

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.) [X] 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: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 09/01/1984
2a Plan sponsor's name (employer, if for a single-employer plan): FLEETPRIDE, INC.
2b Employer Identification Number (EIN): 63-0681070
2c Plan Sponsor's telephone number: 469-249-7786
2d Business code (see instructions): 441300

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5554
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	4288
	<b>6a(2)</b>	4603
	<b>6b</b>	32
	<b>6c</b>	1392
	<b>6d</b>	6027
	<b>6e</b>	21
	<b>6f</b>	6048
	<b>6g(1)</b>	5233
	<b>6g(2)</b>	5632
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input 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**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>FLEETPRIDE INC. RETIREMENT &amp; SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FLEETPRIDE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>63-0681070</b>	

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

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

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

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

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

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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

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

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**(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	368782	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

AURORA PRIVATE WEALTH INC

47-4814591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	120091	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WHITLEYPENN

75-2393478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/A UDITOR	33618	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

ALERA INVESTMENT ADVISORS LLC

82-1301701

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	23385	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX STOCK I - SS&C GIDS, I 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTL DIVRSN R4 - MFS SERVICE C  04-2865649	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER BOND Y - BNY MELLON INVEST 500 ROSS STREET PITTSBURGH, PA 53442	0.23%	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>FLEETPRIDE INC. RETIREMENT &amp; SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FLEETPRIDE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>63-0681070</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MELLON STABLE VALUE</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>THE BANK OF NEW YORK MELLON</u>	
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>11-3152987-000</u>	<u>C</u>	<u>6761029</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FLEETPRIDE INC. RETIREMENT &amp; SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FLEETPRIDE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>63-0681070</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	60127	250748
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	3563425	4306059
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	151477149	175695748
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	7433455	6761029

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	162534156	187013584
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	162534156	187013584

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2538145	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	15317307	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	3663872	
(2) Noncash contributions.....	<b>2a(2)</b>	0	21519324
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	9476	263534
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	254058	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		263534
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	6338898
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	6338898	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		6338898
(3) Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	0
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	0
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	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)	20455454
<b>c</b> Other income .....	2c	0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	48577210

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	23532524
(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)	23532524
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	19381
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	1200
(3) Recordkeeping fees .....	2i(3)	320589
(4) IQPA audit fees .....	2i(4)	33618
(5) Investment advisory and investment management fees .....	2i(5)	143476
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses .....	2i(11)	46994
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	545877
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	24097782

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	24479428
<b>l</b> 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: WHITLEY PENN LLP

(2) EIN: 75-2393478

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	X		1591
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>FLEETPRIDE INC. RETIREMENT &amp; SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>FLEETPRIDE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>63-0681070</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

**FLEETPRIDE INC.  
RETIREMENT & SAVINGS PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE**

**Years Ended December 31, 2024 and 2023  
with Report of Independent Auditors**

**FLEETPRIDE INC.  
RETIREMENT & SAVINGS PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE**

**Years Ended December 31, 2024 and 2023**

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## REPORT OF INDEPENDENT AUDITORS

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

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

We have performed audits of the financial statements of the FleetPride Inc. Retirement & Savings Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

#### **Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or was derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Whitley Penn LLP*

Fort Worth, Texas

October 8, 2025

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

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
	<u>                    </u>	<u>                    </u>
<b>Assets</b>		
Investments, at fair value	\$ 182,707,525	\$ 158,970,731
Receivables:		
Participant	287,333	243,666
Employer	-	50,797
Notes receivable from participants	<u>4,639,629</u>	<u>3,877,614</u>
Total receivables	<u>4,926,962</u>	<u>4,172,077</u>
Net assets available for benefits	<u><u>\$ 187,634,487</u></u>	<u><u>\$ 163,142,808</u></u>

See accompanying notes to financial statements.

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	<b>Year Ended December 31, 2024</b>	<b>2023</b>
<b>Additions to Net Assets</b>		
Investment income:		
Net realized and unrealized gains on investments	\$ 20,456,711	\$ 24,314,524
Interest and dividends	6,338,898	3,662,421
Total investment income, net	26,795,609	27,976,945
Interest income from notes receivable from participants	271,583	167,468
Contributions:		
Participant	15,360,974	14,452,622
Rollover	3,663,872	1,742,473
Employer	2,487,348	2,287,421
Total contributions	21,512,194	18,482,516
Total additions to net assets	48,579,386	46,626,929
<b>Deductions from Net Assets</b>		
Benefits paid to participants	23,540,573	23,287,470
Administrative expenses	547,134	483,402
Total deductions from net assets	24,087,707	23,770,872
Net increase in net assets available for benefits	24,491,679	22,856,057
Net assets available for benefits at beginning of year	163,142,808	140,286,751
Net assets available for benefits at end of year	\$ 187,634,487	\$ 163,142,808

See accompanying notes to financial statements.

# FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

### A. Description of the Plan

#### General

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

The Plan is a defined contribution plan and was effective September 1, 1984, restated effective May 26, 2015, and most recently amended April 12, 2022. All employees of the Company are eligible to participate in the Plan, except for those employees covered by a collective bargaining agreement. The Plan is administered by the Administrative Committee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

During 2023, the Company acquired seven new companies whose participants became eligible to participate in the Plan. None of these companies merged their retirement plan balance into the Plan’s balance.

During 2024, the Company acquired four new companies whose participants became eligible to participate in the Plan. None of these companies merged their retirement plan balance into the Plan’s balance.

#### Contributions

Participants may contribute up to 75% of pre-tax annual compensation, as defined by the Plan. In addition, participants are also permitted to make Roth (after-tax) contributions. Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code (the “Code”) as defined in the Plan document. Eligible participants may make rollover contributions to the Plan.

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

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rates set at four percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Effective November 22, 2024, existing employees who are eligible and not contributing have 30 days to opt out, otherwise they will be auto enrolled at five percent.

## FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### A. Description of the Plan – continued

##### Contributions – continued

The Plan allows for non-discretionary matching employer contributions, which are calculated based on 25% of the first 6% of the eligible participant's compensation contributed to the Plan, not to exceed 1.5%. In 2024 and 2023, the Company's non-discretionary matching contributions totaled approximately \$2,963,000 and \$2,859,000, respectively. In 2024 and 2023, the Company applied forfeitures of approximately \$536,000 and \$571,000, respectively, to reduce matching contributions.

##### Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions 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 or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's non-discretionary contributions, plus actual earnings thereon is as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

In the event of disability, early retirement, or death, the participant will become fully vested.

##### Notes Receivable from Participants

Participants may borrow from their accounts, at the discretion of the plan administrator, a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the vested account balances. Loan terms range from one to five years, or up to twenty years for the purchase of a primary residence. The notes receivable from participants are secured by the balances in the participants' accounts and bear interest at a fixed rate established at the time of the loans. For the years ended December 31, 2024 and 2023, interest rates range from 3.25% to 8.50%. Principal and interest are paid ratably through weekly or biweekly payroll deductions. All outstanding loan balances will become due and payable in their entirety upon severance of employment unless directly rolled over to another employer's plan, if permitted.

## FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### A. Description of the Plan – continued

##### **Benefit Payments**

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

Certain in-service withdrawals are allowed. A participant may also elect to withdraw all or a portion of his/her vested account balance while employed after reaching aged 59 ½. A participant may receive a hardship distribution from salary reduction contributions if the distribution is: (1) on account of uninsured medical expenses incurred by the participant, his/her spouse, or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from his/her principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) for the payment of funeral or burial expenses for the participant's deceased parent, spouse, child, or dependent; (6) expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under Section 165 of the Code; or (7) for expenses or losses on account of a disaster declared by the Federal Emergency Management Agency.

Participants who have severed employment and have balances less than \$5,000 are automatically rolled over into an individual retirement plan designated by the plan administrator.

##### **Forfeitures**

Forfeited balances of terminated participants' non-vested accounts are used to offset employer non-discretionary contributions and pay any administrative expenses of the Plan. The unallocated forfeited balances as of December 31, 2024 and 2023, were approximately \$244,000 and \$52,000, respectively.

##### **Investment Options**

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

##### **Plan Expenses**

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

## FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **B. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **Use of Estimates**

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

##### **Contributions**

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

##### **Investment Valuation and Income**

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

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

##### **Notes Receivable from Participants**

Notes receivable from participants are recorded at the unpaid principal balance plus accrued but unpaid interest.

##### **Payment of Benefits**

Benefits are recorded when paid.

## FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### C. Fair Value Measurements

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used.

The three levels defined in GAAP are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.
- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.
- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability. The Plan held no Level 3 assets as of December 31, 2024 or 2023.

GAAP requires that management describe the methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure the fair value of the Plan's investments are as follows:

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

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**C. Fair Value Measurements – continued**

The following table details the Plan’s investments by level, within the fair value hierarchy, as of December 31, 2024 and 2023.

	<b>2024</b>		
	<b>Level 1</b>	<b>Level 2</b>	<b>Total</b>
Mutual funds	\$175,695,748	\$ -	\$175,695,748
Money market fund	-	250,748	250,748
Total investments in the fair value hierarchy	<u>\$175,695,748</u>	<u>\$ 250,748</u>	175,946,496
Investments measured at NAV <sup>(a)</sup>			<u>6,761,029</u>
Total investments, at fair value			<u><u>\$182,707,525</u></u>
	<b>2023</b>		
	<b>Level 1</b>	<b>Level 2</b>	<b>Total</b>
Mutual funds	\$151,477,149	\$ -	\$151,477,149
Money market fund	-	60,127	60,127
Total investments in the fair value hierarchy	<u>\$151,477,149</u>	<u>\$ 60,127</u>	151,537,276
Investments measured at NAV <sup>(a)</sup>			<u>7,433,455</u>
Total investments, at fair value			<u><u>\$158,970,731</u></u>

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

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

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**C. Fair Value Measurements – continued**

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Mellon Stable Value Fund	\$ 6,761,029	N/A	Daily	12 months
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Mellon Stable Value Fund	\$ 7,433,455	N/A	Daily	12 months

**D. Certified Investments**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net realized and unrealized gains on investments, interest and dividends, and interest income from notes receivable from participants for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

**E. Tax Status**

The Plan has adopted the Fidelity Non-Standardized Pre-Approved Profit Sharing Plan with CODA, which has received a favorable advisory letter dated June 30, 2020. The advisory letter states that the form of the prototype plan is acceptable under Section 401 of the Code. The Company may rely on this letter with respect to the qualification of the Plan under Code Section 401(a) with certain limitations. The plan administrator believes the Plan has been operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

## FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **E. Tax Status – continued**

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **F. Plan Termination**

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

#### **G. Party-in-Interest Transactions**

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

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

#### **H. Risks and Uncertainties**

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

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**I. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits as of December 31, 2024 and 2023, per the accompanying financial statements to the Form 5500:

	<b>2024</b>	<b>2023</b>
Net assets available for benefits per the financial statements	\$187,634,487	\$163,142,808
Contributions receivable	(287,333)	(294,463)
Deemed distributions of participant loans as reflected in the Form 5500 for the current year	(333,570)	(314,189)
Net assets available for benefits per the Form 5500	<u>\$187,013,584</u>	<u>\$162,534,156</u>

The following is a reconciliation of the net change in net assets available for benefits for the years ended December 31, 2024 and 2023, per the accompanying financial statements to the Form 5500:

	<b>2024</b>	<b>2023</b>
Net change in net assets available for benefits per the financial statements	\$ 24,491,679	\$ 22,856,057
Prior year participant contributions receivable per the financial statements	243,666	206,120
Prior year employer contributions receivable per the financial statements	50,797	43,328
Current year participant contributions receivable per the financial statements	(287,333)	(243,666)
Current year employer contributions receivable per the financial statements	-	(50,797)
Deemed distributions of participant loans as reflected in the Form 5500 for the current year	(19,381)	(17,694)
Net change in net assets available for benefits per the Form 5500	<u>\$ 24,479,428</u>	<u>\$ 22,793,348</u>

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

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS *(continued)***

**J. Subsequent Events**

In preparing the accompanying financial statements, management of the Company has evaluated all subsequent events and transactions for potential recognition or disclosure through October 8, 2025, the date the financial statements were available for issuance.

