

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>04/01/2021</u> and ending <u>03/31/2022</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF TRANSDEV NORTH AMERICA PHOENIX</u>                                                                                                                                                                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>009</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1975</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>009</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1975</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                     | <u>009</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1975</u>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TRANSDEV NORTH AMERICA, INC.</u><br><br><u>720 E BUTTERFIELD RD</u><br><u>SUITE 300</u><br><u>LOMBARD, IL 60148-5661</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>51-0387033</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>630-571-7070</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>485110</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>51-0387033</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>630-571-7070</u> | <b>2d</b> Business code (see instructions)<br><u>485110</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>51-0387033</u>                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>630-571-7070</u>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>485110</u>                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 01/12/2023 | MARK SALISBURY                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>TRANSDEV NORTH AMERICA, INC. RETIREMENT & INVESTMENT COMMITTEE<br><br>720 EAST BUTTERFIELD ROAD<br>SUITE 300<br>LOMBARD, IL 60148                                                                                                                                                                                                |  | <b>3b</b> Administrator's EIN<br>51-0387033                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number<br>630-571-7070                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b> 1032                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b> 228                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b> 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b> 252                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b> 186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b> 638                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b> 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b> 667                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF TRANSDEV NORTH AMERICA PHOENIX</u>                                           | <b>B</b> Three-digit plan number (PN) ▶ <u>009</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>TRANSDEV NORTH AMERICA, INC.</u>                           | <b>D</b> Employer Identification Number (EIN)<br><u>51-0387033</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                                 |
| <b>1</b> Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                                                                                                                          |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                          |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>65248175</u>                                                                                                |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>65248175</u>                                                                                                |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                          |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>610</u> (2) Vested Funding Target <u>47351597</u> (3) Total Funding Target <u>47351597</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>198</u> <u>11247697</u> <u>11247697</u>                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>228</u> <u>9362690</u> <u>9385332</u>                                                                                 |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>1036</u> <u>67961984</u> <u>67984626</u>                                                                              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                                |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                                                |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.46</u> %                                                                                                   |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                                          |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> <u>0</u>                                                                                                       |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> <u>900000</u>                                                                                                  |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>900000</u>                                                                                                  |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                                       |  |                                                               |
|-------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                      |  | <u>01/03/2023</u><br>Date                                     |
| Signature of actuary                                                                                  |  |                                                               |
| <u>BRIAN D. EVITTS</u><br>Type or print name of actuary                                               |  | <u>20-05995</u><br>Most recent enrollment number              |
| <u>CBIZ</u><br>Firm name                                                                              |  | <u>215-825-4027</u><br>Telephone number (including area code) |
| <u>1845 WALNUT STREET</u><br><u>10TH FLOOR</u><br><u>PHILADELPIA, PA 19103</u><br>Address of the firm |  |                                                               |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2021**  
**v. 201209**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 2044714                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 2044714                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.42</u> % .....                                                                                | 0                     | 274401                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 2179184                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.61</u> % ..... |                       | 122252                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 2301436                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 2301436                |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 4620551                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 89.17 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 89.17 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 82.93 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 12/08/2022               | 3000000                           | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 3000000                           | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 2742564 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.36 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

64

**23** Mortality table(s) (see instructions) .....☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 900000**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 7357002 Installment 799203**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 1699203**35** Balances elected for use to offset funding requirement ..... Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 1699203**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 2742564**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 1043361**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF TRANSDEV NORTH AMERICA PHOENIX                                                                                                                            | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 009                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TRANSDEV NORTH AMERICA, INC.                                                                                                                       | <b>D</b> Employer Identification Number (EIN)<br>51-0387033                                                                                                                                                            |                                                |

**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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENT OPERATIONS CO                                                                                 |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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**(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)

CBIZ RETIREMENT PLAN SERVICES

31-1582098

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 17               | NONE                                                                                              | 238725                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MERCER INVESTMENT CONSULTING

30-0282430

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 52                  | FIDUCIARY                                                                                         | 108178                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

STATE STREET BANK

04-1876745

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 30192                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

|                                                                                                             |                                                                            |            |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR EMPLOYEES OF TRANSDEV NORTH AMERICA PHOENIX</u>             | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>009</u> |
|                                                                                                             |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TRANSDEV NORTH AMERICA, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>51-0387033</u>         |            |

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

|                                                                                           |                               |                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MGI COLLECTIVE TR LONG DURATION FIX</u> |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER INVESTMENT MANAGEMENT</u>     |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>04-7014330-000</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>3784009</u></span> |  |
|                                                                                           |                               |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MGI GROUP ACT LONG CORP MUTUAL FUND</u> |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER INVESTMENT MANAGEMENT</u>     |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>45-6178743-000</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>7714660</u></span> |  |
|                                                                                           |                               |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER COLLECTIVE TR MUTUAL FUND</u>    |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER INVESTMENT MANAGEMENT</u>     |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>36-7630030-000</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2234303</u></span> |  |
|                                                                                           |                               |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US LARGE CAP PASSIVE EQ CT</u>   |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER INVESTMENT MANAGEMENT</u>     |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>03-0566613-000</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>8211761</u></span> |  |
|                                                                                           |                               |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ERISA HEDGE FUND INVEST MGI</u>  |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>MERCER INVESTMENT MANAGEMENT</u>     |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN <u>47-2199849-000</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>8045532</u></span> |  |
|                                                                                           |                               |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |  |
|                                                                                           |                               |                                                                                                                                                       |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                       |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                       |  |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |  |

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>04/01/2021</b> and ending <b>03/31/2022</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>RETIREMENT PLAN FOR EMPLOYEES OF TRANSDEV NORTH AMERICA PHOENIX</b>          | <b>B</b> Three-digit plan number (PN) ►                            | <b>009</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRANSDEV NORTH AMERICA, INC.</b>     | <b>D</b> Employer Identification Number (EIN)<br><b>51-0387033</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 4600000               | 3000000         |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 3028219               | 1782689         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 181700                | 12393882        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 57606392              | 29990265        |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 65416311 47166836 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             | 145887 182186     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 145887 182186     |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 65270424 46984650 |

**Part II Income and Expense Statement**

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

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3000000   |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 3000000   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> | 276       |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 276       |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> |           |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 41876418  |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> | 35824245  |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 6052173   |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> | -4945737  |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | -4945737  |

|                                                                                                |        | (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     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 4106712   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 21183260   |           |
| (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)  |            | 21183260  |
| 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)  | 250725     |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 138371     |           |
| (4) Other.....                                                                                 | 2i(4)  | 820130     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 1209226   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 22392486  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -18285774 |
| 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) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: MILLER, COOPER & CO., LTD.

