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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 03/01/2020 and ending 02/28/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WESTSIDE TRANSIT LINES- A.T.U. PENSION PLAN

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 03/01/1987

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRANSDEV SERVICES, INC.

720 BUTTERFIELD RD.
SUITE 300
LOMBARD, IL 60148

2b Employer Identification Number (EIN) 52-1493194

2c Plan Sponsor's telephone number 630-571-7070

2d Business code (see instructions) 485110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/02/2021	DERRICK BREUN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BOARD OF TRUSTEES OF WESTSIDE TRANSIT
ATU PENSION
90 FIRST STREET
GRETNA, LA 70054

3b Administrator's EIN
36-3637275

3c Administrator's telephone number
708-474-6404

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	131
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	98
a(2) Total number of active participants at the end of the plan year	**6a(2)**	108
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	30
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	138
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	138
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	138
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C 3D

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 03/01/2020 and ending 02/28/2021

A Name of plan
WESTSIDE TRANSIT LINES- A.T.U. PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSDEV SERVICES, INC.

D Employer Identification Number (EIN)
52-1493194

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EAGLE CAPITAL MANAGEMENT, LLC

3850 NORTH CAUSEWAY BLVD.
SUITE 1090
METAIRIE, LA 70002

72-1467823

(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 71 28 51	ADVISOR	128182	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GULF COAST BANK & TRUST COMPANY

200 ST. CHARLES AVE
NEW ORLEANS, LA 70130

72-1167423

(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?
15 50 19 64 18	RECORDKEEPER	18464	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KUSHNER LAGRAIZE, LLC

3330 W. ESPLANADE AVE.
SUITE 100
METAIRIE, LA 70002

72-1042866

(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 15	AUDITOR	13500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE HASLAUER GROUP, INC.

2400 VETERANS MEMORIAL BLVD
SUITE 310
KENNER, LA 70062

72-1487108

(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?
15 64	TPA	9460	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 03/01/2020 and ending 02/28/2021

A Name of plan
WESTSIDE TRANSIT LINES- A.T.U. PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSDEV SERVICES, INC.

D Employer Identification Number (EIN)
52-1493194

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	28182	8291
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1184055	284660
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3182064	504568
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4682756	3483595
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	604735	6429100
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	139777	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	9821569	10710214
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9821569	10710214

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	701730	
	(B) Participants	2a(1)(B)	323315	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1025045
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)	4263	
	(C) Corporate debt instruments	2b(1)(C)	54405	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		58668
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	99335	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		99335
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	13235341	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13263890	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-28549
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1494900	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1494900

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-5817
d Total income. Add all **income** amounts in column (b) and enter total	2d		2643582
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1571800	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1571800
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	23713	
(2) Contract administrator fees	2i(2)	27924	
(3) Investment advisory and management fees	2i(3)	128182	
(4) Other	2i(4)	3318	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		183137
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1754937
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		888645
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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)** [X] 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) [X] 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: KUSHNER LAGRAIZE, LLC **(2)** EIN: 72-1042866

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 03/01/2020 and ending 02/28/2021

A Name of plan
WESTSIDE TRANSIT LINES- A.T.U. PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSDEV SERVICES, INC.

D Employer Identification Number (EIN)
52-1493194

Part I Distributions

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

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

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

EIN(s): 36-3637275

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

3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	14

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	701730
b	Enter the amount contributed by the employer to the plan for this plan year	6b	701730
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN

AUDITED FINANCIAL STATEMENTS

February 28, 2021 and February 29, 2020

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN

TABLE OF CONTENTS

February 28, 2021 and February 29, 2020

	PAGE
INDEPENDENT AUDITORS' REPORT	1-2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-12
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	13
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)	14-16
Schedule H, Line 4j – Schedule of Reportable Transactions	17

KUSHNER
LAGRAIZE, LLC
CPAs & CONSULTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Westside Transit Lines - A.T.U. Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Westside Transit Lines – A.T.U. Pension Plan (the Plan), which comprise the statements of nets assets available for benefits as of February 28, 2021 and February 29, 2020, 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's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by Gulf Coast Bank and Trust, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended February 28, 2021 and February 29, 2020, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplemental schedules of Assets Held at End of Year, Assets Acquired and Disposed of Within Year, and Reportable Transactions as of or for the year ended February 28, 2021 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kirshner LaGrange, LLC

Metairie, Louisiana
November 29, 2021

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
February 28, 2021 and February 29, 2020

ASSETS

	2021	2020
Investments at fair value		
United States equities	$ 3,483,595	$ 4,822,532
Equity exchange traded funds	2,893,993	604,735
Fixed income exchange traded funds	3,535,107	-
Corporate notes and bonds	504,568	3,182,064
Total Investments	10,417,263	8,609,331
Receivables		
Accrued income	8,291	28,182
	8,291	28,182
Cash and cash equivalents	284,660	1,184,055
TOTAL ASSETS	10,710,214	9,821,568
LIABILITIES		
Accrued expenses	28,468	26,856
TOTAL LIABILITIES	28,468	26,856
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,681,746	$ 9,794,712

See Notes to Financial Statements.

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended February 28, 2021 and February 29, 2020

	2021	2020
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation in fair value of investments	$ 1,466,352	$ 454,575
Interest and dividends	138,112	216,694
Other income	14,074	921
	1,618,538	672,190
Less investment expenses	129,340	126,561
Net investment income	1,489,198	545,629
Contributions		
Employer	701,730	679,425
Participants	323,315	336,507
Total Contributions	1,025,045	1,015,932
Total Additions	2,514,243	1,561,561
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to and for participants	1,571,800	1,118,235
Administrative expenses	55,409	70,498
Total Deductions	1,627,209	1,188,733
NET INCREASE IN NET ASSETS	887,034	372,828
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	9,794,712	9,421,884
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 10,681,746	$ 9,794,712

See Notes to Financial Statements.