Effective January 1, 2025, the Plan will increase auto enrollment for newly eligible employees to 6% with an auto increase of 1% per year, up to 15% for all employees that don't proactively opt out of this feature. The Plan's auto increase will take place on January 1 of each plan year.

**SUPPLEMENTAL SCHEDULE**

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

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

**December 31, 2024**

**EIN: 63-0681070**

**Plan #: 002**

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<b>Mutual funds:</b>				
*	Fidelity	Fidelity Growth Co K6 Fund	**	\$ 33,298,801
	American Funds	2030 Target Date Retirement Fund	**	20,076,727
	American Funds	2035 Target Date Retirement Fund	**	15,193,846
*	Fidelity	Fidelity 500 Index	**	13,742,165
	American Funds	2025 Target Date Retirement Fund	**	13,464,479
	American Funds	2045 Target Date Retirement Fund	**	12,918,035
	American Funds	2050 Target Date Retirement Fund	**	12,278,797
	American Funds	2040 Target Date Retirement Fund	**	12,110,792
	American Funds	2055 Target Date Retirement Fund	**	7,388,969
	Dodge & Cox	Stock Fund	**	6,336,125
*	Fidelity	Fidelity Mid Cap Index	**	5,236,230
	American Funds	2060 Target Date Retirement Fund	**	4,597,318
	American Funds	2020 Target Date Retirement Fund	**	4,387,877
	MFS	MFS International Diversification Fund Class R4	**	3,208,249
	Boston Financial	Pioneer Bond Y	**	2,448,880
	AB	Small Cap Growth Fund	**	1,810,320
	American Funds	2065 Target Date Retirement Fund	**	1,805,922
	Undiscovered Managers Funds	Undiscovered Managers Behavioral Value Fund Class R6	**	1,161,809
	American Funds	2015 Target Date Retirement Fund	**	997,025
	American Funds	2010 Target Date Retirement Fund	**	711,375
	Franklin	Small-Mid Cap Growth Fund	**	596,844
*	Fidelity	Fidelity US Bond Index	**	529,723
	Victory Sycamore	Established Value Fund Class R6	**	528,425
	PIMCO	High Yield International Value Fund	**	353,573
*	Fidelity	Fidelity International Index	**	316,177
	Vanguard	International Value Fund	**	77,335
	Vanguard	International Growth Admiral Fund	**	74,952
	PIMCO	Global Bond Opportunities Fund (U.S. Dollar-Hedged)	**	29,914
	BlackRock	Inflation Protected Bond Fund	**	15,064
	Total mutual funds			<u>175,695,748</u>
<b>Money market fund:</b>				
*	Fidelity	Government Money Market Portfolio	**	<u>250,748</u>
<b>Common/collective trust fund:</b>				
	Insurance Company Separate Accounts - 11.02% New York Life		**	810,188
	BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund		**	642,500
	Prudential Short Duration Core Bond Fund		**	641,674
	BlackRock 1-3 Year Government Bond Index Fund		**	433,193
	Northern Trust Collective 1-10 Year Intermediate Credit Bond Index Fund		**	419,642
	BlackRock Mortgage-Backed Securities Index Fund		**	372,943
	Northern Trust Collective Mortgage-Backed Securities Index Fund		**	361,860
	Northern Trust Collective Short Term Government Bond Index Fund		**	347,126
	BlackRock Asset-Backed Securities Index Fund		**	297,959
	Northern Trust Collective Asset-Backed Securities Bond Index Fund		**	289,910
	Prudential Core Conservative Intermediate Bond Fund		**	255,783
	Northern Trust Collective Daily 1-5 Year Credit Bond Index Fund		**	204,866
	The Bank of New York Mellon Collective Trust Government Short Term Investment Fund (d)		**	116,677

FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN

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

December 31, 2024

EIN: 63-0681070

Plan #: 002

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<b>Common/collective trust fund (continued):</b>				
	BlackRock Commercial Mortgage-Backed Securities Index Fund		**	116,517
	Northern Trust Collective Commercial Mortgage-Backed Securities Index Fund		**	113,180
	US Treasury Note, 4.38%, due 8/31/2028		**	90,645
	Northern Trust Collective 1-10 Year Intermediate Government Bond Index Fund		**	74,034
	US Treasury Note, 1.63%, due 8/15/2029		**	51,425
	US Treasury Note, 3.63%, due 5/31/2028		**	45,362
	US Treasury Note, 4.50%, due 5/31/2029		**	29,500
	US Treasury Note, 4.13%, due 3/31/2029		**	24,844
	Capital One Multi-Asset Execution Trust, 3.49%, due 5/15/2027		**	21,010
	US Treasury Note, 1.13%, due 10/31/2026		**	16,100
	US Treasury Note, 4.13%, due 11/30/2029		**	15,279
	BBCMS Mortgage Trust, 5.50%, due 12/15/2055		**	14,568
	Discover Card Execution Note Trust, 3.56%, due 7/15/2027		**	14,346
	Govt Natl Mortgage Assoc, 3.00%, due 11/20/2048		**	13,027
	DBJPM Mortgage Trust, 3.07%, due 6/10/2050		**	11,162
	Discover Card Execution Note Trust, 1.96%, due 2/15/2027		**	10,445
	US Treasury Note, 1.13%, due 1/15/2025		**	10,203
	Benchmark Mortgage Trust, 2.79%, due 12/15/2062		**	10,200
	Cash		**	9,611
	US Treasury Note, 2.75%, due 5/15/2025		**	9,573
	Federal National Mortgage Association REMIC, 4.50%, due 2/25/2048		**	9,495
	Federal National Mortgage Association REMIC, 4.50%, due 7/25/2035		**	9,437
	Federal National Mortgage Association REMIC, 2.50%, due 2/25/2044		**	9,179
	CD Mortgage Trust, 3.25%, due 11/10/2049		**	9,142
	Federal National Mortgage Association REMIC, 2.50%, due 12/25/2037		**	8,477
	Federal National Mortgage Association, 3.50%, due 1/1/2052		**	8,293
	Federal Home Loan Mortgage Corporation REMIC, 3.50%, due 5/25/2035		**	8,221
	Federal Home Loan Mortgage Corporation Multifamily Structured, 2.92%, due 1/25/2026		**	7,825
	GS Mortgage Securities Trust 2017-GS6, 3.16%, due 5/10/2050		**	7,818
	CNH Equipment Trust, 2.94%, due 7/15/2027		**	7,737
	Govt Natl Mortgage Assoc, 3.50%, due 11/20/2044		**	7,493
	Federal Home Loan Mortgage Corporation REMIC, 4.50%, due 9/25/2035		**	7,479
	Federal National Mortgage Association, 3.50%, due 6/1/2051		**	7,422
	Federal National Mortgage Association, 3.50%, due 11/1/2051		**	7,391
	Federal National Mortgage Association REMIC, 3.00%, due 6/25/2039		**	7,013
	BMO Mortgage Trust, 5.33%, due 9/15/2054		**	6,986
	Federal Home Loan Mortgage Corporation REMIC, 1.25%, due 4/25/2045		**	6,695
	BANK 2021-BNK37, 2.51%, due 11/15/2064		**	6,628
	BANK 2020-BNK25, 2.61%, due 1/15/2063		**	6,626
	Federal National Mortgage Association REMIC, 3.50%, due 12/25/2046		**	6,496
	Govt Natl Mortgage Assoc, 5.00%, due 6/20/2051		**	6,451
	Federal Home Loan Mortgage Corporation REMIC, 4.00%, due 9/25/2047		**	6,420
	Principal Life Global Funding II, 1.38%, due 1/10/2025		**	6,418
	ASB Bank Ltd, 1.63%, due 10/22/2026		**	6,401
	Ballyrock CLO 23 Ltd., 6.61%, due 4/25/2036		**	6,381
	CIFC Funding 2022-III Ltd., 6.03%, due 4/21/2035		**	6,372
	Neuberger Berman Loan Advisers CLO 49 Ltd., 5.78%, due 7/25/2035		**	6,368
	Wells Fargo & Co, 3.00%, due 2/19/2025		**	6,341

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

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

**December 31, 2024**

**EIN: 63-0681070**

**Plan #: 002**

<b>(a)</b>	<b>(b)</b> Identity of issuer, borrower, lessor, or similar party	<b>(c)</b> Description of investment including maturity date, rate of interest, collateral, par, or maturity value	<b>(d)</b> Cost	<b>(e)</b> Current Value
<b>Common/collective trust fund (continued):</b>				
	LCM 37 Ltd., 5.40%, due 4/15/2034		**	6,295
	Neuberger Berman Loan Advisers CLO 49 Ltd., 5.97%, due 4/16/2033		**	6,266
	Oracle Corp., 1.65%, due 3/25/2026		**	6,241
	Ameren Corp, 1.95%, due 3/15/2027		**	5,975
	Verizon Communications, 2.10%, due 3/22/2028		**	5,906
	Toyota Auto Receivables OT, 5.30%, due 9/15/2027		**	5,892
	Govt Natl Mortgage Assoc, 4.00%, due 1/20/2039		**	5,889
	BANK, 6.05%, due 5/15/2057		**	5,874
	Federal National Mortgage Association, 5.00%, due 9/1/2052		**	5,753
	7-Eleven Inc, 0.95%, due 2/10/2026		**	5,734
	Federal Home Loan Mortgage Corporation REMIC, 2.50%, due 2/25/2040		**	5,687
	Verizon Master Trust, 4.49%, due 1/22/2029		**	5,598
	John Deere Owner Trust, 3.74%, due 2/16/2027		**	5,565
	JPMorgan Chase & Co, 5.72%, due 9/14/2033		**	5,550
	BMO Mortgage Trust, 6.05%, due 5/15/2057		**	5,509
	US Treasury Note, 3.50%, due 9/30/2029		**	5,493
	RTX Corp, 4.13%, due 11/16/2028		**	5,413
	Air Lease Corp, 1.88%, due 8/15/2026		**	5,342
	Goldman Sachs Group Inc, 3.50%, due 11/16/2026		**	5,340
	Bank of America Corp, 3.42%, due 12/20/2028		**	5,314
	Toronto-Dominion Bank, 5.52%, due 7/17/2028		**	5,238
	Govt Natl Mortgage Assoc, 1.75%, due 11/20/2050		**	5,180
	Broadcom Inc, 3.42%, due 4/15/2033		**	5,161
	Goldman Sachs Group Inc, 3.50%, due 4/1/2025		**	5,056
	Hyundai Auto Receivables Trust, 2.22%, due 10/15/2026		**	5,035
	Goldman Sachs Group Inc, 3.75%, due 5/22/2025		**	5,031
	JPMorgan Chase & Co, 2.08%, due 4/22/2026		**	5,006
	GM Financial Automobile Leasing Trust, 5.39%, due 7/20/2027		**	4,971
	AT&T Inc, 4.30%, due 2/15/2030		**	4,955
	BANK, 5.66%, due 2/15/2056		**	4,949
	Federal National Mortgage Association REMIC, 2.75%, due 9/25/2042		**	4,889
	Fidelity National Information Services Inc, 1.15%, due 3/1/2026		**	4,874
	Sealed Air Corp, 1.57%, due 10/15/2026		**	4,836
	Verizon Master Trust, 3.64%, due 11/20/2028		**	4,572
	Bacardi Ltd. / Bacardi-Martini BV, 5.25%, due 1/15/2029		**	4,532
	Federal Home Loan Mortgage Corporation Pool, 4.00%, due 3/1/2043		**	4,501
	Prologis LP, 4.88%, due 6/15/2028		**	4,452
	Morgan Stanley, 3.62%, due 4/1/2031		**	4,422
	Federal National Mortgage Association REMIC, 2.50%, due 8/25/2034		**	4,402
	GS Mortgage Securities Trust 2019-GC42, 2.75%, due 9/1/2052		**	4,402
	NRG Energy Inc, 2.45%, due 12/2/2027		**	4,357
	Volkswagen Group America, 1.25%, due 11/24/2025		**	4,269
	Govt Natl Mortgage Assoc, 2.50%, due 9/20/2043		**	4,266
	Citigroup Commercial Mortgage Trust, 2.45%, due 7/10/2049		**	4,230
	Morgan Stanley BAML Trust, 3.45%, due 7/15/2050		**	4,206
	Extra Space Storage LP, 3.50%, due 7/1/2026		**	4,144
	Hyundai Auto Receivables Trust, 5.52%, due 10/16/2028		**	4,116
	Morgan Stanley, 3.63%, due 1/20/2027		**	4,079