(2) EIN: 36-2897372

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

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

**Part IV Compliance Questions**

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                 | No                 | Amount   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                                    |                     |                    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                                                |                     |                    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                                     |                     |                    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                            | X                   |                    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                             |                     | X                  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                          |                     |                    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                |                     |                    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                      | X                   |                    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                           | X                   |                    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                        | X                   |                    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                           | X                   |                    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                 |                     | X                  |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                        |                     |                    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                                            |                     |                    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |          |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                 |                     |                    |          |
| <b>5b</b> If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)                                                                                                                                                                                                        |                     |                    |          |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                        | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>453093</u> . |                     |                    |          |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

|                                                                                               |                                                             |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF TRANSDEV NORTH AMERICA PHOENIX      | <b>B</b> Three-digit plan number (PN) ►<br>009              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TRANSDEV NORTH AMERICA, INC. | <b>D</b> Employer Identification Number (EIN)<br>51-0387033 |

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

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

|                                                                                                                                                                                                                                                             |          |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-3275867 |          |    |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |    |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> | 15 |

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

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

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Stock: 44.4 % Investment-Grade Debt: 36.1 % High-Yield Debt: 3.7 % Real Estate: 0.0 % Other: 15.8 %

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

**Retirement Plan for Employees of  
Transdev North America Phoenix**

**Financial Statements and  
Independent Auditors' Report**

**March 31, 2022 and 2021**

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# MILLER COOPER & Co., Ltd

ACCOUNTANTS AND CONSULTANTS

## INDEPENDENT AUDITORS' REPORT

Retirement and Investment Committees  
Retirement Plan for Employees of Transdev North America Phoenix  
Lombard, Illinois

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the March 31, 2022 Financial Statements**

We have performed an audit of the financial statements of Retirement Plan for Employees of Transdev North America Phoenix (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of March 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (March 31, 2022 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the March 31, 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended March 31, 2022, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

### **Opinion on the March 31, 2022 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the March 31, 2022 Financial Statements section:

- The amounts and disclosures in the accompanying March 31, 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying March 31, 2022 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

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### **Basis for Opinion on the March 31, 2022 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the March 31, 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the March 31, 2022 Financial Statements**

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

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

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

### **Auditors' Responsibilities for the Audit of the March 31, 2022 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the March 31, 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

(Continued)

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**Auditors' Responsibilities for the Audit of the March 31, 2022 Financial Statements (Continued)**

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the March 31, 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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

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

(Continued)

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**Other Matter - March 31, 2022 Supplemental Information**

The supplemental information, as listed in the table of contents, as of March 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

(Continued)

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**Other Matter - Auditors' Report on the March 31, 2021 Financial Statements**

We were engaged to audit the March 31, 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated December 20, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the March 31, 2021 financial statements, and (b) the form and content of the information included in the March 31, 2021 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

MILLER, COOPER & CO., LTD.



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Certified Public Accountants

Deerfield, Illinois  
January 11, 2023

## **FINANCIAL STATEMENTS**

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
March 31, 2022 and 2021

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| <u>ASSETS</u>                     |                      |                      |
|-----------------------------------|----------------------|----------------------|
|                                   | <u>2022</u>          | <u>2021</u>          |
| Cash                              | \$ 1,782,689         | \$ 3,028,219         |
| Investments, at fair value        | 42,384,147           | 57,788,092           |
| Employer contribution receivable  | <u>3,000,000</u>     | <u>4,600,000</u>     |
| Total assets                      | 47,166,836           | 65,416,311           |
| <br><u>LIABILITIES</u>            |                      |                      |
| Accrued expenses                  | <u>182,186</u>       | <u>145,887</u>       |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 46,984,650</u> | <u>\$ 65,270,424</u> |

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The accompanying notes are an integral part of these statements.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Years ended March 31, 2022 and 2021

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|                                                      | <u>2022</u>          | <u>2021</u>          |
|------------------------------------------------------|----------------------|----------------------|
| Additions:                                           |                      |                      |
| Investment income                                    |                      |                      |
| Net appreciation in fair value of investments        | \$ 1,106,436         | \$ 7,339,757         |
| Interest and dividends                               | <u>276</u>           | <u>6,735</u>         |
|                                                      | 1,106,712            | 7,346,492            |
| Employer contribution                                | <u>3,000,000</u>     | <u>4,600,000</u>     |
| Total additions                                      | <u>4,106,712</u>     | <u>11,946,492</u>    |
| Deductions:                                          |                      |                      |
| Benefits paid to participants                        | 5,736,390            | 5,108,644            |
| Administrative expenses                              | <u>1,209,226</u>     | <u>1,052,223</u>     |
| Total deductions                                     | <u>6,945,616</u>     | <u>6,160,867</u>     |
| NET INCREASE (DECREASE) BEFORE TRANSFER              | (2,838,904)          | 5,785,625            |
| Transfer out to Mutual of Omaha (Note J)             | <u>15,446,870</u>    | <u>-</u>             |
| NET INCREASE (DECREASE) AFTER TRANSFER               | (18,285,774)         | 5,785,625            |
| Net assets available for benefits, beginning of year | <u>65,270,424</u>    | <u>59,484,799</u>    |
| Net assets available for benefits, end of year       | <u>\$ 46,984,650</u> | <u>\$ 65,270,424</u> |

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The accompanying notes are an integral part of these statements.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

---

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Retirement Plan for Employees of Transdev North America Phoenix (the "Plan") provides only general information. Interested parties should refer to the plan document for a more complete description of the Plan's provisions.

1. General

The Plan is a defined benefit pension plan covering eligible employees of Transdev North America, Inc. (the "Company"), the Plan Sponsor. Eligible employees include certain salaried employees, mechanic union employees represented by the International Union of Operating Engineers Local 428, operator union employees represented by the Amalgamated Transit Union-Local 1433, and participants of the Yellow Cab Company of Pittsburgh Drivers and Support Personnel Combined Retirement Plan ("Yellow Cab Plan") as of December 31, 2019 meeting certain service requirements as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective April 1, 2004, the Plan was amended to cease future participant contributions and benefit accruals for salaried employees participating in the Plan. These participants continue to accrue years of service for vesting and are currently receiving or awaiting eligibility to receive benefits.

Effective August 15, 2005, the Plan was amended to cease future participant contributions and benefit accruals for mechanic union employees participating in the Plan. These participants continue to accrue years of service for vesting and are currently receiving or awaiting eligibility to receive benefits.

Effective November 14, 2005, the Plan became frozen and was amended to cease future participant contributions and benefit accruals for operator union employees participating in the Plan. These participants continue to accrue years of service for vesting and are currently receiving or awaiting eligibility to receive benefits.

Effective December 31, 2019, the Plan was amended to merge the assets of the Yellow Cab Plan into the Plan.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

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NOTE A - DESCRIPTION OF THE PLAN (Continued)

2. Pension Benefits

Normal, early, and late retirement and deferred vested benefits are provided as follows:

a. Normal retirement benefits

Normal retirement is the first day of the month coincident with or following the participant's attainment of age 65. The monthly retirement benefit is based upon specified percentages of the participant's compensation during certain credited years of service, as defined by the Plan. Participating salaried employees accrued benefits at rates ranging from 0.25% to 4.40% through April 1, 2004. Participating mechanic union employees accrued benefits at rates ranging from 0.75% to 2.50% through August 15, 2005. Participating operator union employees accrued benefits at rates ranging from 0.25% to 3.75% through November 14, 2005. The calculation is defined in detail in the plan document.