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
February 28, 2021 and February 29, 2020

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Westside Transit Lines - A.T.U. Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. **General.** TransDev Services, Inc., formerly Veolia Transportation Services, Inc. (Westside Transit Division) is the Plan sponsor as well as the employer. The Plan is a defined contribution plan covering all full-time eligible class employees (employees covered by the collective bargaining agreement between the employer and the union and non-collectively bargained employees who are not highly compensated) of the employer who have at least one year of service and who are age 21 or older. Each employee shall participate in the Plan beginning on the first day of the month once the eligibility requirement has been satisfied.

   The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

   The Plan was amended and restated effective March 1, 2016 to include language related to the Pension Protection Act and change the language so that the union contracts are incorporated by reference.

2. **Contributions.** The funding of the Plan is by employer and participant contributions based on a percentage of eligible gross salary. See the tables below for rates and their respective effective dates:

Fixed Route	Participant Contribution	Employer Contribution
As of 4/1/2019	7%	15.00%
As of 4/1/2020	7%	16.00%

Para-Transit (MITS)	Participant Contribution	Employer Contribution
As of 4/1/2019	3%	3.00%
As of 4/1/2020	3%	3.75%

RPTA	Participant Contribution	Employer Contribution
As of 2/1/2018	3%	3.50%
As of 2/1/2021	3%	6.50%

NOTE 1 - DESCRIPTION OF PLAN (Continued)

3. **Participant Accounts.** The fund consists of two accounts for each participant: the participant's account (consisting of participant contributions plus earnings thereon), and the employer's account (consisting of employer's contributions plus earnings thereon less expenses of the Plan).

4. **Vesting.** Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer's contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 0% vested before completing 3 years of credited service and 100% vested thereafter.

5. **Payment of Benefits.** Upon termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, a qualified preretirement survivor annuity, or a qualified joint and survivor annuity. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

6. **Plan Expenses.** The Plan incurs fees for administrative services provided by the asset custodian and third-party administrator as well as legal and accounting fees. Fees for investment services are provided by an investment manager. The respective fees are charged directly to the employer's account within the participants account and are included in the Statements of Changes of Net Assets Available for Benefits as administrative or investment expenses. For the years ended 2021 and 2020, fees were approximately 1.73% and 2.01% of total Plan assets at February 28, 2021 and February 29, 2020.

7. **Forfeited Accounts.** At February 28, 2021 and February 29, 2020, unapplied forfeited nonvested account assets totaled $0 and $13,307, respectively. These accounts can be used in the following order: (i) restore any previously forfeited accounts of participants who have been reemployed and are entitled to a restoration of the forfeited portion; (ii) fund any employer contributions required under USERRA with respect to qualified military service; (iii) pay administrative expenses of the Plan and; (iv) allocated to the Participants' Employer Contribution account.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

8. **Administration**. The Plan's assets are held by Gulf Coast Bank & Trust as custodian. The assets are managed by Eagle Capital Management, L.L.C. (Eagle). Eagle has the discretionary authority to invest and reinvest the assets of the Plan, pursuant to investment guidelines provided by the trustees. The Plan used Haslauer Group to perform the compliance testing and prepare the Form 5500 for the years ended February 28, 2021 and February 29, 2020.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

Investments

The Plan's investments are stated at fair value as provided by the asset custodian. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a settlement-date basis. Dividends are recorded on the ex-dividend date.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Benefits

Benefits are recorded when paid.

Amounts allocated to withdrawing participants that have terminated the Plan as of February 28, 2021 and February 29, 2020, but have not been paid as of year-end amounted to $0 and $912, respectively.

Risks and Uncertainties

The Plan provides for various investment options in any combination of United States government securities, corporate notes and bonds, common stocks and equities, exchange traded funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and participant account balances.

NOTE 3 - INVESTMENTS (Unaudited)

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by the custodian:

	2021		2020	
	Cost	Fair Value	Cost	Fair Value
Investments at fair value as determined by quoted market prices				
United States equities	$ 1,450,480	$ 3,483,595	$ 3,161,626	$ 4,822,532
Equity exchange traded funds	2,201,814	2,893,993	571,270	604,735
Fixed income exchange traded funds	3,548,333	3,535,107	-	-
Corporate notes and bonds	506,840	504,568	3,173,241	3,182,064
Total investments at fair value	$ 7,707,467	$10,417,263	$ 6,906,137	$ 8,609,331

NOTE 4 - FAIR VALUE MEASUREMENTS (Unaudited)

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

LEVEL 1 Inputs to the valuation methodology are unadjusted quoted prices for the identical assets or liabilities in active markets that the Plan has the ability to access.

LEVEL 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

NOTE 4 - FAIR VALUE MEASUREMENTS (Unaudited) - Continued

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

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodologies used at February 28, 2021 and February 29, 2020.

Common Stocks, Corporate Bonds, Equities, Exchange Traded Funds and U. S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2021.