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

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

**December 31, 2024**

**EIN: 63-0681070**

**Plan #: 002**

<b>(a)</b>	<b>(b)</b> Identity of issuer, borrower, lessor, or similar party	<b>(c)</b> Description of investment including maturity date, rate of interest, collateral, par, or maturity value	<b>(d)</b> Cost	<b>(e)</b> Current Value
<b>Common/collective trust fund (continued):</b>				
	Federal National Mortgage Association, 4.00%, due 12/1/2037		**	4,078
	Kinder Morgan Inc/DE, 4.30%, due 6/1/2025		**	4,029
	O'Reilly Automotive Inc, 3.60%, due 9/1/2027		**	4,014
	Truist Fin Corp, 4.12%, due 6/6/2028		**	3,961
	Federal Home Loan Mortgage Corporation REMIC, 3.00%, due 10/15/2045		**	3,851
	Gilead Sciences Inc, 3.50%, due 2/1/2025		**	3,822
	Govt Natl Mortgage Assoc, 2.50%, due 7/20/2042		**	3,780
	American Tower Corp, 5.25%, due 7/15/2028		**	3,751
	AerCap Ireland Capital DAC / AerCap Global Aviation Trust, 2.45%, due 10/29/2026		**	3,657
	John Deere Owner Trust, 2.32%, due 9/15/2026		**	3,654
	UBS Group AG, 3.75%, due 3/26/2025		**	3,608
	BBCMS Mortgage Trust 2020-C8, 2.04%, due 10/15/2053		**	3,593
	Federal National Mortgage Association, 2.50%, due 9/1/2051		**	3,568
	Bank of America Merrill Lynch Commercial Mortgage Trust, 3.57%, due 2/15/2050		**	3,555
	National Rural Utilities Cooperative Finance Corp., 5.45%, due 10/30/2025		**	3,514
	Romanian Government International Bond, 6.63%, due 2/17/2028		**	3,463
	Ford Motor Credit Co LLC, 7.35%, due 11/4/2027		**	3,461
	COMM 2019-GC44 MTG TR, 2.83%, due 8/15/2057		**	3,457
	The PNC Financial Services Group Inc, 1.15%, due 8/13/2026		**	3,431
	Energy Transfer Partners LP, 5.55%, due 2/15/2028		**	3,376
	JPMorgan Chase & Co, 1.05%, due 11/19/2026		**	3,350
	Discover Card Execution Note Trust, 3.32%, due 5/15/2027		**	3,309
	Marriott International Inc/MD, 5.75%, due 5/1/2025		**	3,307
	Santander Holdings USA, Inc., 6.17%, due 1/9/2030		**	3,300
	Govt Natl Mortgage Assoc, 2.00%, due 3/20/2035		**	3,295
	BAT International Finance PLC, 5.93%, due 2/2/2029		**	3,248
	Danske Bank, 5.71%, due 3/1/2030		**	3,246
	Govt Natl Mortgage Assoc, 1.00%, due 10/20/2034		**	3,243
	Federal National Mortgage Association REMIC, 3.00%, due 2/25/2046		**	3,240
	Morgan Stanley, 4.00%, due 7/23/2025		**	3,186
	Federal Home Loan Mortgage Corporation REMIC, 2.50%, due 11/15/2040		**	3,180
	John Deere Owner Trust, 5.01%, due 11/15/2027		**	3,171
	The Boeing Company, 2.20%, due 2/4/2026		**	3,107
	Capital One Financial Corp, 3.75%, due 3/9/2027		**	3,105
	Enterprise Fleet Financing 2021-3 LLC, 1.22%, due 8/20/2027		**	3,097
	McDonald's Corp, 3.30%, due 7/1/2025		**	3,046
	Citigroup Commercial Mortgage Trust, 3.21%, due 10/12/2050		**	2,965
	OneMain Direct Auto Receivables Trust, 3.95%, due 11/14/2028		**	2,959
	Baker Hughes Holdings LLC / Baker Hughes Co-Obligor Inc, 2.06%, due 12/15/2026		**	2,937
	Federal National Mortgage Association REMIC, 3.50%, due 11/25/2044		**	2,919
	Truist Fin Corp, 3.70%, due 6/5/2025		**	2,886
	Federal Home Loan Mortgage Corporation REMIC, 1.00%, due 7/15/2039		**	2,869
	General Motors Financial Co Inc, 1.25%, due 1/8/2026		**	2,834
	Amgen, Inc., 2.20%, due 2/21/2027		**	2,819
	General Motors Financial Co Inc, 2.40%, due 4/10/2028		**	2,818
	Federal National Mortgage Association, 2.50%, due 12/1/2050		**	2,802
	Cooperative Rabobank UA, 1.34%, due 6/24/2026		**	2,719
	Equinix Inc, 1.45%, due 5/15/2026		**	2,711