For Yellow Cab Plan participants, normal retirement is the first day of the month following the date on which the participant attains normal retirement age, which for a pension accrued before January 1, 2009 is the later of age 61 or his attained age on the fifth anniversary of the commencement of his participation, and if accrued after January 1, 2009, it is the later of age 62 or his attained age on the fifth anniversary of the commencement of his participation. The monthly retirement benefit is based upon specified percentages of the participant's compensation during certain credited years of service, as defined by the Plan.

b. Early retirement

Early retirement is the first day of any month after attainment of age 55 and the completion of ten years of service. A participant who retires on an early retirement date is entitled to receive a monthly retirement benefit commencing at the normal retirement date determined as for normal retirement based upon specified percentages of the participant's compensation during certain credited years of service (as determined above in Note A-2-a). Benefit payments may commence prior to the normal retirement date and would be reduced by 1/12th of 5.00% from age 55 to 62 and 1/12th of 6.67% from age 62 to 65 for each month the early retirement date precedes the normal retirement date, as defined in the plan document.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

---

NOTE A - DESCRIPTION OF THE PLAN (Continued)

2. Pension Benefits (Continued)

b. Early retirement (Continued)

For Yellow Cab Plan participants, early retirement is the first day of any month after attainment of age 55 and the completion of five years of service. Benefit payments may commence prior to the normal retirement date and would be reduced by 3/4th of 1.00% for each month by which his annuity starting date precedes his normal retirement date, but not by more than 50.00%.

c. Late retirement and deferred vested benefits

If a participant terminates employment other than by death or retirement, the participant will be entitled to a monthly retirement benefit commencing on the earlier of the participant's actual retirement date, or upon attainment of age 70½. Such deferred benefit is determined as the greater of the retirement benefit calculated as if the participant had retired at the normal retirement date if certain criteria are met, or a retirement benefit calculated as of the participant's late retirement date using actuarial equivalents with specified assumptions, as defined in the plan document. Participants may continue to accrue benefits after the late retirement date, as defined in the plan document.

3. Disability and Death Benefits

a. Disability benefits

Disability benefits are available on the date in which the participant has become totally disabled and the completion of ten years of service. The amount of the monthly benefit payable on disability retirement is determined in the same manner as for normal retirement, reduced by specified percentages if prior to the normal retirement date, and further reduced by an actuarial equivalent if prior to attainment of age 50, as defined in the plan document. Disability benefits are payable until the participant's normal retirement date or until recovery from said disability, if recovery occurs prior to the participant's normal retirement date.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

---

NOTE A - DESCRIPTION OF THE PLAN (Continued)

3. Disability and Death Benefits (Continued)

a. Disability benefits (Continued)

For Yellow Cab Plan participants, disability benefits are available on the date in which the participant becomes totally disabled and the completion of twenty years of service. The amount of the monthly benefit payable is \$210 per month.

b. Death benefits

If a participant who has been married for at least 1 year should die prior to retirement and had any vested interest in employer contributions, the surviving spouse, having in effect a joint and 50% contingent option naming the spouse as contingent beneficiary, will receive a lifetime pension of a specified percentage of the benefit to which the participant would have been entitled had normal or early retirement occurred immediately preceding the date of death, as defined in the plan document.

4. Vesting and Forfeitable Benefits

Participants can no longer contribute to the Plan (as described in Note A-1). Participants are immediately fully vested in participant contributions previously made plus interest at a rate specified in the plan document. The portion of the participants' benefits attributable to the Company's contributions became 100% vested after five years of service.

An active participant has a non-forfeitable interest in their retirement benefit upon attainment of the normal retirement age. A participant who terminates service prior to the normal retirement date will forfeit any unvested portion of benefits attributable to the Company's contributions. Upon termination of service prior to the normal retirement date, a participant may elect to withdraw their benefits attributable to participant contributions.

5. Administrative Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

---

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**1. Basis of Accounting**

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

**2. Fair Value Measurements**

Current accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include the following:

- \* 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 fair value measurement.

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 as of March 31, 2022 and 2021.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

---

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

2. Fair Value Measurements (Continued)

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

*Common/collective trusts:* Valued based on the NAV of units of the common/collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the common/collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (Continued)

**2. Fair Value Measurements** (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of March 31, 2022 and 2021.

| Plan Investments at Fair Value as of March 31, 2022 |               |         |         |               |
|-----------------------------------------------------|---------------|---------|---------|---------------|
|                                                     | Level 1       | Level 2 | Level 3 | Total         |
| Mutual funds                                        | \$ 12,393,882 | \$ -    | \$ -    | \$ 12,393,882 |
| Total assets in the fair value hierarchy            | \$ 12,393,882 | \$ -    | \$ -    | 12,393,882    |
| Investments measured at NAV*                        |               |         |         | 29,990,265    |
| Investments, at fair value                          |               |         |         | \$ 42,384,147 |

| Plan Investments at Fair Value as of March 31, 2021 |            |         |         |               |
|-----------------------------------------------------|------------|---------|---------|---------------|
|                                                     | Level 1    | Level 2 | Level 3 | Total         |
| Mutual funds                                        | \$ 181,700 | \$ -    | \$ -    | \$ 181,700    |
| Total assets in the fair value hierarchy            | \$ 181,700 | \$ -    | \$ -    | 181,700       |
| Investments measured at NAV*                        |            |         |         | 57,606,392    |
| Investments, at fair value                          |            |         |         | \$ 57,788,092 |

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

2. Fair Value Measurements (Continued)

- \* Certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments, at fair value line item presented in the statements of net assets available for benefits.

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of March 31, 2022 and 2021, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| March 31, 2022           |                      |                                |                                 |                                     |
|--------------------------|----------------------|--------------------------------|---------------------------------|-------------------------------------|
|                          | <u>Fair Value</u>    | <u>Unfunded<br/>Commitment</u> | <u>Redemption<br/>Frequency</u> | <u>Redemption<br/>Notice Period</u> |
| Common/collective trusts | \$ <u>29,990,265</u> | \$ <u>-</u>                    | 0 - 100 days                    | 1 - 100 days                        |
| March 31, 2021           |                      |                                |                                 |                                     |
|                          | <u>Fair Value</u>    | <u>Unfunded<br/>Commitment</u> | <u>Redemption<br/>Frequency</u> | <u>Redemption<br/>Notice Period</u> |
| Common/collective trusts | \$ <u>57,606,392</u> | \$ <u>-</u>                    | 0 - 100 days                    | 1 - 100 days                        |

3. Use of Estimates

In preparing the Plan's financial statements, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have provided. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (i.e., retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by an actuary from CBIZ Savitz as of April 1, 2021 and 2020 and it is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of April 1, 2021 are as follows:

|                       |                                                                                                                   |
|-----------------------|-------------------------------------------------------------------------------------------------------------------|
| Actuarial cost method | Target Normal Cost Method                                                                                         |
| Discount rate         | 5% per annum                                                                                                      |
| Normal retirement age | Age 65                                                                                                            |
| Asset valuation       | Fair value as defined in Note B-2                                                                                 |
| Mortality rates       | Pri-2012 Blue Collar Mortality Tables projected generationally from 2012 with Mortality Improvement Scale MP-2021 |

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

4. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the valuations as of April 1, 2020 are as follows:

|                       |                                                                                                                   |
|-----------------------|-------------------------------------------------------------------------------------------------------------------|
| Actuarial cost method | Target Normal Cost Method                                                                                         |
| Discount rate         | 5% per annum                                                                                                      |
| Normal retirement age | Age 65                                                                                                            |
| Asset valuation       | Fair value as defined in Note B-2                                                                                 |
| Mortality rates       | Pri-2012 Blue Collar Mortality Tables projected generationally from 2012 with Mortality Improvement Scale MP-2020 |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Retirement and Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustees. See Note B-2 for discussion of fair value measurements.

