2024</u> |
|---------------------------------|--------------------------|
| Changes in Net Assets: | |
| Contributions | \$ 2,324,214 |
| Interest | 263,107 |
| Dividends | 466,282 |
| Net Appreciation (Depreciation) | 2,868,846 |
| Benefits Paid to Participants | (7,982,400) |
| Plan Expenses | <u>(10,122)</u> |
| Total | <u>\$(2,070,073)</u> |

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their employer contributions.

NOTE 6 - TAX STATUS

The Internal Revenue Service has determined and informed the Company on August 10, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended with all required amendments as of the report date since receiving the determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC 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 the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

NOTE 7 - RISKS AND UNCERTAINTIES

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

NOTE 8 – RELATED PARTY TRANSACTIONS/PARTY-IN-INTEREST TRANSACTIONS

Two Board of Trustees members are currently participants in the Plan. One of the Trustees is an Officer of the Company and serves as plan administrator of the Plan.

The Plan paid \$10,000 in audit fees for the year ended December 31, 2024. The Company paid significant costs of administration of the Plan, including investment advisory fees, pension administration fees, audit fees, and other administrative costs for the year ended December 31, 2024. These transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA.

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
EIN: 11-1782554
PLAN NUMBER: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|---|---|---------|------------------|-----|
| IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE | COST | CURRENT VALUE | |
| EATON CORP | Common Stock | 157,853 | 350,455 | |
| AMAZON COM INC | Common Stock | 514,104 | 676,379 | |
| AMPHENOL CORP | Common Stock | 16,774 | 295,579 | |
| AUTOMATED DATA PROCESSING INC | Common Stock | 174,593 | 319,661 | |
| CADENCE DESIGNS SYS INC | Common Stock | 204,513 | 235,561 | |
| COSTELLATION BRANDS INC | Common Stock | 276,853 | 273,819 | |
| COOPER COS INC | Common Stock | 370,984 | 342,531 | |
| ECOLAB INC | Common Stock | 192,204 | 185,113 | |
| FAIR ISAAC CORP | Common Stock | 137,617 | 215,020 | |
| GALLAGHER ARTHUR J & CO | Common Stock | 135,646 | 135,680 | |
| GARTNER INC | Common Stock | 158,999 | 200,571 | |
| ILLUMINA INC | Common Stock | 242,828 | 160,089 | |
| IQVIA HLDGS INC | Common Stock | 80,997 | 306,359 | |
| MASTERCARD INC | Common Stock | 24,683 | 647,155 | |
| MICROSOFT CORP | Common Stock | 153,452 | 619,184 | |
| ROPER TECHNOLOGIES INC | Common Stock | 256,747 | 249,008 | |
| SCHWAB CHARLES CORP | Common Stock | 49,773 | 418,379 | |
| TJX COS INC | Common Stock | 97,116 | 236,546 | |
| ZOETIS INC | Common Stock | 122,926 | 267,694 | |
| AMERICAN TOWER CORP | REIT | 262,217 | 216,607 | |
| ABBOTT LABS | Common Stock | 287,659 | 546,434 | |
| ABBVIE INC | Common Stock | 153,806 | 486,010 | |
| ACCENTURE PLC IRELAND | Common Stock | 361,770 | 394,708 | |
| AMGEN INC | Common Stock | 249,542 | 426,407 | |
| AUTOMATIC DATA PROCESSING INC | Common Stock | 182,570 | 643,128 | |
| BLACKROCK INC | Common Stock | 125,318 | 551,509 | |
| CDN NATL RAILWAY CO | Common Stock | 383,195 | 329,400 | |
| CHEVRON CORP | Common Stock | 330,208 | 291,128 | |
| CONSTELLATION BRANDS INC | Common Stock | 255,984 | 234,039 | |
| FASTENAL CO | Common Stock | 122,212 | 433,114 | |
| HOME DEPOT INC | Common Stock | 77,705 | 390,935 | |

Note: Column (a) is blank as there were no parties-in-interest.

See accompanying notes and Independent Auditor's Report.