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

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

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<b>Common/collective trust fund (continued):</b>				
	The Cigna Group, 4.38%, due 10/15/2028		**	2,705
	Federal Home Loan Mortgage Corporation Pool, 2.50%, due 9/1/2050		**	2,691
	Alexandria Real Estate Equities Inc., 3.80%, due 4/15/2026		**	2,690
	US Treasury Note, 1.50%, due 2/15/2025		**	2,688
	Fifth Third Auto Trust, 2023-1, 5.53%, due 8/15/2028		**	2,644
	Wells Fargo & Co, 3.00%, due 10/23/2025		**	2,606
	Federal Home Loan Mortgage Corporation Multifamily Structured, 4.68%, due 10/25/2031		**	2,597
	Federal National Mortgage Association, 2.50%, due 1/1/2051		**	2,594
	American Intl Group, 3.90%, due 4/1/2026		**	2,571
	T-Mobile US, Inc, 1.50%, due 2/15/2026		**	2,562
	CVS Health Corp, 4.30%, due 3/25/2028		**	2,557
	T-Mobile US, Inc, 3.50%, due 4/15/2025		**	2,553
	BNP Paribas SA, 1.68%, due 6/30/207		**	2,544
	Drive Auto Receivables Trust, 5.31%, due 1/16/2029		**	2,539
	Mercedes-Benz Finance North America LLC, 3.30%, due 5/19/2025		**	2,512
	Federal Home Loan Mortgage Corporation Pool, 2.50%, due 9/1/2050		**	2,504
	Anglo American Capital PLC, 2.63%, due 9/10/2030		**	2,476
	AmeriCredit Automobile Receivables Trust, 4.81%, due 4/18/2028		**	2,432
	Lincoln National Corp, 3.80%, due 3/1/2028		**	2,431
	Exelon Corp, 4.05%, due 4/15/2030		**	2,418
	AutoZone Inc, 3.75%, due 4/18/2029		**	2,415
	BP Capital Markets America Inc, 1.75%, due 8/10/2030		**	2,413
	CVS Health Corp, 2.13%, due 9/15/2031		**	2,411
	Benchmark Mortgage Trust, 5.42%, due 11/15/2057		**	2,378
	Federal National Mortgage Association, 3.00%, due 9/1/2050		**	2,350
	Takeda Pharmaceutical, 2.05%, due 3/31/2030		**	2,342
	O'Reilly Automotive Inc, 1.75%, due 3/15/2031		**	2,332
	US Bancorp, 5.38%, due 1/23/2030		**	2,330
	Crown Castle Intl Corp, 3.30%, due 7/1/2030		**	2,326
	Federal National Mortgage Association, 3.00%, due 5/1/2051		**	2,321
	Govt Natl Mortgage Assoc, 2.50%, due 5/20/2043		**	2,304
	Wisconsin Public Service Corp., 5.35%, due 11/10/2025		**	2,300
	Verizon Communications, 4.02%, due 12/3/2029		**	2,299
	AerCap Ireland Capital DAC / AerCap Global Aviation Trust, 1.75%, due 1/30/2026		**	2,298
	CNH Industrial Capital LLC, 5.10%, due 4/20/2029		**	2,286
	Healthcare Realty Holdings LP, 3.50%, due 8/1/2026		**	2,276
	Carrier Global Corp, 2.24%, due 2/15/2025		**	2,273
	Federal National Mortgage Association, 2.50%, due 7/1/2050		**	2,246
	Ryder System, Inc., 5.25%, due 6/1/2028		**	2,233
	AvalonBay Communities, 3.30%, due 6/1/2029		**	2,217
	Volkswagen Auto Loan Enhanced Trust 2021-1, 1.26%, due 10/20/2028		**	2,196
	MPLX LP, 4.13%, due 3/1/2027		**	2,135
	Federal National Mortgage Association, 4.00%, due 8/1/2049		**	2,133
	Federal National Mortgage Association, 2.50%, due 7/1/2050		**	2,125
	CNH Equipment Trust, 5.19%, due 9/17/2029		**	2,110
	Public Storage Operating Co., 5.13%, 1/15/2029		**	2,110
	CSX Corp, 3.35%, due 11/1/2025		**	2,098
	Federal Home Loan Mortgage Corporation Pool, 4.00%, due 8/1/2048		**	2,086