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

6. Payment of Benefits

Benefits are recorded when paid.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

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NOTE C - FUNDING POLICY

The Company's funding policy is to make contributions to the Plan in amounts necessary to provide for employees' benefits by the time they retire. The Company made and accrued contributions of \$3,000,000 and \$4,600,000 for the years ended March 31, 2022 and 2021, respectively. As a result of the Plan being frozen, as described further in Note A-1, participant contributions are no longer allowed by the Plan.

NOTE D - INFORMATION CERTIFIED BY STATE STREET BANK & TRUST COMPANY AND  
HUNTINGTON NATIONAL BANK

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments, and net appreciation in fair value of investments and interest and dividends for the year ended March 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by State Street Bank and Trust Company and Huntington National Bank (the trustees of the Plan).

NOTE E - PLAN TERMINATION

In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

1. Benefits attributable to participant contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the Pension Benefits Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations (discussed below).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

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NOTE E - PLAN TERMINATION (Continued)

5. All nonvested benefits.

Benefits to be provided via contracts under which the custodian is obligated to pay the benefits would be excluded for allocation purposes.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2022, that ceiling was \$6,205 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

The provisions of the Plan provide that, if the Plan terminated, participants will receive an amount equal to the sum of their accumulated participant contributions, if any, which are in excess of any retirement income previously paid. Participants will become fully vested to the extent then funded, in the order of priority specified by the Plan.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

**NOTE F - ACCUMULATED PLAN BENEFITS AND CHANGES IN ACCUMULATED PLAN BENEFITS**

The actuarial present value of accumulated plan benefits, as of April 1, 2021 and 2020 and changes in the present value of accumulated plan benefits for the year ended April 1, 2021 are as follows:

|                                                                   | <u>2021</u>          | <u>2020</u>          |
|-------------------------------------------------------------------|----------------------|----------------------|
| Vested benefits                                                   |                      |                      |
| Participants currently receiving payments                         | \$ 46,699,726        | \$ 47,664,990        |
| Participants with deferred benefits                               | 9,924,976            | 12,127,700           |
| Fully vested active participants                                  | <u>11,675,051</u>    | <u>10,394,569</u>    |
|                                                                   | 68,299,753           | 70,187,259           |
| Nonvested benefits                                                | <u>22,447</u>        | <u>18,699</u>        |
| Actuarial value of accumulated plan benefits                      | <u>\$ 68,322,200</u> | <u>\$ 70,205,958</u> |
| Present value of accumulated plan benefits as of April 1, 2020    |                      | \$ 70,205,958        |
| Changes in the present value of accumulated plan benefits due to: |                      |                      |
| Benefits paid                                                     |                      | (5,184,188)          |
| Assumption changes                                                |                      | (290,031)            |
| Interest                                                          |                      | 3,380,693            |
| Other changes                                                     |                      | <u>209,768</u>       |
| Present value of accumulated plan benefits as of April 1, 2021    |                      | <u>\$ 68,322,200</u> |

Prior to the Plan being frozen, as described in Note A-1, the Plan allowed for employee contributions. Accumulated participant contributions amounted to approximately \$6,800,000 and \$7,000,000 as of April 1, 2021 and 2020, respectively. This includes interest credited at a rate of 5.00%.

**NOTE G - RISKS AND UNCERTAINTIES**

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

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2022 and 2021

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NOTE H - TAX STATUS

The Plan obtained its latest determination letter on June 24, 2015, 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 believes that the Plan is currently designed and being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE I - PARTY-IN-INTEREST TRANSACTIONS

Plan investments are managed by State Street Bank & Trust Company and Huntington National Bank, as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. In addition, certain plan administrative expenses paid to State Street Bank & Trust Company, CBIZ Savitz (the Plan's actuary), Mercer Investment Management (the Plan's investment advisor) and Huntington National Bank, qualify as party-in-interest transactions.

NOTE J - ANNUITY PURCHASE

Effect February 9, 2022, the Plan authorized the sale of annuities for all retirees whose monthly benefit did not exceed \$600. On February 14, 2022, the Plan finalized the transfer of \$15,446,870 of net assets to the Mutual of Omaha.

NOTE K - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through January 11, 2023, the date that these financial statements were available to be issued. Plan management has determined that no events or transactions have occurred subsequent to the statement of net assets available for benefits date that require disclosure in the financial statements.

## **SUPPLEMENTAL INFORMATION**

**Retirement Plan for Employees of  
Transdev North America Phoenix**

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

March 31, 2022

FEIN: 51-0387033

Plan Number: 009

| (a) | (b)<br>Identity of issuer,<br>borrower, lessor, or<br>similar party  | (c)<br>Description of investment,<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | (d)<br>Cost          | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| *   | Common/collective trusts (held by State Street Bank & Trust Company) |                                                                                                                         |                      |                         |
|     | Mercer Investment Management                                         | Long Duration Fixed Income Fund                                                                                         | \$ 3,721,942         | \$ 3,784,009            |
|     | Mercer Investment Management                                         | Group Account Long Corporate Fund                                                                                       | 6,564,471            | 7,714,660               |
|     | Mercer Investment Management                                         | Collective Trust Fund                                                                                                   | 1,884,161            | 2,234,303               |
|     | Mercer Investment Management                                         | US Large Cap Passive Equity Fund                                                                                        | 6,524,455            | 8,211,761               |
|     | Mercer Investment Management                                         | ERISA Hedge Fund                                                                                                        | 6,461,332            | 8,045,532               |
| *   | Mutual funds (held by State Street Bank & Trust Company)             |                                                                                                                         |                      |                         |
|     | State Street Global Advisors                                         | Daily Emerging Market Index                                                                                             | 3,043,550            | 2,605,972               |
|     | State Street Global Advisors                                         | SSGA Russ SM/MC Cap Index                                                                                               | 2,254,434            | 2,048,149               |
|     | Eaton Vance                                                          | Global Small Cap Equity US Index                                                                                        | 1,656,129            | 1,522,763               |
|     | Fidelity Institutional                                               | Global Low Volatility Equity                                                                                            | 1,900,000            | 1,867,314               |
|     | State Street Global Advisors                                         | World EX U.S. Index Mutual Fund                                                                                         | 4,594,385            | 4,349,684               |
|     |                                                                      |                                                                                                                         | <u>\$ 38,604,859</u> | <u>\$ 42,384,147</u>    |

\* Represents a party-in-interest.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended March 31, 2022