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
EIN: 11-1782554
PLAN NUMBER: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|---|---|--------------|------------------|------------|
| IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE | COST | CURRENT VALUE | |
| | ILLINOIS TOOL WORKS INC | Common Stock | \$ 102,341 | \$ 284,494 |
| | JOHNSON & JOHNSON | Common Stock | 211,327 | 338,122 |
| | JPMORGAN CHASE & CO | Common Stock | 314,011 | 571,469 |
| | LOWES COMPANIES INC | Common Stock | 154,339 | 484,715 |
| | MCDONALDS CORP | Common Stock | 143,747 | 304,964 |
| | MICROSOFT CORP | Common Stock | 36,917 | 620,869 |
| | MONDELEZ INTL INC | Common Stock | 357,632 | 311,014 |
| | PARKER HANNIFIN CORP | Common Stock | 238,903 | 480,839 |
| | PAYCHEX INC | Common Stock | 185,786 | 196,308 |
| | PEPSICO INC | Common Stock | 254,545 | 365,096 |
| | PHILIP MORRIS INTL | Common Stock | 371,775 | 541,094 |
| | QUALCOMM INC | Common Stock | 139,594 | 420,151 |
| | TAIWAN SEMICONDUCTOR MFG CO | Common Stock | 294,283 | 415,519 |
| | UNITED PARCEL SERVICE INC CL B | Common Stock | 202,462 | 282,968 |
| | UNITEDHEALTH GROUP INC | Common Stock | 308,539 | 555,940 |
| | US BANCORP DEL | Common Stock | 307,681 | 320,891 |
| | WILLIAMS SONOMA INC | Common Stock | 70,541 | 561,095 |
| | ABBOTT LABS | Common Stock | 168,884 | 291,937 |
| | ACCENTURE PLC IRELAND | Common Stock | 120,930 | 135,087 |
| | ADOBE INC | Common Stock | 76,561 | 255,246 |
| | AIRBNB INC | Common Stock | 117,248 | 128,388 |
| | ALPHABET INC CL A | Common Stock | 114,611 | 497,859 |
| | AMAZON.COM INC | Common Stock | 99,448 | 613,853 |
| | APPLE INC | Common Stock | 232,784 | 260,437 |
| | AUTOMATED DATA PROCESSING INC | Common Stock | 166,006 | 322,588 |
| | BLACKSTONE INC | Common Stock | 177,526 | 317,253 |
| | CADENCE DESIGN SYSTEM | Common Stock | 119,387 | 124,991 |
| | CONSTELLATION BRANDS INC | Common Stock | 236,095 | 205,751 |
| | DANAHER CORP | Common Stock | 143,060 | 140,714 |

Note: Column (a) is blank as there were no parties-in-interest.

See accompanying notes and Independent Auditor's Report.

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
EIN: 11-1782554
PLAN NUMBER: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|---|---|---------|------------------|-----|
| IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE | COST | CURRENT VALUE | |
| LILLY ELI & CO | Common Stock | 191,181 | 298,764 | |
| LOWES COMPANIES INC | Common Stock | 96,769 | 297,888 | |
| MASTERCARD INC CL A | Common Stock | 197,773 | 433,367 | |
| META PLATFORMS INC | Common Stock | 190,887 | 232,447 | |
| MICROSOFT CORP | Common Stock | 63,849 | 502,007 | |
| MSCI INC | Common Stock | 189,057 | 208,803 | |
| NVIDIA | Common Stock | 62,246 | 659,095 | |
| PARKER HANNIFIN CORP | Common Stock | 177,244 | 358,721 | |
| QUALCOMM INC | Common Stock | 138,340 | 152,698 | |
| SYNOPSYS INC | Common Stock | 197,504 | 183,466 | |
| UBER TECHNOLOGIES INC | Common Stock | 264,976 | 223,305 | |
| UNITEDHEALTH GROUP INC | Common Stock | 116,342 | 318,692 | |
| VISA INC CL A | Common Stock | 109,094 | 440,560 | |
| WALT DISNEY CO | Common Stock | 234,650 | 266,572 | |
| Ross Stores Inc. | Corp. Bond, Matures 4/15/25, 4.600% | 351,763 | 309,616 | |
| Qualcomm Inc B/E | Corp. Bond, Matures 5/25/25, 3.450% | 49,023 | 49,796 | |
| Comcast Corp NTS B/E | Corp. Bond, Matures 10/15/25, 3.950% | 312,626 | 308,391 | |
| Royal Bk Of Canada | Corp. Bond, Matures 1/27/26, 4.650% | 50,596 | 49,932 | |
| Altria Group Inc | Corp. Bond, Matures 2/14/26, 4.400% | 136,352 | 119,411 | |
| Cigna Corp | Corp. Bond, Matures 2/25/26, 4.500% | 356,029 | 309,179 | |
| Goldman Sachs Group Inc | Corp. Bond, Matures 2/25/26, 3.750% | 52,891 | 49,449 | |
| Bank Amer Corp NTS B/E | Corp. Bond, Matures 4/19/26, 3.500% | 136,045 | 118,201 | |
| Comcast Corp NTS B/E | Corp. Bond, Matures 4/1/27, 3.300% | 136,998 | 116,562 | |
| 3M CO | Corp. Bond, Matures 10/15/27, 2.875% | 133,903 | 114,901 | |
| Oracle Corp | Corp. Bond, Matures 11/15/27, 3.250% | 337,742 | 298,121 | |