	ASSETS AT FAIR VALUE AS OF FEBRUARY 28, 2021			
	Level 1	Level 2	Level 3	Total
United States equities	$ 3,483,595	$ -	$ -	$ 5,633,224
Equity exchange traded funds	2,893,993	-	-	744,364
Fixed income exchange traded funds	3,535,107	-	-	3,535,107
Corporate notes and bonds	504,568	-	-	504,568
Total Assets at Fair Value	$ 10,417,263	$ -	$ -	$10,417,263

NOTE 4 - FAIR VALUE MEASUREMENTS (Unaudited) - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 29, 2020.

	ASSETS AT FAIR VALUE AS OF FEBRUARY 29, 2020			
	Level 1	Level 2	Level 3	Total
United States equities	$ 4,822,532	$ -	$ -	$ 4,822,532
Equity exchange traded funds	604,735	-	-	604,735
Corporate notes and bonds	3,182,064	-	-	3,182,064
Total Assets at Fair Value	$ 8,609,331	$ -	$ -	$ 8,609,331

NOTE 5 - CASH AND CASH EQUIVALENTS

Cash and cash equivalents at February 28, 2021 and February 29, 2020, consisted of amounts invested in money market accounts with variable interest rates. At February 28, 2021 and February 29, 2020, respectively, cash and cash equivalents totaled $284,660 and $1,184,055.

NOTE 6 - PLAN TERMINATION

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

NOTE 7 - TAX STATUS

The Plan obtained its latest determination letter of July 14, 2011, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken uncertain tax positions that more likely than not would be sustained upon the examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of February 28, 2021, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

NOTE 7 - TAX STATUS - Continued

The Plan recognizes the tax benefit from uncertain tax positions only if it is "more likely than not" the tax position will be sustained on examination by the taxing authorities. To the extent the Plan's assessment of such tax positions change, the change will be recorded in the period in which the determination is made. No adjustments were required for the year ended February 28, 2021. The Plan's Form 5500 for the years ended February 28, 2018, February 28, 2019, and February 29, 2020 remain subject to examination by the taxing authorities. The February 28, 2021 Form 5500 has not yet been filed.

NOTE 8 - LABOR CONTRACTS

On March 7, 2018, the Plan sponsor executed a labor contract with the Amalgamated Transit Union Joint Council Division No. 1535 for fixed route employees which covers the period April 1, 2018 through March 31, 2021. Under the contract, participants contribute 7% of eligible gross salary and the employer contributes 15% of eligible gross salary. Effective April 1, 2020, the employer began contributing 16% of eligible gross salary. On January 5, 2021 the Plan sponsor renewed their labor contract effective April 1, 2021 through March 31, 2024.

On December 20, 2017, the Plan sponsor renewed a labor contract with the Amalgamated Transit Union Joint Council Division No. 1535 for paratransit employees which covers the period April 1, 2018 through March 31, 2021. Under the contract, participants contribute 3.0% of eligible gross salary and the employer contributes 3% of eligible gross salary. Effective April 1, 2020, the employer began contributing 3.75% of eligible gross salary. On December 20, 2020 the Plan sponsor renewed their labor contract which covers the period April 1, 2021 through March 31, 2024.

On June 15, 2018, the Plan sponsor executed a contract with the Amalgamated Transit Union Joint Council Division No. 1535 for River Parish Division employees, which covers the period July 1, 2018 through June 30, 2021. Under this contract, participants contribute 3% of eligible gross salary and the employer contributes 3.5% of eligible gross salary. Effective February 1, 2021, the employer began contributing 6.5% of eligible gross salary. On May 16, 2021 the Plan sponsor renewed their labor contract which covers the period July 1, 2021 through June 30, 2024.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Net assets available for benefits as stated in the Form 5500 exceed the amounts reported in the accrual basis financial statements by $28,468 and $26,856 at February 28, 2021 and February 29, 2020, respectively. Such differences are attributable to financial statement accruals for expenses.

NOTE 10 – CARES ACT

On March 27, 2020 the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. The CARES Act allows retirement plans to provide participants who are impacted by the coronavirus (as defined in the CARES Act) with greater access to their savings.

Plans could voluntarily adopt these provisions by placing them in operation without amending the Plan as long as the Plan management makes the required amendments to Plan documents before the last day of the first plan year beginning on or after January 1, 2022. Plan management does not intend to adopt the CARES Act provisions.

NOTE 11 - SUBSEQUENT EVENTS

Subsequent events were evaluated through the date the financial statements were available to be issued, which corresponds with the date of the independent auditors' report. Other than subsequent events described in Note 8, no other material subsequent events have occurred since February 28, 2021 that required recognition or disclosure in these financial statements.