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

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

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**EIN: 63-0681070**

**Plan #: 002**

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<b>Common/collective trust fund (continued):</b>				
	Bank of America Corp, 2.88%, due 10/22/2030		**	2,085
	Federal Home Loan Mortgage Corporation Pool, 2.50%, due 5/1/2050		**	2,045
	Hyundai Auto Receivables Trust, 4.84%, due 3/15/2029		**	2,033
	Federal National Mortgage Association, 3.50%, due 12/1/2047		**	2,031
	Keurig Dr Pepper Inc, 3.20%, due 5/1/2030		**	2,025
	Hyundai Auto Receivables Trust, 3.80%, due 8/15/2028		**	2,005
	Nissan Auto Rec OT, 1.86%, due 8/17/2026		**	1,993
	Crown Castle Intl Corp, 1.35%, due 7/15/2025		**	1,986
	Citigroup Inc, 2.67%, due 1/29/2031		**	1,831
	The AES Corp, 5.45%, due 6/1/2028		**	1,828
	Verizon Master Trust, 5.54%, due 4/22/2030		**	1,826
	American Electric Power, 2.30%, due 03/01/2030		**	1,820
	Bayer US Finance LLC, 6.13%, due 11/21/2026		**	1,780
	Federal National Mortgage Association, 3.00%, due 2/1/2050		**	1,758
	Govt Natl Mortgage Assoc, 3.00%, due 8/20/2050		**	1,755
	Federal National Mortgage Association, 3.00%, due 3/1/2030		**	1,743
	Realty Income Corp, 3.40%, due 1/15/2030		**	1,740
	Realty Income Corp, 2.20%, due 6/15/2028		**	1,727
	Govt Natl Mortgage Assoc, 6.00%, due 6/20/2051		**	1,725
	Volkswagen Auto Loan Enhanced Trust 2023-1, 5.02%, due 6/20/2028		**	1,722
	Enterprise Products Operating LLC, 5.05%, due 1/10/2026		**	1,701
	Federal Home Loan Mortgage Corporation Pool, 3.00%, due 4/1/2050		**	1,687
	Federal National Mortgage Association, 4.50%, due 5/1/2047		**	1,687
	Federal National Mortgage Association, 3.00%, due 8/1/2051		**	1,663
	World Omni Auto Receivables, 3.25%, due 7/15/2027		**	1,656
	Santander Holdings USA, Inc., 6.50%, due 3/9/2029		**	1,640
	Air Lease Corp, 2.88%, due 1/15/2026		**	1,621
	Oscar US Funding, 1.00%, due 4/10/2028		**	1,612
	Federal National Mortgage Association, 3.02%, due 9/1/2047		**	1,604
	Federal National Mortgage Association, 3.00%, due 7/1/2051		**	1,603
	Federal National Mortgage Association, 1.50%, due 9/1/2031		**	1,598
	Federal National Mortgage Association, 3.00%, due 11/1/2048		**	1,575
	Discover Financial Services, 4.10%, due 2/9/2027		**	1,569
	Citizens Bank NA, 2.25%, 4/28/2025		**	1,565
	Federal National Mortgage Association, 2.50%, due 12/1/2049		**	1,561
	Federal National Mortgage Association, 3.00%, due 5/1/2050		**	1,558
	Apple Inc, 1.13%, due 5/11/2025		**	1,555
	Federal Home Loan Mortgage Corporation Pool, 3.00%, due 9/1/2050		**	1,531
	GM Financial Consumer Automobile Receivables Trust, 1.79%, due 4/17/2028		**	1,523
	Govt Natl Mortgage Assoc, 3.00%, due 6/20/2050		**	1,509
	Federal Home Loan Mortgage Corporation REMIC, 2.00%, due 5/25/2033		**	1,466
	Govt Natl Mortgage Assoc, 3.00%, due 5/20/2050		**	1,447
	Federal National Mortgage Association, 3.00%, due 7/1/2050		**	1,446
	Govt Natl Mortgage Assoc, 5.66%, due 11/20/2051		**	1,443
	Enbridge Inc, 3.13%, due 11/15/2029		**	1,416
	Federal National Mortgage Association REMIC, 3.00%, due 9/25/2033		**	1,337
	CNH Equipment Trust, 3.89%, due 8/16/2027		**	1,309
	New Residential Mortgage Loan Trust, 5.47%, due 11/25/2064		**	1,305

