

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... [ ] D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 12/31/1961 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PARKING MANAGEMENT, INC. 1725 DESALES STREET, NW, SUITE 201 WASHINGTON, DC 20036 2b Employer Identification Number (EIN) 53-0230992 2c Plan Sponsor's telephone number 202-785-9191 2d Business code (see instructions) 812930

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

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	566
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	97
	<b>6a(2)</b>	94
	<b>6b</b>	27
	<b>6c</b>	428
	<b>6d</b>	549
	<b>6e</b>	0
	<b>6f</b>	549
	<b>6g(1)</b>	
<b>6g(2)</b>	549	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PARKING MANAGEMENT, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>53-0230992</b>	

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

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

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

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

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

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

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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)

WELLS FARGO ADVISORS, LLC

1021 E CARY ST 22ND FL  
RICHMOND, VA 23219

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	41673	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)

RBC CAPITAL MARKETS LLC

2010 CORPORATE RIDGE, 900  
MCLEAN, VA 22102

41-1416330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	34367	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)

HARITON, MANCUSO & JONES, P.C.

11140 ROCKVILLE PIKE,340  
ROCKVILLE, MD 20852

52-1706411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	34000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THOMAS F. BARRETT, INC

4701 SANGAMORE RD S205  
BETHESDA, MD 20816

52-0964235

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	22013	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PARKING MANAGEMENT, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>53-0230992</b>

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

		(a) Beginning of Year	(b) End of Year
<b>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>		
<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>	1344457	1045158
<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>	7136329	8410779
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	325180	508788
<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>		
<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>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(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>	8805966	9964725
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	12441	2932
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	12441	2932
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	8793525	9961793

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<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>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	49463	
<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>		49463
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	159327	
<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>		159327
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	9685980	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	9375125	
<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>		310855
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	1580584	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		1580584

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		8501
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2108730

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	806581	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		806581
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	22013	
(4) IQPA audit fees.....	<b>2i(4)</b>	34000	
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	76040	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	1828	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		133881
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		940462

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1168268
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**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: **HARITON, MANCUSO & JONES, P.C.**

(2) EIN: **52-1706411**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		4000
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PARKING MANAGEMENT, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>53-0230992</u>	

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>52-6041413</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

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

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**PARKING MANAGEMENT, INC.  
EMPLOYEES' PROFIT SHARING PLAN**

**SEPTEMBER 30, 2024 AND 2023**

***HARITON, MANCUSO & JONES, P.C.***  
*Certified Public Accountants*

**PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN**

**SEPTEMBER 30, 2024 AND 2023**

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**INDEPENDENT AUDITORS' REPORT**

The Trustees  
Parking Management, Inc. Employees' Profit Sharing Plan

**Opinion**

We have audited the accompanying financial statements of the Parking Management, Inc. Employees' Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years then ended, all on the modified cash basis, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of the Parking Management, Inc. Employees' Profit Sharing Plan as of September 30, 2024 and 2023, and the changes in net assets available for plan benefits for the years then ended, in accordance with the basis of accounting described in Note 2.

**Basis for Opinion**

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

**Basis of Accounting**

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

**Responsibilities of Management for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

### **Auditors' Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Parking Management, Inc. Employees' Profit Sharing 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 Parking Management, Inc. Employees' Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

## Supplemental Schedules Required by ERISA

Our audit of the 2024 financial statements was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and reportable transactions, all on the modified cash basis, are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America.

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

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

*Haiton, Mancuso & Jones, P.C.*

North Bethesda, MD  
July 9, 2025

**PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

(Modified Cash Basis)

**SEPTEMBER 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
<b>INVESTMENTS, AT FAIR VALUE (NOTE 4):</b>		
Corporate stocks	\$8,410,779	\$7,136,329
Certificates of deposit	924,145	879,402
Real estate entities (Note 3)	508,788	325,180
	<u>9,843,712</u>	<u>8,340,911</u>
<b>CASH AND CASH EQUIVALENTS:</b>		
Cash in bank	5,011	30,044
Cash held by custodians	116,002	435,011
	<u>121,013</u>	<u>465,055</u>
	9,964,725	8,805,966
<b>LIABILITIES</b>		
<b>ACCOUNTS PAYABLE</b>	<u>2,932</u>	<u>12,441</u>
<b>NET ASSETS AVAILABLE FOR PLAN BENEFITS</b>	<u><u>\$9,961,793</u></u>	<u><u>\$8,793,525</u></u>

See notes to financial statements.

**PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
(Modified Cash Basis)

**YEARS ENDED SEPTEMBER 30, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>		
Investment income:		
Net appreciation of investments (Note 4):		
Realized	\$310,855	\$454,371
Unrealized	1,580,584	336,015
Dividend income	159,327	157,837
Interest income	49,463	35,109
Distributions from the operations of real estate entities (Note 3)	8,501	36,039
	2,108,730	1,019,371
Less investment expenses	76,040	63,095
	2,032,690	956,276
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:</b>		
Benefits paid	806,581	959,538
Administrative expenses (Note 3)	57,841	61,262
	864,422	1,020,800
<b>NET INCREASE (DECREASE)</b>	1,168,268	(64,524)
<b>NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING</b>	8,793,525	8,858,049
<b>NET ASSETS AVAILABLE FOR PLAN BENEFITS, ENDING</b>	\$9,961,793	\$8,793,525

See notes to financial statements.

# PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

### 1. DESCRIPTION OF PLAN:

The following summary of the Parking Management, Inc. Employees' Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

**General:** The Parking Management, Inc. Employees' Profit Sharing Plan is a defined contribution plan for the benefit of all eligible employees of Parking Management, Inc. The Plan was established in 1961 to provide retirement, disability and death benefits. It is subject to the requirements of the Employees Retirement Income Security Act of 1974 (ERISA). The Plan, including amendments prior to 2006, had been submitted to the Internal Revenue Service and had previously received favorable IRS determination letters. Amendments made in 2010 were submitted to the Internal Revenue Service. A favorable IRS determination letter for the 2010 amendments was received, dated May 28, 2014.

**Eligibility:** In order to be eligible to be a Plan participant an employee must complete one year of continuous service with the employer and receive credit for one thousand or more hours of service.

**Contributions:** Employer contributions, if any, are determined each year at the discretion of the Board of Directors of Parking Management, Inc.

**Allocation to Participants:** Employer contributions are allocated to the individual accounts of participants in accordance with a formula based upon compensation. Forfeited benefits are allocated in a similar manner. The income and gains or losses (both realized and unrealized) arising from the Plan's investments are allocated to the individual accounts of participants in accordance with a formula based upon their account balances.

**Benefits:** A participant's account begins to vest with 2 years of continuous service and is fully vested with 6 years of continuous service. In the event of a termination of the Plan, the participants' accounts become 100% vested. Benefits provided by the Plan are based upon the vested portion of the employee's individual account. They are payable upon termination of service due to death, disability or retirement. Payment to participants who terminate employment is deferred until the participant's death, disability retirement or normal retirement date unless the amount of benefit receivable is \$10,000 or less. In that case, the terminated participant may elect early distribution. If the amount is \$5,000 or less, the full amount may be distributed to the terminated participant without the participant's consent. Participants may elect to receive their vested benefits in the form of a lump sum payment, an installment basis up to 120 months or a joint and survivor annuity. For an unmarried participant, a straight-life annuity is a benefit payment option. The benefit of a participant shall be distributed, or commence to be distributed, not later than April 1 of the calendar year following the calendar year in which the participant turns age 73, even though the participant has not retired or terminated employment.

**Forfeitures:** Upon termination of employment, a participant's nonvested interest is transferred to a suspense account that is included in the net assets available for plan benefits. This account is retained until the participant either returns to work or suffers a break in service, as defined by the Plan.

PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SEPTEMBER 30, 2024 AND 2023

1. DESCRIPTION OF PLAN (CONTINUED):

Any participant who suffers a break in service forfeits this nonvested interest and the forfeiture and the earnings thereon are allocated among the remaining participants. If a terminated participant returns to the employer before he suffers a break in service, these nonvested benefits, together with the earnings thereon, may be transferred back to his account. There were no forfeited amounts in 2024 or 2023.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

**Basis of Accounting:** The financial statements are prepared on a modified cash basis under which revenues are recognized when collected rather than when earned, except for contributions, interest income, and unrealized appreciation or depreciation, which are recognized when earned, and expenditures generally are recognized when paid rather than when incurred.

**Use of Estimates:** The preparation of the Plan's financial statements requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**Income Taxes:** The Plan's Forms 5500, Annual Return/Report of Employee Benefit Plan, that have been filed with the U.S. Department of Labor as of September 30, 2024, for the years ended September 30, 2023, 2022, and 2021 are subject to examination by the Internal Revenue Service, generally three years after the date they were filed.

**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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned and dividends are recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Concentration of Credit Risk:** The Plan has cash held by various custodians and a financial institution. The cash held by custodians is invested in money market accounts. The cash with the financial institution may exceed the Federal Deposit Insurance Corporation insured limit. The Plan also invests in certificates of deposit, marketable securities, and has holdings in a wide variety of industries.

**Payment of Benefits:** Benefits are recorded when paid.

**Date of Management's Review:** Subsequent events were evaluated through July 9, 2025, which is the date the financial statements were available to be issued.

# PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

## NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SEPTEMBER 30, 2024 AND 2023

### 3. RELATED PARTY TRANSACTIONS:

**Insurance:** The Plan is protected under a policy against claims made for breach of fiduciary duty. The yearly premiums are paid by the Employer and amounted to \$2,300 and \$3,732 for the policy periods ending on May 1, 2025 and 2024, respectively.

**Real Estate Entities:** Owners of Parking Management, Inc. also have interests in certain of the real estate entities in which the Plan has invested. Distributions received from these investments totaled \$8,458 in 2024 and \$13,704 in 2023.

### 4. INVESTMENTS AND FAIR VALUE MEASUREMENTS:

FASB ASC 820-10 defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). FASB ASC 820-10 includes 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 and liabilities (Level 1), observable inputs other than quoted prices for identical assets (Level 2), and the lowest priority to unobservable inputs (Level 3). The following describes the valuation methodologies used for assets measured at fair value:

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

Level 2 - Significant other observable inputs.

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

**Marketable Securities (Level 1):** Investments, other than investments described below, are stated at fair market value based on the last reported sales price as of the last business day of the plan year.

**Real Estate Entities (Level 1):** Investments holding units that can be converted on a one for one basis to common stock of Vornado Realty Trust (Vornado) and JBG Smith Properties (JBG Smith), publicly traded real estate investment trusts, are stated at fair market value based on the last reported sales price of Vornado and JBG Smith, respectively, as of the last business day of the plan year.

**Certificates of Deposits (Level 2):** Investments are stated at fair value based on original cost plus accrued interest.

**Real Estate Entities (Level 3):** Investments with current operations are valued at current market value based on the average of the asset and income capitalization market value techniques.

Certificates of deposit at September 30, 2024 and 2023, consist of amounts on deposit at banks, with interest rates ranging from 4.85% to 5.35%, with maturities of four months or less.

**PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENT (CONTINUED)**

**SEPTEMBER 30, 2024 AND 2023**

**4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED):**

The following table presents the fair values of investments. Investments that represent 5% or more of the Plan's net assets are separately identified. The Plan's investments in, corporate stocks and certificates of deposit are held and administered by investment firms. All other Plan investments are administered by the Plan trustees.