FEIN: 51-0387033  
Plan Number: 009

| (a)<br>Identity of party<br>involved | (b)<br>Description<br>of asset          | (c)<br>Purchase<br>price | (d)<br>Selling<br>price | (e)<br>Lease<br>rental | (f)<br>Expense<br>incurred with<br>transaction | (g)<br>Cost of<br>asset | (h)<br>Current value<br>of asset on<br>transaction date | (i)<br>Net gain<br>or (loss) |
|--------------------------------------|-----------------------------------------|--------------------------|-------------------------|------------------------|------------------------------------------------|-------------------------|---------------------------------------------------------|------------------------------|
| State Street Bank & Trust Company    | Mercer US Large Cap Passive Equity Fund | \$ 3,639,880             | \$ -                    | N/A                    | N/A                                            | \$ N/A                  | \$ -                                                    | \$ -                         |
| State Street Bank & Trust Company    | US Large Cap Passive Equity Fund        | 4,127,034                | -                       | N/A                    | N/A                                            | N/A                     | -                                                       | -                            |
| State Street Bank & Trust Company    | Global Small Cap Equity US Index        | 6,356,368                | -                       | N/A                    | N/A                                            | N/A                     | -                                                       | -                            |
| State Street Bank & Trust Company    | Mercer Group Account Long Corp Fund     | -                        | 5,400,088               | N/A                    | N/A                                            | 4,368,905               | 5,400,088                                               | 1,031,183                    |
| State Street Bank & Trust Company    | Mercer US Large Cap Passive Equity Fund | -                        | 4,423,926               | N/A                    | N/A                                            | 3,583,686               | 4,423,926                                               | 840,240                      |
| State Street Bank & Trust Company    | Mercer Collective Trust Fund            | -                        | 5,640,330               | N/A                    | N/A                                            | 4,863,272               | 5,640,330                                               | 777,058                      |
| State Street Bank & Trust Company    | Mercer Non US Core Equity Fund          | -                        | 6,446,537               | N/A                    | N/A                                            | 5,473,300               | 6,446,537                                               | 973,237                      |
| State Street Bank & Trust Company    | Mercer Emerging Markets Equity Fund     | -                        | 4,116,137               | N/A                    | N/A                                            | 3,688,296               | 4,116,137                                               | 427,841                      |
| State Street Bank & Trust Company    | ERISA Hedge Fund                        | -                        | 4,100,000               | N/A                    | N/A                                            | 3,238,668               | 4,100,000                                               | 861,332                      |

Miller Cooper & Co., Ltd.

# SCHEDULE SB ATTACHMENT

## Line 26 - Schedule of Active Participant Data

**Plan Name:** Retirement Plan for Employees of Transdev North America Phoenix

**EIN/PN:** 51-0387033/009

**Valuation Date:** April 1, 2021

| Age       | Years of Credited Service |        |        |          |          |          |          |          |          |           | Total |
|-----------|---------------------------|--------|--------|----------|----------|----------|----------|----------|----------|-----------|-------|
|           | Under 1                   | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & Over |       |
| Under 25  | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -         | -     |
| 25 to 29  | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -         | -     |
| 30 to 34  | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -         | -     |
| 35 to 39  | -                         | -      | -      | -        | -        | -        | -        | -        | -        | -         | -     |
| 40 to 44  | -                         | -      | -      | -        | 8        | 5        | -        | -        | -        | -         | 13    |
| 45 to 49  | -                         | -      | -      | -        | 10       | 6        | 2        | -        | -        | -         | 18    |
| 50 to 54  | -                         | -      | -      | 1        | 11       | 21       | 2        | -        | -        | -         | 35    |
| 55 to 59  | -                         | -      | -      | -        | 27       | 20       | 9        | 3        | 2        | -         | 61    |
| 60 to 64  | -                         | -      | -      | -        | 29       | 23       | 5        | 8        | 6        | -         | 71    |
| 65 to 69  | -                         | -      | -      | -        | 5        | 9        | 4        | 2        | -        | 2         | 22    |
| 70 & Over | -                         | -      | -      | -        | 3        | 3        | -        | 2        | -        | -         | 8     |
| Total     | -                         | -      | -      | 1        | 93       | 87       | 22       | 15       | 8        | 2         | 228   |

SUMMARY OF ASSUMPTIONS

Funding Discount Rates

IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (December).

|            | Non-Stabilized | Limited to 25-Year Corridor |
|------------|----------------|-----------------------------|
| Segment 1: | 1.87%          | 4.75%                       |
| Segment 2: | 3.12%          | 5.36%                       |
| Segment 3: | 3.72%          | 6.11%                       |

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.46%. For the prior Plan Year, the EIR was 5.61%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor’s above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Administrative Expenses

Administrative expenses of \$900,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.

Funding Mortality

§430(h) Static Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

Sarason Table T-5

The current assumption has been selected based on an experience study of termination of employment for the period 04/01/2015 through 03/31/2018 as well as discussions with the Plan Sponsor.

**Disability Incidence**

Active participants are assumed to become disabled at the following rates:

| Age   | Rate   |
|-------|--------|
| 20-30 | 0.060% |
| 31    | 0.066% |
| 32    | 0.072% |
| 33    | 0.078% |
| 34    | 0.084% |
| 35    | 0.090% |
| 36    | 0.108% |
| 37    | 0.126% |
| 38    | 0.144% |
| 39    | 0.162% |
| 40    | 0.180% |
| 41    | 0.206% |
| 42    | 0.232% |
| 43    | 0.258% |
| 44    | 0.284% |
| 45    | 0.310% |
| 46    | 0.346% |
| 47    | 0.382% |
| 48    | 0.418% |
| 49    | 0.454% |
| 50    | 0.490% |
| 51    | 0.552% |
| 52    | 0.614% |
| 53    | 0.676% |
| 54    | 0.738% |
| 55    | 0.800% |
| 56    | 0.864% |
| 57    | 0.928% |
| 58    | 0.992% |
| 59    | 1.056% |
| 60    | 1.120% |
| 61    | 1.184% |
| 62    | 1.248% |
| 63    | 1.312% |
| 64+   | 1.376% |

Because the employer does not have enough data to do a fully credible experience study with respect to disability during active employment, the current assumption has been selected based on historical disability data, the actuary's experience with plans of a similar size, plan design, workforce composition and geography, and discussions with the Plan Sponsor.

**Retirement Rates**

Active participants eligible for retirement are assumed to retire at the following rates:

| Age   | Rate |
|-------|------|
| 55    | 10%  |
| 56-57 | 3%   |
| 58-59 | 4%   |
| 60-61 | 8%   |
| 62    | 25%  |
| 63    | 10%  |
| 64    | 5%   |
| 65-69 | 25%  |
| 70    | 100% |

The current assumption has been selected based on an experience study of retirement from active employment for the period 04/01/2015 through 03/31/2018 as well as discussions with the Plan Sponsor.

Vested terminated participants eligible for retirement are assumed to retire at the following rates:

| Age   | Rate   |
|-------|--------|
| 55    | 15.0%  |
| 56-59 | 5.0%   |
| 60    | 7.5%   |
| 61-63 | 5.0%   |
| 64    | 10.0%  |
| 65+   | 100.0% |

The current assumption has been selected based on an experience study of retirement from terminated vested status for the period 04/01/2015 through 03/31/2018 as well as discussions with the Plan Sponsor.

**Spousal Assumptions**

90% of males and 60% of females are assumed to be married.

Males are assumed to be three years older than their spouses.

Because the employer does not have enough data to do a fully credible experience analysis with respect to spousal information, the current assumption has been selected based on historical marital status data, the actuary's experience with plans of a similar size, plan design, workforce composition and geography, and discussions with the Plan Sponsor.

|                 |                                                                                                                  |        |
|-----------------|------------------------------------------------------------------------------------------------------------------|--------|
| Form of Payment | The following annuity election percentages for active and vested terminated participants are assumed as follows: |        |
|                 | Life annuity                                                                                                     | 65.00% |
|                 | Joint & 50% Survivor Annuity                                                                                     | 10.00% |
|                 | Joint & 100% Survivor Annuity                                                                                    | 20.00% |
|                 | 10-Year Certain & Life annuity                                                                                   | 5.00%  |

For active participants, 75% of future vested terminated participants and 40% of future retirees are assumed to receive a return of employee contributions with interest.