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN

E.I.N. 52-1493194 – PLAN NUMBER 007

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

February 28, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of investment including maturing date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Gulf Coast Bank and Trust	Accenture, PLC	$ 43,711.63	$ 194,196.60
	Gulf Coast Bank and Trust	Alphabet, Inc Cap Stock Class A	73,387.14	218,366.28
	Gulf Coast Bank and Trust	Amazon.com, Inc	30,221.73	244,341.47
	Gulf Coast Bank and Trust	American Water Works Company Inc.	41,057.63	176,214.96
	Gulf Coast Bank and Trust	Apple Inc.	20,610.66	218,631.78
	Gulf Coast Bank and Trust	Broadcom Inc	127,756.74	182,779.43
	Gulf Coast Bank and Trust	Cummins Inc	127,801.29	137,994.00
	Gulf Coast Bank and Trust	Ecolab, Inc	42,853.13	158,066.80
	Gulf Coast Bank and Trust	Fidelity MSCI Health Care Index ETF	280,185.64	351,596.00
	Gulf Coast Bank and Trust	Home Depot, Inc	50,593.75	171,021.08
	Gulf Coast Bank and Trust	Intuit	73,034.03	252,420.58
	Gulf Coast Bank and Trust	Invesco BulletShares 2021 Corp. Bond ETF	499,994.06	494,847.76
	Gulf Coast Bank and Trust	Invesco BulletShares 2022 Corp. Bond ETF	513,633.12	509,635.06
	Gulf Coast Bank and Trust	Invesco BulletShares 2023 Corp. Bond ETF	498,184.75	497,268.00
	Gulf Coast Bank and Trust	Invesco QQQ Trust Series 1	491,548.86	723,464.42
	Gulf Coast Bank and Trust	J P Morgan Chase & Co	130,466.79	127,154.88
	Gulf Coast Bank and Trust	Lockheed Martin Corp	115,099.17	127,806.75
	Gulf Coast Bank and Trust	Microsoft Corporation	30,930.43	237,259.98
	Gulf Coast Bank and Trust	Nextera Energy, Inc	117,731.97	123,152.48
	Gulf Coast Bank and Trust	Northern Institute Govt Select Shares	284,659.57	284,659.57
	Gulf Coast Bank and Trust	NVIDIA Corporation	121,341.94	205,717.50
	Gulf Coast Bank and Trust	Paypal Hldgs Inc	128,971.52	171,501.00
	Gulf Coast Bank and Trust	PIMCO Enhanced Short Term ETF	499,794.88	502,701.81
	Gulf Coast Bank and Trust	Schwab U.S. Broad Market ETF	282,070.40	370,260.00
	Gulf Coast Bank and Trust	SPDR Dow Jones Industrial Average ETF	595,445.75	704,308.20
	Gulf Coast Bank and Trust	SPDR S&P 500	552,563.06	744,364.52
	Gulf Coast Bank and Trust	SPDR Investment Grade Floating Rate ETF	522,906.54	521,050.00
	Gulf Coast Bank and Trust	UnitedHealth Group, Inc.	36,536.26	186,707.64
	Gulf Coast Bank and Trust	VanEck Vectors Investment Grade	499,977.35	499,775.25
	Gulf Coast Bank and Trust	Vanguard Short-Term Bond Index Fund ETF	513,842.38	509,829.55
	Gulf Coast Bank and Trust	Visa, Inc	61,933.91	233,204.22
	Gulf Coast Bank and Trust	Walmart Inc	506,840.50	504,567.70
	Gulf Coast Bank and Trust	Walmart Stores, Inc	76,440.21	117,057.92
	Gulf Coast Bank and Trust	Accrued Income	8,291.01	8,291.01
		TOTAL	$ 8,000,417.80	$ 10,710,214.20

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
E.I.N. 52-1493194 – PLAN NUMBER 007
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)
February 28, 2021

(a) Identity of Issuer, Borrower, Lessor or Similar Party	(b) Description of investment including maturing date, rate of interest, collateral, par or maturity value	(c) Cost of Acquisition	(d) Proceeds of Disposition
Gulf Coast Bank and Trust	Broadcom Inc	$ 127,756.74	
Gulf Coast Bank and Trust	Cummins Inc	127,801.29	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	513,633.12	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,138.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,138.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,138.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,138.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	1,090.38	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	106,900.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	99,417.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	59,864.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	56,849.42	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	43,080.70	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	42,760.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	17,340.56	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	12,828.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	12,828.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	8,552.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	6,414.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	6,414.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	6,414.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	4,276.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	4,276.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,138.00	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	48,070.48	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	41,515.41	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	39,330.39	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	39,330.39	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	39,286.69	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	28,405.28	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	23,051.98	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	21,850.22	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	21,850.22	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	17,480.17	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	15,295.15	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	15,295.15	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	13,110.13	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	13,110.13	

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
E.I.N. 52-1493194 – PLAN NUMBER 007
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS - CONTINUED
(ACQUIRED AND DISPOSED OF WITHIN YEAR)
February 28, 2021

(a) Identity of Issuer, Borrower, Lessor or Similar Party	(b) Description of investment including maturing date, rate of interest, collateral, par or maturity value	(c) Cost of Acquisition	(d) Proceeds of Disposition
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	10,925.11	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	10,925.11	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	10,925.11	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	8,740.09	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	8,740.09	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	6,555.07	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	6,555.07	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	4,413.74	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	4,370.04	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	4,370.04	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	4,370.04	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	4,370.04	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	4,369.84	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	3,168.28	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.05	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
Gulf Coast Bank and Trust	Invesco QQQ Trust Series 1	580,552.72	
Gulf Coast Bank and Trust	JP Morgan Chase & Co	120,052.50	
Gulf Coast Bank and Trust	JP Morgan Chase & Co	130,466.79	
Gulf Coast Bank and Trust	MFC Vanguard Bond Index Fund	513,842.38	
Gulf Coast Bank and Trust	Nextera Energy, Inc.	117,731.97	
Gulf Coast Bank and Trust	NVIDIA Corporation	121,341.94	
Gulf Coast Bank and Trust	Paypal Holdings, Inc.	128,971.52	
Gulf Coast Bank and Trust	Pimco Enhanced Short Maturity Strgy ETF Fund	499,794.88	
Gulf Coast Bank and Trust	Schwab Strategic Tr ETF	604,599.39	
Gulf Coast Bank and Trust	SPDR Dow Jones Industrial Average ETF	595,445.75	
Gulf Coast Bank and Trust	SPDR S&P 500	575,998.28	

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
E.I.N. 52-1493194 – PLAN NUMBER 007
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS - CONTINUED
(ACQUIRED AND DISPOSED OF WITHIN YEAR)
February 28, 2021