	September 30, 2024		September 30, 2023	
	Principal Amount or Ownership %	Fair Value	Principal Amount or Ownership %	Fair Value
Investment at fair value as determined by quoted market price (Level 1):				
Corporate stocks		\$8,410,779		\$7,136,329
Real estate entities	Various	504,788	Various	321,180
		8,915,567		7,457,509
Investments at fair value (Level 2):				
Certificates of deposit	Various	924,145	Various	879,402
Investments at estimated fair value (Level 3):				
Real estate entities	Various	4,000	Various	4,000
Total investments at fair value		\$9,843,712		\$8,340,911

The following is the net appreciation (depreciation) in the Plan's investments by type:

	Years ended September 30,	
	2024	2023
Marketable securities	\$1,707,831	\$804,752
Real estate entities (Level 1)	183,608	(14,366)
Certificates of deposit (Level 2)		
Real estate entities (Level 3)		
Net appreciation (depreciation) of investments	\$1,891,439	\$790,386

**PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**SEPTEMBER 30, 2024 AND 2023**

**5. TAX STATUS:**

The Plan obtained its latest determination letter on May 28, 2014, 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 trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes.

**6. PLAN TERMINATION:**

Although the employer has not expressed any intent to do so, the employer reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the employer may determine.

**7. RISKS AND UNCERTAINTIES:**

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

PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

EIN: 53-0230992

PLAN 001

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

SEPTEMBER 30, 2024

<u>(a)(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY</u>	<u>(c) SHARES OR FACE VALUE</u>	<u>(d) COST</u>	<u>(e) CURRENT VALUE</u>
<b>Corporate Stocks held by RBC Wealth Management (Marsico):</b>			
America Movil SAB DE Spon ADR	260	\$4,868	\$4,254
Schlumberger LTD	155	9,025	6,502
Linde PLC Ordinary Share	26	4,250	12,398
Toyota Motor Corp ADS	84	9,483	15,000
Boeing Company	73	6,432	11,099
Carrier Global Corp	97	1,137	7,808
Cisco Systems Inc	295	7,087	15,700
Citigroup Inc	9	4,550	563
Comcast Corp New CLA	1,010	6,684	42,188
Fedex Corp	99	8,931	27,094
General Dynamics Corp	133	8,227	40,193
Goldman Sachs Group Inc	100	15,871	49,511
Intel Corp	247	3,180	5,795
Lockheed Martin Corp	109	8,243	63,717
Lowe's Companies Inc	279	8,044	75,567
Mastercard Inc	230	2,466	113,574
Pepsico Inc	48	3,014	8,162
Procter & Gamble Co	236	13,469	40,875
RTX Corp	97	3,354	11,753
Starbucks Corp	290	4,283	28,272
Target Corp	108	6,002	16,833
Union Pacific Corp	388	8,465	95,634
Unitedhealth Group Inc	458	18,389	267,783
Wells Fargo & Co	306	10,722	17,286
Yum China Hldgs Inc	296	2,433	13,326
Las Vegas Sands Corp	125	8,884	6,293
Lennar Corp CL A	92	3,628	17,248
Lennar Corp CL B	1	37	173
MGM Resorts Intl	171	8,084	6,684
NRG Energy Inc New	58	1,591	5,284
Otis Worldwide Corp	48	1,574	4,989
Yum! Brands Inc	296	5,639	41,354
KB Home	63	3,297	5,399
Macy's Inc	112	4,711	1,757
Nordstrom Inc	33	1,666	742
		<u>217,720</u>	<u>1,080,810</u>

PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

EIN: 53-0230992

PLAN 001

FORM 5500, SCHEDULE H, LINE 4i  
 SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)  
 (Modified Cash Basis)