Note: Column (a) is blank as there were no parties-in-interest.

See accompanying notes and Independent Auditor's Report.

SUFFOLK TRANSPORTATION SERVICE, INC. 401 (K) PLAN
EIN: 11-1782554
PLAN NUMBER: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|---|---|----------------------|----------------------|-----|
| IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE | COST | CURRENT VALUE | |
| Lennar Corp | Corp. Bond, Matures 11/29/27, 4.750% | 359,166 | 309,058 | |
| Baker Hughes LLC | Corp. Bond, Matures 12/15/27, 3.337% | 338,060 | 298,868 | |
| Intuit Inc | Corp. Bond, Matures 9/15/28, 5.125% | 309,929 | 314,638 | |
| Verizon Comm Inc | Corp. Bond, Matures 9/21/28, 4.329% | 358,818 | 304,178 | |
| Best Buy Co Inc | Corp. Bond, Matures 10/01/28, 4.450% | 359,140 | 304,962 | |
| Wells Fargo & Co | Corp. Bond, Matures 1/24/29, 4.150% | 354,107 | 300,520 | |
| Charles Schwab Corp | Corp. Bond, Matures 2/1/29, 4.000% | 357,263 | 300,232 | |
| Altria Group Inc | Corp. Bond, Matures 2/14/29, 4.800% | 361,414 | 306,395 | |
| Chevron Inc | Corp. Bond, Matures 10/15/29, 3.250% | 341,220 | 291,667 | |
| Goldman Sachs Group Inc | Corp. Bond, Matures 3/15/30, 3.800% | 346,453 | 290,929 | |
| Bank Of America Corp | Corp. Bond, Matures 11/19/31, 2.000% | 310,000 | 265,124 | |
| Beaver Cnty PA | Muni. Bond, Matures 11/15/25, 3.479% | 25,979 | 24,799 | |
| So. Jersey Trans Au Trans Assur | Muni. Bond, Matures 11/1/27, 4.900% | 53,373 | 50,313 | |
| Guggenheim Total Return Bd Fd | Mutual Funds | 363,505 | 315,931 | |
| Citibank, N.A. | Savings Account, .750% | 727,052 | 727,052 | |
| Alliance Bernstein | Dreyfus Ins Deposit Program | 81,078 | 81,078 | |
| UBS Financial Services, Inc. | Liquid Assets Govt Fund, 4.640% | 412,926 | 412,926 | |
| UBS Financial Services, Inc. | Liquid Assets Govt Fund, 4.640% | 555,440 | 555,440 | |
| UBS Financial Services, Inc. | Liquid Assets Govt Fund, 4.640% | 347,106 | 347,106 | |
| UBS Financial Services, Inc. | Accrued Interest - Bonds | 55,081 | 55,081 | |
| Citibank, N.A. | Checking Account | <u>1,425</u> | <u>1,425</u> | |
| TOTALS | | <u>\$ 20,628,021</u> | <u>\$ 33,705,520</u> | |

Note: Column (a) is blank as there were no parties-in-interest.