(a) Identity of Issuer, Borrower, Lessor or Similar Party	(b) Description of investment including maturing date, rate of interest, collateral, par or maturity value	(c) Cost of Acquisition	(d) Proceeds of Disposition
Gulf Coast Bank and Trust	Vaneck Vectors ETF Tr	499,977.35	
Gulf Coast Bank and Trust	Northern Institutional Govt Select Shares	6,421,380.82	
	Total:	$ 12,677,526.25	
Gulf Coast Bank and Trust	Amazon.com Inc.		$ 6,268.91
Gulf Coast Bank and Trust	Amazon.com Inc.		98,505.63
Gulf Coast Bank and Trust	Amgen Inc.		535,000.00
Gulf Coast Bank and Trust	Apple, Inc.		8,517.69
Gulf Coast Bank and Trust	Apple, Inc.		567.83
Gulf Coast Bank and Trust	Apple, Inc.		149,917.45
Gulf Coast Bank and Trust	Atmos Energy Corporation		105,795.38
Gulf Coast Bank and Trust	Biogen, Inc.		604,687.17
Gulf Coast Bank and Trust	Goldman Sachs Group, Inc.		500,000.00
Gulf Coast Bank and Trust	Honeywell International, Inc.		83,859.01
Gulf Coast Bank and Trust	Intuit, Inc.		49,809.81
Gulf Coast Bank and Trust	Invesco QQQ Trust Series 1		465,709.14
Gulf Coast Bank and Trust	Invesco QQQ Trust Series 1		100,013.64
Gulf Coast Bank and Trust	Invesco QQQ Trust Series 1		36,570.20
Gulf Coast Bank and Trust	Ishares Tr		548,573.34
Gulf Coast Bank and Trust	JP Morgan Chase & Co		116,653.10
Gulf Coast Bank and Trust	JP Morgan Chase & Co		127,316.36
Gulf Coast Bank and Trust	Microsoft Corporation		99,852.11
Gulf Coast Bank and Trust	Northern Institutional Govt Select Shares		7,320,775.91
Gulf Coast Bank and Trust	Qualcom, Inc.		104,740.83
Gulf Coast Bank and Trust	Schwab Strategic Tr ETF		300,813.36
Gulf Coast Bank and Trust	Schwab Strategic Tr ETF		61,278.84
Gulf Coast Bank and Trust	SPDR Dow Jones Industrial Average ETF		219,963.48
Gulf Coast Bank and Trust	SPDR Dow Jones Industrial Average ETF		330,738.69
Gulf Coast Bank and Trust	SPDR S&P 500		245,003.62
Gulf Coast Bank and Trust	SPDR S&P 500		326,690.41
Gulf Coast Bank and Trust	SPDR S&P 500		31,813.65
Gulf Coast Bank and Trust	Square Inc		59,701.18
Gulf Coast Bank and Trust	Toyota Motor Credit Corp		500,000.00
Gulf Coast Bank and Trust	Walt Disney Company		96,204.61
	Total:		$ 13,235,341.35

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
E.I.N. 52-1493194 – PLAN NUMBER 007
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
February 28, 2021

(a) Identity of Party Involved	(b) Description of Asset (including interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
No broker specified	Biogen Inc	$ -	$ 100.78	$ -	$ -	$ 604,514.34	$ 604,687.17	$ 172.83
No broker specified	Goldman Sachs Group Inc	-	100.00	-	-	495,950.00	500,000.00	4,050.00
No broker specified	Northern Institutional Govt Select Shares	100.00	-	-	-	6,421,380.82	6,421,380.82	-
No broker specified	Northern Institutional Govt Select Shares	-	100.00	-	-	7,320,775.91	7,320,775.91	-
						Total	13,742,156.73	-
Charles Schwab	Invesco Exch Trd Slf Idx Fd Tr	21.84	-	-	-	513,633.12	513,633.12	-
Charles Schwab	Invesco Exch Trd Slf Idx Fd Tr	21.38	-	-	-	499,994.06	499,994.06	-
Charles Schwab	Invesco Exch Trd Slf Idx Fd Tr	21.85	-	-	4.95	498,184.75	498,184.75	-
Charles Schwab	Invesco QQQ Trust Series 1	213.44	-	-	-	580,552.72	580,552.72	-
Charles Schwab	Invesco QQQ Trust Series 1	-	171.53	-	-	595,041.12	465,709.14	(129,331.98)
Charles Schwab	Invesco QQQ Trust Series 1	-	332.27	-	4.95	64,244.99	100,013.64	35,768.65
Charles Schwab	Invesco QQQ Trust Series 1	-	315.26	-	4.95	24,758.87	36,570.20	11,811.33
						Total	1,182,845.70	(81,752.00)
Charles Schwab	Ishares Tr	-	55.58	-	-	571,270.38	548,573.34	(22,697.04)
Charles Schwab	JP Morgan Chase & Co	92.06	-	-	-	120,052.50	120,052.50	-
Charles Schwab	JP Morgan Chase & Co	151.00	-	-	4.95	130,466.79	130,466.79	-
Charles Schwab	JP Morgan Chase & Co	-	97.64	-	-	120,052.50	127,316.36	7,263.86
Charles Schwab	JP Morgan Chase & Co	-	108.82	-	-	72,542.03	116,653.10	44,111.07
						Total	494,488.75	51,374.93
Charles Schwab	MFC Vanguard Bond Index Fund	83.08	-	-	-	513,842.38	513,842.38	-
Charles Schwab	Pimco Enhanced Short Maturity Strgy ETF Fund	101.44	-	-	-	499,794.88	499,794.88	-
Charles Schwab	Schwab Strategic Tr ETF	71.23	-	-	-	604,599.39	604,599.39	-
Charles Schwab	Schwab Strategic Tr ETF	-	77.59	-	4.95	276,158.32	300,813.36	24,655.04
Charles Schwab	Schwab Strategic Tr ETF	-	94.13	-	4.95	46,370.67	61,278.84	14,908.17
						Total	966,691.59	39,563.21
Charles Schwab	SPDR Dow Jones Industrial Average ETF	261.62	-	-	-	595,445.75	595,445.75	-
Charles Schwab	SPDR Dow Jones Industrial Average ETF	-	248.68	-	-	331,742.03	330,738.69	(1,003.34)
Charles Schwab	SPDR Dow Jones Industrial Average ETF	-	261.55	-	-	165,508.31	219,963.48	54,455.17
						Total	1,146,147.92	53,451.83
Charles Schwab	SPDR S&P 500	282.35	-	-	-	575,998.28	575,998.28	-
Charles Schwab	SPDR S&P 500	-	291.32	-	-	198,666.64	245,003.62	46,336.98
Charles Schwab	SPDR S&P 500	-	276.86	-	-	330,291.69	326,690.41	(3,601.28)
Charles Schwab	SPDR S&P 500	-	383.30	-	4.95	23,435.22	31,813.65	8,378.43
						Total	1,179,505.96	51,114.13
Charles Schwab	Vaneck Vectors Etf Tr	25.36	-	-	4.95	499,977.35	499,977.35	-
						Total	$ 23,390,523.70	$ 95,277.89