SEPTEMBER 30, 2024

<u>(a)(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY</u>	<u>(c) SHARES OR FACE VALUE</u>	<u>(d) COST</u>	<u>(e) CURRENT VALUE</u>
<b>Corporate Stocks held by RBC Wealth Management (First Trust):</b>			
Aercap Holdings NV	815	57,816	77,197
Shell PLC	1,060	76,095	69,907
Adobe Inc	145	76,577	75,078
Alphabet Inc Class C	420	66,448	70,220
Amazon.com Inc	455	61,498	84,780
American Express Company	325	51,454	88,140
Bank of America Corp	1,820	77,488	72,218
Broadcom Inc	450	77,885	77,625
Caterpillar Inc	220	55,277	86,046
Cigna Group	220	61,997	76,217
Dell Technologies Inc	600	69,784	71,124
Goldman Sachs Group Inc	150	76,567	74,267
JPMorgan Chase & Co	365	57,261	76,964
Lockheed Martin Corp	155	66,278	90,607
Meta Platforms Inc Class A	160	49,780	91,590
Nvidia Corp	650	34,100	78,936
Qualcomm Inc	380	77,156	64,619
Thermo Fisher Scientific Inc	135	77,869	83,507
Wells Fargo & Co	1,280	78,693	72,307
Caseys General Stores Inc	195	73,163	73,263
Comfort Systems USA Inc	265	34,818	103,443
Conagra Brands Inc	2,620	78,021	85,202
Devon Energy Corporation New	1,600	79,663	62,592
Emcor Group Inc	215	34,350	92,564
First Citizens Bancshares Inc	40	80,834	73,638
Godaddy Inc	525	68,701	82,309
Howmet Aerospace Inc	855	69,242	85,714
Iqvia Holdings Inc	305	76,098	72,276
Medpace Holdings Inc Com	200	79,237	66,760
Molson Coors Beverage Company Class B	1,330	75,622	76,501
NRG Energy Inc	1,020	75,221	92,922
Owens Corning	475	66,751	83,847
Vertiv Holdings LLC	825	60,225	82,079
Vistra Corp	920	78,032	109,057
Cal-Maine Foods Inc New	1,050	72,335	78,582
Crocs Inc	500	50,295	72,405
Eplus Inc	850	68,093	83,589
Harley Davidson Inc	2,100	67,368	80,913
Sterling Infrastructures Inc	640	79,821	92,813
TE Connectivity PLC	510	77,869	77,005
		<u>2,695,782</u>	<u>3,208,823</u>

PARKING MANAGMNT, INC. EMPLOYEES' PROFIT SHARING PLAN

EIN: 53-0230992

PLAN 001

FORM 5500, SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)  
(Modified Cash Basis)

SEPTEMBER 30, 2024

<u>(a)(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY</u>	<u>(c) SHARES OR FACE VALUE</u>	<u>(d) COST</u>	<u>(e) CURRENT VALUE</u>
<b>Corporate Stocks held by Wells Fargo #2550:</b>			
Air Products & Chemicals Inc	383	92,909	114,034
Altria Group Inc	1,355	51,776	69,159
Apple Inc	528	24,664	123,024
Berkshire Hathaway Inc	247	47,402	113,684
Blackrock Inc	123	67,079	116,790
Chevron Corporation	530	52,750	78,053
Cisco Systems Inc	1,121	48,528	59,660
Coca-Cola Company	849	37,066	61,009
Comcast Corp New CL A	1,794	89,914	74,935
Crown Castle Inc	631	61,674	74,856
Diageo PLC Sponsored ADR New	408	60,232	57,259
Dominion Energy Inc	688	52,936	39,760
Fidelity National	1,066	102,721	89,278
Johnson & Johnson	516	69,696	83,623
Lowe's Companies Inc	414	40,944	112,132
Merck & Co Inc New	688	36,651	78,129
Microsoft Corp	252	31,675	108,435
Norfolk Southern Corp	342	47,822	84,987
Paychex Inc	558	36,454	74,878
Pfizer Incorporated	1,531	52,264	44,307
Philip Morris International Inc	515	37,108	62,521
Starbucks Corp	829	75,864	80,819
Target Corp	513	39,346	79,956
Texas Instruments Inc	524	57,384	108,243
United Parcel Service-B	411	43,179	56,036
Verizon Communications	1,545	80,685	69,386
		<u>1,438,723</u>	<u>2,114,953</u>
<b>Corporate Stocks held by Wells Fargo #4630:</b>			
Abbvie Inc	784	66,028	154,824
Accenture Plc Ireland Shares Class A	47	14,502	16,614
Airbnb Inc CL A	253	24,833	32,083
Biogen Inc	544	161,886	105,449
Broadcom Inc	960	42,430	165,600
Charles River Laboratories	101	33,271	19,894
Cintas Corp	44	6,676	9,059
Comcast Corp New CL A	2,463	110,461	102,880
CrowdStrike Hldgs Inc CL A	259	51,643	72,642
Diageo Plc	125	22,754	17,543
DocuSign Inc	445	51,309	27,630
Doximity Inc CL A	647	22,558	28,190
Etsy Inc	181	24,873	10,051
Grainger W W Inc	22	19,842	22,854

PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

EIN: 53-0230992

PLAN 001

FORM 5500, SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)  
(Modified Cash Basis)

SEPTEMBER 30, 2024

<u>(a)(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY</u>	<u>(c) SHARES OR FACE VALUE</u>	<u>(d) COST</u>	<u>(e) CURRENT VALUE</u>
Hubspot Inc	88	60,193	46,781
Idexx Laboratories Inc	40	19,594	20,209
Insulet Corp	83	19,649	19,318
Ionis Pharmaceuticals Inc	1,714	80,042	68,663
Johnson Controls International PLC	2,089	83,369	162,127
L3Harris Technologies Inc	635	100,132	151,047
Medtronic PLC	137	11,200	12,334
Mongoddb Inc CL A	20	7,992	5,407
Nucor Corp	94	9,598	14,132
Paylocity Holding Corp	37	5,866	6,104
Pinterest Inc CL A	452	12,504	14,631
Seagate Technology PLC	1,255	55,488	137,460
Servicenow Inc	15	11,489	13,416
Shopify Inc CL A	75	4,920	6,010
Snowflake Inc CL A	172	29,356	19,756
Starbucks Corp	212	20,332	20,668
TJX Cos Inc New	208	18,254	24,448
Tractor Supply Company	73	19,458	21,238
Unitedhealth Group	312	86,301	182,420
Vertex Pharmaceuticals Inc	327	70,259	152,081
Vertiv Holdings LLC CL A	157	11,765	15,620
Western Digital Corp	1,567	88,024	107,010
		<u>1,478,851</u>	<u>2,006,193</u>
		<u>\$5,831,076</u>	<u>\$8,410,779</u>
<b>Certificates of Deposit held by Wells Fargo #1050:</b>			
Northpointe Bank, 5.350%, 10/10/24	132,000	\$132,000	\$133,606
First Natl Bank, 4.900%, 11/25/24	241,000	241,000	242,262
Everbank, 4.850%, 12/06/24	74,000	74,000	74,246
Merchants Bank of Indi, 4.950%, 12/13/24	232,000	232,000	232,566
Bank of China/New York, 4.950%, 12/16/24	80,000	80,000	80,206
Bank of China/New York, 4.900%, 12/19/24	161,000	161,000	161,259
		<u>\$920,000</u>	<u>\$924,145</u>
<b>Real Estate Entities:</b>			
Urban Edge Properties	3,962	\$17,316	\$84,747
Vornado Realty L.P.	7,925	133,095	312,245
JBG Smith Properties	3,962	31,939	69,256
1730 M Street Associates Limited Partnership	1.8538%	127,791	38,540
1301 New York Avenue LLC	0.0917%	4,000	4,000
		<u>\$314,141</u>	<u>\$508,788</u>

PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

EIN: 53-0230992

PLAN 001

FORM 5500, SCHEDULE H, ITEM 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
(Modified Cash Basis)

YEAR ENDED SEPTEMBER 30, 2024

<u>(a) IDENTITY OF PARTY INVOLVED</u>	<u>(b) DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN)</u>	<u>(c) PURCHASE PRICE</u>	<u>(d) SELLING PRICE</u>	<u>(e) LEASE RENTAL</u>	<u>(f) EXPENSE INCURRED WITH TRANSACTION</u>	<u>(g) COST OF ASSET</u>	<u>(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE</u>	<u>(i) NET GAIN OR (LOSS)</u>
NONE								

Note: This schedule presents all transactions or series of transactions during the period October 1, 2023 through September 30, 2024, in excess of 5 percent of the current value of the Plan's assets as of the beginning of the year.