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

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

**December 31, 2024**

**EIN: 63-0681070**

**Plan #: 002**

<b>(a)</b>	<b>(b)</b> Identity of issuer, borrower, lessor, or similar party	<b>(c)</b> Description of investment including maturity date, rate of interest, collateral, par, or maturity value	<b>(d)</b> Cost	<b>(e)</b> Current Value
<b>Common/collective trust fund (continued):</b>				
	Barclays PLC, 5.30%, due 8/9/2026		**	1,286
	Nissan Auto Rec OT, 4.46%, due 5/17/2027		**	1,285
	The Cigna Group, 2.40%, due 3/15/2030		**	1,281
	Intel Corp, 4.88%, due 2/10/2028		**	1,249
	Federal National Mortgage Association REMIC, 3.50%, due 8/25/2044		**	1,237
	CarMax Auto Owner Trust, 2024-3, 4.89%, due 7/16/2029		**	1,229
	World Omni Auto Receivables, 5.79%, due 2/15/2029		**	1,212
	Citigroup Commercial Mortgage Trust 2016-P6, 3.51%, due 12/10/2049		**	1,201
	Federal Home Loan Mortgage Corporation Pool, 3.00%, due 6/1/2033		**	1,201
	NatWest Group PLC, 1.64%, due 6/14/2027		**	1,201
	World Omni Auto Receivables, 1.66%, due 5/17/2027		**	1,189
	GM Financial Automobile Leasing Trust, 5.36%, due 5/22/2028		**	1,172
	Citigroup Commercial Mortgage Trust 2020-GC46, 2.71%, due 2/15/2053		**	1,146
	Kite Realty Group LP, 4.95%, due 12/15/2031		**	1,134
	Illumina, Inc., 5.75%, due 12/13/2027		**	1,106
	Hewlett Packard Enterprise, 1.75%, due 4/1/2026		**	1,095
	Wisconsin Public Service Corp., 4.55%, due 12/1/2029		**	1,095
	Federal National Mortgage Association, 4.00%, due 5/1/2050		**	1,062
	Federal National Mortgage Association, 3.50%, due 1/1/2050		**	1,058
	Federal National Mortgage Association, 3.00%, due 3/1/2035		**	1,056
	ONEOK Inc, 5.65%, due 11/1/2028		**	1,055
	Federal Home Loan Mortgage Corporation Pool, 3.50%, due 10/1/2049		**	1,048
	GM Financial Consumer Automobile Receivables Trust, 3.71%, due 12/16/2027		**	1,022
	American Heritage Auto Receivables Trust, 4.90%, due 9/17/2029		**	1,021
	The Boeing Company, 3.63%, due 2/1/2031		**	986
	Cousins Properties LP, 5.38%, due 2/15/2032		**	984
	Verus Securitization Trust, 5.44%, due 11/25/2069		**	968
	CarMax Auto Owner Trust, 2023-3, 5.28%, due 5/15/2028		**	947
	Extra Space Storage LP, 5.70%, due 4/1/2028		**	937
	T-Mobile US, Inc, 4.25%, due 5/21/2029		**	919
	Federal Home Loan Mortgage Corporation Pool, 3.00%, due 10/1/2049		**	857
	Pioneer Natural Resources Co., 5.10%, due 3/29/2026		**	853
	Energy Transfer Partners LP, 4.20%, due 4/15/2027		**	845
	CSAIL 2019-C18 COML, 2.84%, due 12/15/2052		**	843
	Federal National Mortgage Association, 4.50%, due 12/1/2048		**	841
	Phillips Edison Grocery Center Operating Partnership I LP, 5.75%, due 7/15/2034		**	829
	Federal National Mortgage Association, 3.00%, due 3/1/2048		**	813
	Florida Tourism Oversight District, 1.77%, due 6/1/2025		**	810
	OBX Trust, 5.41%, due 10/25/2064		**	803
	Federal National Mortgage Association, 3.00%, due 10/1/2030		**	782
	Santander Drive Auto Receivables Trust, 4.62%, due 11/15/2028		**	774
	Bio-Rad Laboratories, Inc., 3.30%, due 3/15/2027		**	731
	Santander Drive Auto Receivables Trust, 5.23%, due 12/15/2028		**	704
	Santander Drive Auto Receivables Trust, 4.43%, due 3/15/2027		**	695
	Govt Natl Mortgage Assoc, 3.50%, due 8/16/2039		**	694
	AEP Texas Restoration Funding LLC, 2.06%, due 2/1/2027		**	688
	UBS Comm Mortgage Trust, 3.00%, due 8/15/2050		**	655
	World Omni Auto Receivables 2021-D, 0.81%, due 10/15/2026		**	651

**FLEETPRIDE INC. RETIREMENT & SAVINGS PLAN**

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

**December 31, 2024**

**EIN: 63-0681070**

**Plan #: 002**

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<b>Common/collective trust fund (continued):</b>				
	Auxilior Term Funding LLC, 5.49%, due 7/15/2031		**	637
	Exeter Automobile Receivables Trust, 4.45%, due 3/15/2028		**	635
	The Sherwin-Williams Company, 2.30%, due 5/15/2030		**	634
	Octane Receivables Trust, 4.94%, due 5/20/2030		**	630
	Federal Home Loan Mortgage Corporation Pool, 3.00%, due 12/1/2033		**	614
	Federal National Mortgage Association, 3.00%, due 6/1/2032		**	603
	BMW Vehicle Owner Trust, 3.21%, due 8/25/2026		**	587
	GM Financial Consumer Automobile Receivables Trust, 4.66%, due 2/16/2028		**	587
	Federal Home Loan Mortgage Corporation Pool, 4.00%, due 5/1/2050		**	579
	Federal National Mortgage Association, 3.00%, due 11/1/2031		**	553
	Federal National Mortgage Association, 3.50%, due 2/1/2048		**	536
	Federal Home Loan Mortgage Corporation Pool, 3.00%, due 6/1/2031		**	479
	Federal Home Loan Mortgage Corporation Pool, 3.15%, due 7/1/2047		**	473
	Connecticut GO Bonds, 2.10%, due 7/1/2025		**	471
	Federal National Mortgage Association, 4.00%, due 10/1/2048		**	468
	Federal National Mortgage Association, 3.50%, due 8/1/2026		**	457
	Federal Home Loan Mortgage Corporation Pool, 3.00%, due 7/1/2029		**	425
	Federal National Mortgage Association, 4.50%, due 4/1/2049		**	375
	Govt Natl Mortgage Assoc, 2.00%, due 3/20/2042		**	337
	Federal Home Loan Mortgage Corporation Pool, 3.50%, due 1/1/2050		**	333
	Amur Equipment Finance Receivables XI LLC, 5.30%, due 6/21/2028		**	291
	Hyundai Auto Receivables Trust 2021-C, 0.74%, due 5/15/2026		**	268
	Federal National Mortgage Association REMIC, 4.00%, due 5/25/2041		**	245
	Nissan Auto Rec OT, 5.34%, due 2/17/2026		**	171
	Federal National Mortgage Association, 2.50%, due 2/1/2028		**	152
	BlackRock Intermediate Government/Credit Bond Index Fund		**	143
	Federal National Mortgage Association, 2.50%, due 11/1/2027		**	112
	Federal National Mortgage Association, 3.00%, due 1/1/2028		**	72
	Federal National Mortgage Association, 2.50%, due 12/1/2027		**	60
	Exeter Automobile Receivables Trust, 6.06%, due 9/15/2026		**	55
	Federal National Mortgage Association, 3.50%, due 1/1/2026		**	50
	Federal National Mortgage Association REMIC, 3.50%, due 5/25/2041		**	13
	Federal Home Loan Mortgage Corporation REMIC, 3.00%, due 10/15/2039		**	10
	Govt Natl Mortgage Assoc, 4.39%, due 11/20/2062		**	7
	Total common/collective trust fund			<u>6,761,029</u>
*	Participant loans	Interest rates ranging from 3.25% to 8.50% with various due dates	-0-	<u>4,306,059</u>
	Total			<u>\$ 187,013,584</u>

\* A party in interest as defined by ERISA

\*\* Cost omitted for participant directed investments