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 03/01/2020 and ending 02/28/2021

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☒

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
Westside Transit Lines- A.T.U. Pension Plan

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 03/01/1987

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Transdev Services, Inc.

720 Butterfield Rd.
Suite 300
Lombard IL 60148

2b Employer Identification Number (EIN)
52-1493194

2c Plan Sponsor's telephone number
630-571-7070

2d Business code (see instructions)
485110

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

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

SIGN HERE	Derrick E. Breun	12/2/21	Derrick Breun
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BOARD OF TRUSTEES OF WESTSIDE TRANSIT
ATU PENSION
90 FIRST STREET

GRETNA LA 70054

3b Administrator's EIN: 36-3637275

3c Administrator's telephone number: 708-474-6404

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	131
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	98
a(2) Total number of active participants at the end of the plan year	**6a(2)**	108
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	30
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	138
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	138
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	138
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C 3D

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Schedule H, line 4j - Schedule of Reportable Transactions								
Identity of Party Involved	**Description of Asset (including interest rate and Maturity in case of a loan)**	**Purchase Price**	**Selling Price**	**Lease Rental**	**Expense incurred with transaction**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain or Loss**
No broker specified	**Biogen Inc**		$ 100.78			$ 604,514.34	$ 604,687.17	$ 172.83
No broker specified	**Goldman Sachs Group Inc**		$ 100.00			$ 495,950.00	$ 500,000.00	$ 4,050.00
No broker specified	**Northern Institutional Govt Select Shares**	$ 100.00				$ 6,421,380.82	$ 6,421,380.82	
No broker specified	**Northern Institutional Govt Select Shares**		$ 100.00			$ 7,320,775.91	$ 7,320,775.91	
Charle Schwab	**Invesco Exch Trd Slf Idx Fd Tr**	$ 21.84				$ 513,633.12	$ 513,633.12	
Charle Schwab	**Invesco Exch Trd Slf Idx Fd Tr**	$ 21.38				$ 499,994.06	$ 499,994.06	
Charle Schwab	**Invesco Exch Trd Slf Idx Fd Tr**	$ 21.85			$ 4.95	$ 498,184.75	$ 498,184.75	
Charle Schwab	**Invesco QQQ Trust Series 1**	$ 213.44				$ 580,552.72	$ 580,552.72	
Charle Schwab	**Invesco QQQ Trust Series 1**		$ 171.53			$ 595,041.12	$ 465,709.14	$ (129,331.98)
Charle Schwab	**Invesco QQQ Trust Series 1**		$ 332.27		$ 4.95	$ 64,244.99	$ 100,013.64	$ 35,768.65
Charle Schwab	**Invesco QQQ Trust Series 1**		$ 315.26		$ 4.95	$ 24,758.87	$ 36,570.20	$ 11,811.33
Charle Schwab	**Ishares Tr**		$ 55.58			$ 571,270.38	$ 548,573.34	$ (22,697.04)
Charle Schwab	**JP Morgan Chase & Co**	$ 92.06				$ 120,052.50	$ 120,052.50	
Charle Schwab	**JP Morgan Chase & Co**	$ 151.00			$ 4.95	$ 130,466.79	$ 130,466.79	
Charle Schwab	**JP Morgan Chase & Co**		$ 97.64			$ 120,052.50	$ 127,316.36	$ 7,263.86
Charle Schwab	**JP Morgan Chase & Co**		$ 108.82			$ 72,542.03	$ 116,653.10	$ 44,111.07
Charle Schwab	**MFC Vanguard Bond Index Fund**	$ 83.08				$ 513,842.38	$ 513,842.38	
Charle Schwab	**Pimco Enhanced Short Maturity Strgy ETF Fund**	$ 101.44				$ 499,794.88	$ 499,794.88	
Charle Schwab	**Schwab Strategic Tr ETF**	$ 71.23				$ 604,599.39	$ 604,599.39	
Charle Schwab	**Schwab Strategic Tr ETF**		$ 77.59		$ 4.95	$ 276,158.32	$ 300,813.36	$ 24,655.04
Charle Schwab	**Schwab Strategic Tr ETF**		$ 94.13		$ 4.95	$ 46,370.67	$ 61,278.84	$ 14,908.17
Charle Schwab	**SPDR Dow Jones Industrial Average ETF**	$ 261.62				$ 595,445.75	$ 595,445.75	
Charle Schwab	**SPDR Dow Jones Industrial Average ETF**		$ 248.68			$ 331,742.03	$ 330,738.69	$ (1,003.34)
Charle Schwab	**SPDR Dow Jones Industrial Average ETF**		$ 261.55			$ 165,508.31	$ 219,963.48	$ 54,455.17
Charle Schwab	**SPDR S&P 500**	$ 282.35				$ 575,998.28	$ 575,998.28	
Charle Schwab	**SPDR S&P 500**		$ 291.32			$ 198,666.64	$ 245,003.62	$ 46,336.98
Charle Schwab	**SPDR S&P 500**		$ 276.86			$ 330,291.69	$ 326,690.41	$ (3,601.28)
Charle Schwab	**SPDR S&P 500**		$ 383.30		$ 4.95	$ 23,435.22	$ 31,813.65	$ 8,378.43
Charle Schwab	**Vaneck Vectors Etf Tr**	$ 25.36			$ 4.95	$ 499,977.35	$ 499,977.35	
							$ 23,390,523.70	$ 95,277.89