See accompanying notes and Independent Auditor's Report.

| | | |
|---|--|--|
| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the Instructions to the Form 5500. | OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection |
|---|--|--|

| | |
|---|--|
| Part I Annual Report Identification Information | |
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) | |
| B This return/report is: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) | |
| C If the plan is a collectively-bargained plan, check here ► <input type="checkbox"/> | |
| D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) | |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ► <input type="checkbox"/> | |

| | | | | | |
|--|--|--|---|--|--|
| Part II Basic Plan Information --- enter all requested information | | | | | |
| 1a Name of plan SUFFOLK TRANSPORTATION SERVICE, INC. 401-K PLAN | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1989</td> </tr> </table> | 1b Three-digit plan number (PN) ► | 003 | 1c Effective date of plan 01/01/1989 | |
| 1b Three-digit plan number (PN) ► | 003 | | | | |
| 1c Effective date of plan 01/01/1989 | | | | | |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) SUFFOLK TRANSPORTATION SERVICE, INC. 10 MOFFITT BLVD. US BAYSHORE NY 11706 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN) 11-1782554</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (631) 665-3245</td> </tr> <tr> <td>2d Business code (see instructions) 485210</td> </tr> </table> | 2b Employer Identification Number (EIN) 11-1782554 | 2c Plan Sponsor's telephone number (631) 665-3245 | 2d Business code (see instructions) 485210 | |
| 2b Employer Identification Number (EIN) 11-1782554 | | | | | |
| 2c Plan Sponsor's telephone number (631) 665-3245 | | | | | |
| 2d Business code (see instructions) 485210 | | | | | |

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

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

| | | | |
|--------------|------------------------------------|---------|--|
| SIGN HERE | | 12/6/25 | John J. Corrado |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | 12/6/25 | John J. Corrado |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | |
|---|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name | 4b EIN 4d PN |

| | | |
|--|--------------|-----|
| 5 Total number of participants at the beginning of the plan year | 5 | 209 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). | | |
| a(1) Total number of active participants at the beginning of the plan year | 6a(1) | 172 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 161 |
| b Retired or separated participants receiving benefits | 6b | |
| c Other retired or separated participants entitled to future benefits | 6c | 36 |
| d Subtotal. Add lines 6a(2), 6b, and 6c | 6d | 197 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 197 |
| g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) | 181 |
| g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) | 186 |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | 5 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) . | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2J 2K 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:

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
EIN: 11-1782554
PLAN NUMBER: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|---|---|---------|------------------|-----|
| IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE | COST | CURRENT VALUE | |
| EATON CORP | Common Stock | 157,853 | 350,455 | |
| AMAZON COM INC | Common Stock | 514,104 | 676,379 | |
| AMPHENOL CORP | Common Stock | 16,774 | 295,579 | |
| AUTOMATED DATA PROCESSING INC | Common Stock | 174,593 | 319,661 | |
| CADENCE DESIGNS SYS INC | Common Stock | 204,513 | 235,561 | |
| COSTELLATION BRANDS INC | Common Stock | 276,853 | 273,819 | |
| COOPER COS INC | Common Stock | 370,984 | 342,531 | |
| ECOLAB INC | Common Stock | 192,204 | 185,113 | |
| FAIR ISAAC CORP | Common Stock | 137,617 | 215,020 | |
| GALLAGHER ARTHUR J & CO | Common Stock | 135,646 | 135,680 | |
| GARTNER INC | Common Stock | 158,999 | 200,571 | |
| ILLUMINA INC | Common Stock | 242,828 | 160,089 | |
| IQVIA HLDGS INC | Common Stock | 80,997 | 306,359 | |
| MASTERCARD INC | Common Stock | 24,683 | 647,155 | |
| MICROSOFT CORP | Common Stock | 153,452 | 619,184 | |
| ROPER TECHNOLOGIES INC | Common Stock | 256,747 | 249,008 | |
| SCHWAB CHARLES CORP | Common Stock | 49,773 | 418,379 | |
| TJX COS INC | Common Stock | 97,116 | 236,546 | |
| ZOETIS INC | Common Stock | 122,926 | 267,694 | |
| AMERICAN TOWER CORP | REIT | 262,217 | 216,607 | |
| ABBOTT LABS | Common Stock | 287,659 | 546,434 | |
| ABBVIE INC | Common Stock | 153,806 | 486,010 | |
| ACCENTURE PLC IRELAND | Common Stock | 361,770 | 394,708 | |
| AMGEN INC | Common Stock | 249,542 | 426,407 | |
| AUTOMATIC DATA PROCESSING INC | Common Stock | 182,570 | 643,128 | |
| BLACKROCK INC | Common Stock | 125,318 | 551,509 | |
| CDN NATL RAILWAY CO | Common Stock | 383,195 | 329,400 | |
| CHEVRON CORP | Common Stock | 330,208 | 291,128 | |
| CONSTELLATION BRANDS INC | Common Stock | 255,984 | 234,039 | |
| FASTENAL CO | Common Stock | 122,212 | 433,114 | |
| HOME DEPOT INC | Common Stock | 77,705 | 390,935 | |

Note: Column (a) is blank as there were no parties-in-interest.