The current assumption has been selected based on an experience study of form of payment elections for the period 04/01/2015 through 03/31/2018 as well as discussions with the Plan Sponsor.

|                                                                       |                                                                                         |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Changes in non-required funding assumptions since the prior valuation | Plan administrative expenses are assumed to be \$900,000 compared to \$850,000 in 2020. |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

## SUMMARY OF METHODS

**Actuarial Cost Method**

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

**Funding Actuarial Value of Assets**

Actuarial Value of Assets is equal to the Market Value of Assets.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

**Changes in methods since the prior valuation**

None.

**Retirement Plan for Employees of  
Transdev North America Phoenix**  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
For the year ended March 31, 2022

FEIN: 51-0387033  
Plan Number: 009

| (a)<br>Identity of party<br>involved | (b)<br>Description<br>of asset          | (c)<br>Purchase<br>price | (d)<br>Selling<br>price | (e)<br>Lease<br>rental | (f)<br>Expense<br>incurred with<br>transaction | (g)<br>Cost of<br>asset | (h)<br>Current value<br>of asset on<br>transaction date | (i)<br>Net gain<br>or (loss) |
|--------------------------------------|-----------------------------------------|--------------------------|-------------------------|------------------------|------------------------------------------------|-------------------------|---------------------------------------------------------|------------------------------|
| State Street Bank & Trust Company    | Mercer US Large Cap Passive Equity Fund | \$ 3,639,880             | \$ -                    | N/A                    | N/A                                            | \$ N/A                  | \$ -                                                    | \$ -                         |
| State Street Bank & Trust Company    | US Large Cap Passive Equity Fund        | 4,127,034                | -                       | N/A                    | N/A                                            | N/A                     | -                                                       | -                            |
| State Street Bank & Trust Company    | Global Small Cap Equity US Index        | 6,356,368                | -                       | N/A                    | N/A                                            | N/A                     | -                                                       | -                            |
| State Street Bank & Trust Company    | Mercer Group Account Long Corp Fund     | -                        | 5,400,088               | N/A                    | N/A                                            | 4,368,905               | 5,400,088                                               | 1,031,183                    |
| State Street Bank & Trust Company    | Mercer US Large Cap Passive Equity Fund | -                        | 4,423,926               | N/A                    | N/A                                            | 3,583,686               | 4,423,926                                               | 840,240                      |
| State Street Bank & Trust Company    | Mercer Collective Trust Fund            | -                        | 5,640,330               | N/A                    | N/A                                            | 4,863,272               | 5,640,330                                               | 777,058                      |
| State Street Bank & Trust Company    | Mercer Non US Core Equity Fund          | -                        | 6,446,537               | N/A                    | N/A                                            | 5,473,300               | 6,446,537                                               | 973,237                      |
| State Street Bank & Trust Company    | Mercer Emerging Markets Equity Fund     | -                        | 4,116,137               | N/A                    | N/A                                            | 3,688,296               | 4,116,137                                               | 427,841                      |
| State Street Bank & Trust Company    | ERISA Hedge Fund                        | -                        | 4,100,000               | N/A                    | N/A                                            | 3,238,668               | 4,100,000                                               | 861,332                      |

Miller Cooper & Co., Ltd.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>04/01/2021</u> and ending <u>03/31/2022</u>                                  |                                                                                                                                                         |
| ► <b>Round off amounts to nearest dollar.</b>                                                                                             |                                                                                                                                                         |
| ► <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                         |
| <b>A</b> Name of plan<br>RETIREMENT PLAN FOR EMPLOYEES OF TRANSDEV NORTH AMERICA PHOENIX                                                  | <b>B</b> Three-digit plan number (PN) <span style="float: right;">009</span>                                                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Transdev North America, Inc.                                  | <b>D</b> Employer Identification Number (EIN)<br>51-0387033                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                         |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                         |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2021</u>                                                                                                                       |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                        |                            |                           |                          |
| a Market value .....                                                                                                                                                                                    | <b>2a</b>                  | 65,248,175                |                          |
| b Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | 65,248,175                |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                     | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 610                        | 47,351,597                | 47,351,597               |
| b For terminated vested participants.....                                                                                                                                                               | 198                        | 11,247,697                | 11,247,697               |
| c For active participants .....                                                                                                                                                                         | 228                        | 9,362,690                 | 9,385,332                |
| d Total.....                                                                                                                                                                                            | 1,036                      | 67,961,984                | 67,984,626               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                       |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                  |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                  | <b>5</b>                   | 5.46%                     |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                        |                            |                           |                          |
| a Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b>                  | 0                         |                          |
| b Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b>                  | 900,000                   |                          |
| c Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b>                  | 900,000                   |                          |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                      |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b> | Brian D. Evitts <span style="float: right;"><i>BDE</i></span><br>_____<br>Signature of actuary<br><br>Brian D. Evitts<br>_____<br>Type or print name of actuary<br><br>CBIZ<br>_____<br>Firm name<br><br>1845 Walnut Street<br>10th Floor<br>Philadelphia PA 19103<br>_____<br>Address of the firm | <span style="float: right;"><i>1/3/2023</i></span><br>_____<br>Date<br>2005995<br>_____<br>Most recent enrollment number<br>215-825-4027<br>_____<br>Telephone number (including area code) |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Part II Beginning of Year Carryover and Prefunding Balances |                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                     | 0                     | 2,044,714              |
| <b>8</b>                                                    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                  | 0                     | 0                      |
| <b>9</b>                                                    | Amount remaining (line 7 minus line 8) .....                                                                                                                        | 0                     | 2,044,714              |
| <b>10</b>                                                   | Interest on line 9 using prior year's actual return of <u>13.42%</u> .....                                                                                          | 0                     | 274,401                |
| <b>11</b>                                                   | Prior year's excess contributions to be added to prefunding balance:                                                                                                |                       |                        |
|                                                             | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 2,179,184              |
|                                                             | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.61%</u> ..... |                       | 122,252                |
|                                                             | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
|                                                             | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 2,301,436              |
|                                                             | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 2,301,436              |
| <b>12</b>                                                   | Other reductions in balances due to elections or deemed elections .....                                                                                             | 0                     | 0                      |
| <b>13</b>                                                   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                  | 0                     | 4,620,551              |

| Part III Funding Percentages                                                                                                                                               |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> 89.17% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> 89.17% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> 82.93% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> %      |

| Part IV Contributions and Liquidity Shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 12/08/2022                                                                        | 3,000,000                         | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
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|                                                                                   |                                   |                                 |                          |                                   |                                 |
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|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                   |                                   |                                 | <b>18(b)</b>             | 3,000,000                         | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                  |            |           |
|------------------------------------------------------------------------------------------------------------------|------------|-----------|
| a Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0         |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 2,742,564 |

**20** Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.36 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

64

**23** Mortality table(s) (see instructions) .....☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years .....**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....**30**

0

**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) .....**31a**

900,000

**b** Excess assets, if applicable, but not greater than line 31a .....**31b**

0

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

7,357,002

799,203

**b** Waiver amortization installment.....

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

1,699,203

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement .....