Schedule H, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)

Name of Plan:

► Westside Transit Lines- A.T.U. Pension Plan

Employer Identification Number:► 52-1493194

For plan year (beginning/ending):► 03/01/2019 - 2/29/2020 Plan number:► 007

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of acquisitions	(e) Proceeds of dispositions
	GULF COAST BANK AND TRUST	Broadcom Inc	127,756.74	
	GULF COAST BANK AND TRUST	Cummins Inc	127,801.29	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	513,633.12	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,138.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,138.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,138.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,138.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	1,090.38	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	106,900.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	99,417.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	59,864.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	56,849.42	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	43,080.70	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	42,760.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	17,340.56	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	12,828.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	12,828.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	8,552.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	6,414.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	6,414.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	6,414.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	4,276.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	4,276.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,138.00	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	48,070.48	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	41,515.41	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	39,330.39	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	39,330.39	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	39,286.69	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	28,405.28	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	23,051.98	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	21,850.22	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	21,850.22	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	17,480.17	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	15,295.15	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	15,295.15	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	13,110.13	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	13,110.13	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	10,925.11	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	10,925.11	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	10,925.11	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	8,740.09	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	8,740.09	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	6,555.07	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	6,555.07	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	4,413.74	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	4,370.04	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	4,370.04	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	4,370.04	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	4,370.04	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	4,369.84	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	3,168.28	

	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.05	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Ind Fd Tr	2,185.02	
	GULF COAST BANK AND TRUST	Invesco QQQ Trust Series 1	580,552.72	
	GULF COAST BANK AND TRUST	JP Morgan Chase & Co	120,052.50	
	GULF COAST BANK AND TRUST	JP Morgan Chase & Co	130,466.79	
	GULF COAST BANK AND TRUST	MFC Vanguard Bond Index Fund	513,842.38	
	GULF COAST BANK AND TRUST	Nextera Energy, Inc.	117,731.97	
	GULF COAST BANK AND TRUST	NVIDIA Corporation	121,341.94	
	GULF COAST BANK AND TRUST	Paypal Holdings, Inc.	128,971.52	
	GULF COAST BANK AND TRUST	Pimco Enhanced Short Maturity Strgy ETF Fund	499,794.88	
	GULF COAST BANK AND TRUST	Schwab Strategic Tr ETF	604,599.39	
	GULF COAST BANK AND TRUST	SPDR Dow Jones Industrial Average ETF	595,445.75	
	GULF COAST BANK AND TRUST	SPDR S&P 500	575,998.28	
	GULF COAST BANK AND TRUST	Vaneck Vectors ETF Tr	499,977.35	
	GULF COAST BANK AND TRUST	Northern Institutional Govt Select Shares	6,421,380.82	
		Total:	12,677,526.25	
	GULF COAST BANK AND TRUST	Amazon.com Inc.		6,268.91
	GULF COAST BANK AND TRUST	Amazon.com Inc.		98,505.63
	GULF COAST BANK AND TRUST	Amgen Inc.		535,000.00
	GULF COAST BANK AND TRUST	Apple, Inc.		8,517.69
	GULF COAST BANK AND TRUST	Apple, Inc.		567.83
	GULF COAST BANK AND TRUST	Apple, Inc.		149,917.45
	GULF COAST BANK AND TRUST	Atmos Energy Corporation		105,795.38
	GULF COAST BANK AND TRUST	Biogen, Inc.		604,687.17
	GULF COAST BANK AND TRUST	Goldman Sachs Group, Inc.		500,000.00
	GULF COAST BANK AND TRUST	Honeywell International, Inc.		83,859.01
	GULF COAST BANK AND TRUST	Intuit, Inc.		49,809.81
	GULF COAST BANK AND TRUST	Invesco QQQ Trust Series 1		465,709.14
	GULF COAST BANK AND TRUST	Invesco QQQ Trust Series 1		100,013.64
	GULF COAST BANK AND TRUST	Invesco QQQ Trust Series 1		36,570.20
	GULF COAST BANK AND TRUST	Ishares Tr		548,573.34
	GULF COAST BANK AND TRUST	JP Morgan Chase & Co		116,653.10
	GULF COAST BANK AND TRUST	JP Morgan Chase & Co		127,316.36
	GULF COAST BANK AND TRUST	Microsoft Corporation		99,852.11
	GULF COAST BANK AND TRUST	Northern Institutional Govt Select Shares		7,320,775.91
	GULF COAST BANK AND TRUST	Qualcom, Inc.		104,740.83
	GULF COAST BANK AND TRUST	Schwab Strategic Tr ETF		300,813.36
	GULF COAST BANK AND TRUST	Schwab Strategic Tr ETF		61,278.84
	GULF COAST BANK AND TRUST	SPDR Dow Jones Industrial Average ETF		219,963.48
	GULF COAST BANK AND TRUST	SPDR Dow Jones Industrial Average ETF		330,738.69
	GULF COAST BANK AND TRUST	SPDR S&P 500		245,003.62
	GULF COAST BANK AND TRUST	SPDR S&P 500		326,690.41
	GULF COAST BANK AND TRUST	SPDR S&P 500		31,813.65
	GULF COAST BANK AND TRUST	Square Inc		59,701.18
	GULF COAST BANK AND TRUST	Toyota Motor Credit Corp		500,000.00
	GULF COAST BANK AND TRUST	Walt Disney Company		96,204.61
	GULF COAST BANK AND TRUST	Schwab Strategic Tr ETF		
	GULF COAST BANK AND TRUST	Schwab Strategic Tr ETF		
	GULF COAST BANK AND TRUST	Spdr Ser Tr		
		Total:		13,235,341.35