See accompanying notes and Independent Auditor's Report.

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
EIN: 11-1782554
PLAN NUMBER: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|---|-----|---|------------|------------------|
| IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY | | DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE | COST | CURRENT VALUE |
| | | ILLINOIS TOOL WORKS INC | \$ 102,341 | \$ 284,494 |
| | | JOHNSON & JOHNSON | 211,327 | 338,122 |
| | | JPMORGAN CHASE & CO | 314,011 | 571,469 |
| | | LOWES COMPANIES INC | 154,339 | 484,715 |
| | | MCDONALDS CORP | 143,747 | 304,964 |
| | | MICROSOFT CORP | 36,917 | 620,869 |
| | | MONDELEZ INTL INC | 357,632 | 311,014 |
| | | PARKER HANNIFIN CORP | 238,903 | 480,839 |
| | | PAYCHEX INC | 185,786 | 196,308 |
| | | PEPSICO INC | 254,545 | 365,096 |
| | | PHILIP MORRIS INTL | 371,775 | 541,094 |
| | | QUALCOMM INC | 139,594 | 420,151 |
| | | TAIWAN SEMICONDUCTOR MFG CO | 294,283 | 415,519 |
| | | UNITED PARCEL SERVICE INC CL B | 202,462 | 282,968 |
| | | UNITEDHEALTH GROUP INC | 308,539 | 555,940 |
| | | US BANCORP DEL | 307,681 | 320,891 |
| | | WILLIAMS SONOMA INC | 70,541 | 561,095 |
| | | ABBOTT LABS | 168,884 | 291,937 |
| | | ACCENTURE PLC IRELAND | 120,930 | 135,087 |
| | | ADOBE INC | 76,561 | 255,246 |
| | | AIRBNB INC | 117,248 | 128,388 |
| | | ALPHABET INC CL A | 114,611 | 497,859 |
| | | AMAZON.COM INC | 99,448 | 613,853 |
| | | APPLE INC | 232,784 | 260,437 |
| | | AUTOMATED DATA PROCESSING INC | 166,006 | 322,588 |
| | | BLACKSTONE INC | 177,526 | 317,253 |
| | | CADENCE DESIGN SYSTEM | 119,387 | 124,991 |
| | | CONSTELLATION BRANDS INC | 236,095 | 205,751 |
| | | DANAHER CORP | 143,060 | 140,714 |

Note: Column (a) is blank as there were no parties-in-interest.

See accompanying notes and Independent Auditor's Report.

SUFFOLK TRANSPORTATION SERVICE, INC. 401(K) PLAN
EIN: 11-1782554
PLAN NUMBER: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|---|---|---------|------------------|-----|
| IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE | COST | CURRENT VALUE | |
| LILLY ELI & CO | Common Stock | 191,181 | 298,764 | |
| LOWES COMPANIES INC | Common Stock | 96,769 | 297,888 | |
| MASTERCARD INC CL A | Common Stock | 197,773 | 433,367 | |
| META PLATFORMS INC | Common Stock | 190,887 | 232,447 | |
| MICROSOFT CORP | Common Stock | 63,849 | 502,007 | |
| MSCI INC | Common Stock | 189,057 | 208,803 | |
| NVIDIA | Common Stock | 62,246 | 659,095 | |
| PARKER HANNIFIN CORP | Common Stock | 177,244 | 358,721 | |
| QUALCOMM INC | Common Stock | 138,340 | 152,698 | |
| SYNOPSYS INC | Common Stock | 197,504 | 183,466 | |
| UBER TECHNOLOGIES INC | Common Stock | 264,976 | 223,305 | |
| UNITEDHEALTH GROUP INC | Common Stock | 116,342 | 318,692 | |
| VISA INC CL A | Common Stock | 109,094 | 440,560 | |
| WALT DISNEY CO | Common Stock | 234,650 | 266,572 | |
| Ross Stores Inc. | Corp. Bond, Matures 4/15/25, 4.600% | 351,763 | 309,616 | |
| Qualcomm Inc B/E | Corp. Bond, Matures 5/25/25, 3.450% | 49,023 | 49,796 | |
| Comcast Corp NTS B/E | Corp. Bond, Matures 10/15/25, 3.950% | 312,626 | 308,391 | |
| Royal Bk Of Canada | Corp. Bond, Matures 1/27/26, 4.650% | 50,596 | 49,932 | |
| Altria Group Inc | Corp. Bond, Matures 2/14/26, 4.400% | 136,352 | 119,411 | |
| Cigna Corp | Corp. Bond, Matures 2/25/26, 4.500% | 356,029 | 309,179 | |
| Goldman Sachs Group Inc | Corp. Bond, Matures 2/25/26, 3.750% | 52,891 | 49,449 | |
| Bank Amer Corp NTS B/E | Corp. Bond, Matures 4/19/26, 3.500% | 136,045 | 118,201 | |
| Comcast Corp NTS B/E | Corp. Bond, Matures 4/1/27, 3.300% | 136,998 | 116,562 | |
| 3M CO | Corp. Bond, Matures 10/15/27, 2.875% | 133,903 | 114,901 | |
| Oracle Corp | Corp. Bond, Matures 11/15/27, 3.250% | 337,742 | 298,121 | |