0

0

0

**36** Additional cash requirement (line 34 minus line 35) .....**36**

1,699,203

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....**37**

2,742,564

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

1,043,361

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....**39**

0

**40** Unpaid minimum required contributions for all years .....**40**

0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected .....☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made .....☐ 2008☐ 2009☐ 2010☐ 2011

**SCHEDULE SB ATTACHMENT**  
**Line 19 - Discounted Employer Contributions**

**Plan Name:** Retirement Plan for Employees of Transdev North America Phoenix

**EIN/PN:** 51-0387033/009

**Valuation Date:** April 1, 2021

**Total Contributed:**        \$3,000,000                      **Total Discounted to Valuation Date:**        \$2,742,564

|             |               |                  | <b>Effective</b> |                   | <b>Penalty</b>  | <b>Additional</b> | <b>Present</b>  |
|-------------|---------------|------------------|------------------|-------------------|-----------------|-------------------|-----------------|
|             |               | <b>Plan Year</b> | <b>Interest</b>  | <b>Amount</b>     | <b>Interest</b> | <b>Amount</b>     | <b>Value on</b> |
| <b>Date</b> | <b>Amount</b> | <b>Beginning</b> | <b>Rate</b>      | <b>Discounted</b> | <b>Rate</b>     | <b>Discounted</b> | <b>Date</b>     |
| 12/8/2022   | 3,000,000     | 4/1/2021         | 5.46%            | 257,436           | N/A             | N/A               | 2,742,564       |

**Retirement Plan for Employees of Transdev North America Phoenix**  
**EIN: 51-0387033 Plan: 009**  
**Attachment to the 2020 Form 5500 Schedule SB**

***Schedule SB, Line 22 - Description of Weighted Average Retirement Age***

| <b>Age</b> | <b>qx</b> | <b>lx</b> | <b>dx</b> | <b>age * dx</b>     |
|------------|-----------|-----------|-----------|---------------------|
| 55         | 10.00%    | 10,000    | 1,000     | 55,000              |
| 56         | 3.00%     | 9,000     | 270       | 15,120              |
| 57         | 3.00%     | 8,730     | 262       | 14,934              |
| 58         | 4.00%     | 8,468     | 339       | 19,662              |
| 59         | 4.00%     | 8,129     | 325       | 19,175              |
| 60         | 8.00%     | 7,804     | 624       | 37,440              |
| 61         | 8.00%     | 7,180     | 574       | 35,014              |
| 62         | 25.00%    | 6,606     | 1,652     | 102,424             |
| 63         | 10.00%    | 4,954     | 495       | 31,185              |
| 64         | 5.00%     | 4,459     | 223       | 14,272              |
| 65         | 25.00%    | 4,236     | 1,059     | 68,835              |
| 66         | 25.00%    | 3,177     | 794       | 52,404              |
| 67         | 25.00%    | 2,383     | 596       | 39,932              |
| 68         | 25.00%    | 1,787     | 447       | 30,396              |
| 69         | 25.00%    | 1,340     | 335       | 23,115              |
| 70         | 100.00%   | 1,005     | 1,005     | 70,350              |
| Totals:    |           |           | 10,000    | 629,258             |
|            |           |           |           | <u><u>62.93</u></u> |

## SUMMARY OF PRINCIPAL PLAN PROVISIONS

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective Date</b>         | Effective January 1, 1975 and most recently amended April 1, 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Eligibility</b>            | All full-time operator, salaried or mechanic employees who work 1,000 hours a year or more will participate in the plan following completion of three months of service. Leased employees are not eligible to participate. Part-time salaried employees may elect to participate. As of April 1, 2004, benefit accruals and employee contributions ceased for salaried employees, and therefore, no new salaried employees will enter the plan. As of August 15, 2005 and November 14, 2005, benefit accruals and employee contributions ceased for mechanics and operators, respectively, and therefore, no new mechanics or operators will enter the plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Service</b>                | <p>A year of service is credited for each plan year in which an employee works 1,000 hours.</p> <p>A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:</p> <ol style="list-style-type: none"><li>1) A leave of absence not in excess of one year granted by the employer.</li><li>2) A period of service in the Armed Forces of the United States under which employment rights are granted.</li><li>3) A period of disability during which the participant is being paid directly or indirectly by the employer.</li><li>4) A period of maternity or paternity leave not in excess of one year.</li><li>5) Transfer of employment from one participating employer to another.</li></ol> <p>An employee will be given credit for his pre-break service if either of the following occurs:</p> <ol style="list-style-type: none"><li>1) The employee had a vested interest in his accrued benefit at the time of his break in service; or</li><li>2) The employee's period of absence was less than the greater of five years or his pre-break service.</li></ol> <p>Credited service shall mean all years of service.</p> |
| <b>Normal Retirement Date</b> | Normal retirement date is the first day of the month coincident with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**Employee Contribution** Employee contributions are calculated as follows:

- 1) Operators: 4.00% of total earnings each month before November 14, 2005; 0% thereafter.
- 2) Salaried: 3.75% of total earnings each month before April 1, 2000; 4.85% from April 1, 2000 through March 31, 2004; 0% thereafter.
- 3) Mechanics: 2.00% of total earnings each month through August 15, 2005; 0% thereafter.

Interest was credited as follows:

| Plan Year(s) | Rate (%) |
|--------------|----------|
| 1998 – 1999  | 6.85     |
| 1999 – 2000  | 6.35     |
| 2000 – 2001  | 8.08     |
| 2001 – 2002  | 5.95     |
| 2002 – 2003  | 5.60     |
| 2003 – 2006  | 5.00     |
| 2006 – 2007  | 5.68     |
| 2007 – 2008  | 5.54     |
| 2008 – 2018  | 5.00     |

**Accrued Benefit**

Retirement benefit equals the accrued benefit as of April 1, 2000, plus a percentage of eligible pay each plan year as follows:

**Operators**

| Plan Years             | Benefit Credits                                                                                                                |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 4/1/2000-3/31/2001     | 2.66% of earnings                                                                                                              |
| 4/1/2001-3/31/2002     | The greater of 2.66% of earnings accumulated between April 1, 2001 and May 31, 2001, or 0.80% of the total plan year earnings. |
| 4/1/2002-5/31/2003     | 0.80% of earnings per plan year                                                                                                |
| 6/1/2003-11/14/2005    | 0.25% of earnings per plan year                                                                                                |
| 11/15/2005 and forward | 0.00% of earnings per plan year                                                                                                |

**Salaried**

| Plan Years           | Benefit Credits                                                                                                                |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 4/1/2000-3/31/2001   | 4.00% of earnings                                                                                                              |
| 4/1/2001-3/31/2002   | The greater of 4.00% of earnings accumulated between April 1, 2001 and May 31, 2001, or 1.20% of the total plan year earnings. |
| 4/1/2002-5/31/2003   | 1.20% of earnings per plan year                                                                                                |
| 6/1/2003-3/31/2004   | 0.25% of earnings per plan year                                                                                                |
| 4/1/2004 and forward | 0.00% of earnings per plan year                                                                                                |