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

Name of Plan:

► Westside Transit Lines- A.T.U. Pension Plan

Employer Identification Number:► 52-1493194

For plan year (beginning/ending):► 03/01/2020 - 2/29/2021 Plan number:► 007

(a)	(b) Identity of issue, 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
	GULF COAST BANK AND TRUST	Accenture, PLC	43,711.63	194,196.60
	GULF COAST BANK AND TRUST	Alphabet, Inc Cap Stock Class A	73,387.14	218,366.28
	GULF COAST BANK AND TRUST	Amazon.com, Inc	30,221.73	244,341.47
	GULF COAST BANK AND TRUST	American Water Works Company Inc.	41,057.63	176,214.96
	GULF COAST BANK AND TRUST	Apple Computer Inc.	20,610.66	218,631.78
	GULF COAST BANK AND TRUST	Broadcom Inc	127,756.74	182,779.43
	GULF COAST BANK AND TRUST	Cummins Inc	127,801.29	137,994.00
	GULF COAST BANK AND TRUST	Ecolab, Inc	42,853.13	158,066.80
	GULF COAST BANK AND TRUST	Fidelity	280,185.64	351,596.00
	GULF COAST BANK AND TRUST	Home Depot, Inc	50,593.75	171,021.08
	GULF COAST BANK AND TRUST	Intuit	73,034.03	252,420.58
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Idx Fd Tr Bulshs 2022 Cb	513,633.12	509,635.06
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Idx Fd Tr Bulshs 2021 Cb	499,994.06	494,847.76
	GULF COAST BANK AND TRUST	Invesco Exch Trd Slf Idx Fd Tr Bulshs 2023 Cb	498,184.75	497,268.00
	GULF COAST BANK AND TRUST	Invesco QQQ Trust Series 1	491,548.86	723,464.42
	GULF COAST BANK AND TRUST	J P Morgan Chase & Co	130,466.79	127,154.88
	GULF COAST BANK AND TRUST	Lockheed Martin Corp	115,099.17	127,806.75
	GULF COAST BANK AND TRUST	MFC Vanguard Bond Index Fund	513,842.38	509,829.55
	GULF COAST BANK AND TRUST	Microsoft Corporation	30,930.43	237,259.98
	GULF COAST BANK AND TRUST	Nextera Energy, Inc	117,731.97	123,152.48
	GULF COAST BANK AND TRUST	Northern Institute Govt Select Shares	284,659.57	284,659.57
	GULF COAST BANK AND TRUST	NVIDIA Corporation	121,341.94	205,717.50
	GULF COAST BANK AND TRUST	Paypal Hldgs Inc	128,971.52	171,501.00
	GULF COAST BANK AND TRUST	Pimco Enhanced Short Maturity Strgy ETF Fund	499,794.88	502,701.81
	GULF COAST BANK AND TRUST	Schwab Strategic Tr ETF	282,070.40	370,260.00
	GULF COAST BANK AND TRUST	SPDR Dow Jones Industrial Average ETF	595,445.75	704,308.20
	GULF COAST BANK AND TRUST	SPDR S&P 500	552,563.06	744,364.52
	GULF COAST BANK AND TRUST	SPDR Ser Tr	522,906.54	521,050.00
	GULF COAST BANK AND TRUST	UnitedHealth Group, Inc.	36,536.26	186,707.64
	GULF COAST BANK AND TRUST	Vaneck Vectors Etf Tr	499,977.35	499,775.25
	GULF COAST BANK AND TRUST	Visa, Inc Class A	61,933.91	233,204.22
	GULF COAST BANK AND TRUST	Walmart Inc	506,840.50	504,567.70
	GULF COAST BANK AND TRUST	Wal-mart Stores, Inc	76,440.21	117,057.92
	GULF COAST BANK AND TRUST	Accrued Income	8,291.01	8,291.01
		Total	**8,000,417.80**	**10,710,214.20**