Note: Column (a) is blank as there were no parties-in-interest.

See accompanying notes and Independent Auditor's Report.

SUFFOLK TRANSPORTATION SERVICE, INC. 401 (K) PLAN
EIN: 11-1782554
PLAN NUMBER: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|---|---|----------------------|----------------------|-----|
| IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE | COST | CURRENT VALUE | |
| Lennar Corp | Corp. Bond, Matures 11/29/27, 4.750% | 359,166 | 309,058 | |
| Baker Hughes LLC | Corp. Bond, Matures 12/15/27, 3.337% | 338,060 | 298,868 | |
| Intuit Inc | Corp. Bond, Matures 9/15/28, 5.125% | 309,929 | 314,638 | |
| Verizon Comm Inc | Corp. Bond, Matures 9/21/28, 4.329% | 358,818 | 304,178 | |
| Best Buy Co Inc | Corp. Bond, Matures 10/01/28, 4.450% | 359,140 | 304,962 | |
| Wells Fargo & Co | Corp. Bond, Matures 1/24/29, 4.150% | 354,107 | 300,520 | |
| Charles Schwab Corp | Corp. Bond, Matures 2/1/29, 4.000% | 357,263 | 300,232 | |
| Altria Group Inc | Corp. Bond, Matures 2/14/29, 4.800% | 361,414 | 306,395 | |
| Chevron Inc | Corp. Bond, Matures 10/15/29, 3.250% | 341,220 | 291,667 | |
| Goldman Sachs Group Inc | Corp. Bond, Matures 3/15/30, 3.800% | 346,453 | 290,929 | |
| Bank Of America Corp | Corp. Bond, Matures 11/19/31, 2.000% | 310,000 | 265,124 | |
| Beaver Cnty PA | Muni. Bond, Matures 11/15/25, 3.479% | 25,979 | 24,799 | |
| So. Jersey Trans Au Trans Assur | Muni. Bond, Matures 11/1/27, 4.900% | 53,373 | 50,313 | |
| Guggenheim Total Return Bd Fd | Mutual Funds | 363,505 | 315,931 | |
| Citibank, N.A. | Savings Account, .750% | 727,052 | 727,052 | |
| Alliance Bernstein | Dreyfus Ins Deposit Program | 81,078 | 81,078 | |
| UBS Financial Services, Inc. | Liquid Assets Govt Fund, 4.640% | 412,926 | 412,926 | |
| UBS Financial Services, Inc. | Liquid Assets Govt Fund, 4.640% | 555,440 | 555,440 | |
| UBS Financial Services, Inc. | Liquid Assets Govt Fund, 4.640% | 347,106 | 347,106 | |
| UBS Financial Services, Inc. | Accrued Interest - Bonds | 55,081 | 55,081 | |
| Citibank, N.A. | Checking Account | <u>1,425</u> | <u>1,425</u> | |
| TOTALS | | <u>\$ 20,628,021</u> | <u>\$ 33,705,520</u> | |

Note: Column (a) is blank as there were no parties-in-interest.

See accompanying notes and Independent Auditor's Report.