**Mechanics**

| Plan Years            | Benefit Credits                 |
|-----------------------|---------------------------------|
| 4/1/2000-8/15/2005    | 2.50% of earnings per plan year |
| 8/16/2005 and forward | 0.00% of earnings per plan year |

Effective April 1, 2002, benefit credits were increased retroactively for the April 1, 2001 - March 31, 2002 plan year as follows:

**Operators**

| Old Benefit Credit                                                                                                        | Amended Benefit Credit |
|---------------------------------------------------------------------------------------------------------------------------|------------------------|
| The greater of 2.66% of earnings accumulated between April 1, 2001 and May 31, 2001, or 0.80% of total plan year earnings | 2.66% of earnings      |

**Salaried**

| Old Benefit Credit                                                                                                        | Amended Benefit Credit |
|---------------------------------------------------------------------------------------------------------------------------|------------------------|
| The greater of 4.00% of earnings accumulated between April 1, 2001 and May 31, 2001, or 1.20% of total plan year earnings | 4.00% of earnings      |

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal Form of Benefit</b>     | The normal benefit is the benefit accrued to retirement and reduced for early retirement as defined below. Each married participant who does not elect otherwise shall receive a reduced joint and one-half survivor benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Early Retirement</b>           | <p>Upon the completion of 10 years of credited service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at early retirement date. Payments may begin immediately, with the benefit being reduced 6 2/3% for each of the first three years and 5% for each of the next seven years by which the payment date precedes the normal retirement date.</p> <p>Effective August 1, 2015, a one-time voluntary early retirement window was offered to eligible ATU operators age 50 or older by December 1, 2015 who had 10 or more years of service. Retirement dates for the eligible participants accepting the offer occurred on October 1, November 1 or December 1, 2015. The incentive offered three enhancements to an eligible participant's pension benefit as follows:</p> <ol style="list-style-type: none"><li>1. Unreduced early retirement at age 62.</li><li>2. A full lump sum payout of the eligible participant's accrued benefit (at the participant's election).</li><li>3. Early retirement eligibility at age 50. Early retirement reduction factors for this purpose are extended at 5% per year for ages 50 to 55.</li></ol> |
| <b>Late Retirement</b>            | A participant may continue in the employment of the employer after his normal retirement date. In this case, he will receive at actual retirement the greater of the actuarial equivalent of his normal retirement benefit or his accrued benefit calculated using contributions and compensation as of his actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Disability Retirement</b>      | A participant who becomes totally and permanently disabled before his normal retirement date and has 10 years of credited service may retire and receive a disability benefit which shall commence immediately. The benefit will be calculated based on his accrued benefit to date of disability, reduced actuarially.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Deferred Vested Retirement</b> | A participant who terminates employment and has attained five or more years of service shall have a vested interest in his accrued benefit, which will be payable at normal retirement date. In the event that the participant had met the service requirement at date of termination, he may elect to receive his benefit at age 55. Such a benefit will be reduced as described under Early Retirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

**Pre-Retirement Spouse's Benefit** In the event of death of a vested married participant, it will be assumed that the participant had separated from service on the date of death, survived to the earliest retirement age, began receiving a joint and one-half survivor benefit based on the participant's vested accrued benefit, and died on the day after the earliest retirement date if this benefit is greater than the return of employee contributions with interest.

**Optional Forms of Payment** All optional forms of payment are actuarially equivalent to the normal form of annuity. If a married participant does not elect one of the optional forms of payment described below, then the participant's retirement benefit shall automatically be paid under option 1 below. The options are:

- 1) 50%, 66 2/3%, 75%, or 100% Joint and Survivor Annuities.
- 2) 10-Year Certain and Life Annuity.
- 3) If the amount of benefit payable is less than \$75 per month or \$5,000 total present value, a lump sum payment will be made. If the present value of the payment is greater than \$1,000, payment must have the consent of the payee.

The interest rates used for determining lump sums are the better of the PBGC rate as of the determination date used for determining the present value of a lump sum distribution, or the 30-year Treasury rate as of the calendar month preceding the determination date.

**Changes since the Prior Valuation** None.

**Retirement Plan for Employees of  
Transdev North America Phoenix**

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

March 31, 2022

FEIN: 51-0387033

Plan Number: 009

| (a) | (b)<br>Identity of issuer,<br>borrower, lessor, or<br>similar party  | (c)<br>Description of investment,<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | (d)<br>Cost          | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| *   | Common/collective trusts (held by State Street Bank & Trust Company) |                                                                                                                         |                      |                         |
|     | Mercer Investment Management                                         | Long Duration Fixed Income Fund                                                                                         | \$ 3,721,942         | \$ 3,784,009            |
|     | Mercer Investment Management                                         | Group Account Long Corporate Fund                                                                                       | 6,564,471            | 7,714,660               |
|     | Mercer Investment Management                                         | Collective Trust Fund                                                                                                   | 1,884,161            | 2,234,303               |
|     | Mercer Investment Management                                         | US Large Cap Passive Equity Fund                                                                                        | 6,524,455            | 8,211,761               |
|     | Mercer Investment Management                                         | ERISA Hedge Fund                                                                                                        | 6,461,332            | 8,045,532               |
| *   | Mutual funds (held by State Street Bank & Trust Company)             |                                                                                                                         |                      |                         |
|     | State Street Global Advisors                                         | Daily Emerging Market Index                                                                                             | 3,043,550            | 2,605,972               |
|     | State Street Global Advisors                                         | SSGA Russ SM/MC Cap Index                                                                                               | 2,254,434            | 2,048,149               |
|     | Eaton Vance                                                          | Global Small Cap Equity US Index                                                                                        | 1,656,129            | 1,522,763               |
|     | Fidelity Institutional                                               | Global Low Volatility Equity                                                                                            | 1,900,000            | 1,867,314               |
|     | State Street Global Advisors                                         | World EX U.S. Index Mutual Fund                                                                                         | 4,594,385            | 4,349,684               |
|     |                                                                      |                                                                                                                         | <u>\$ 38,604,859</u> | <u>\$ 42,384,147</u>    |

\* Represents a party-in-interest.

**SCHEDULE SB ATTACHMENT**  
**Line 32 - Schedule of Amortization Bases**

**Plan Name: Retirement Plan for Employees of Transdev North America Phoenix**

**EIN/PN: 51-0387033/009**

**Valuation Date: April 1, 2021**

| <b><u>Original<br/>Valuation</u></b> | <b><u>Remaining<br/>Years</u></b> | <b><u>Amortization<br/>Type</u></b> | <b><u>Outstanding<br/>Balance</u></b> | <b><u>Current<br/>Year<br/>Amortization</u></b> |
|--------------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|-------------------------------------------------|
| 4/1/2021                             | 15.00                             | Shortfall                           | (3,953,001)                           | (368,584)                                       |
| 4/1/2020                             | 14.00                             | Shortfall                           | (1,206,518)                           | (117,785)                                       |
| 4/1/2019                             | 13.00                             | Shortfall                           | 12,516,521                            | 1,285,572                                       |

**Retirement Plan for Employees of Transdev  
North America Phoenix  
EIN/PN: 51-0387033/009  
Attachment to 2021 Schedule SB  
Line 24-Assumption Change**

The administrative expense load was changed from \$850,000 to \$900,000 to reflect the current year expected expense distributions from plan assets.