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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1a</b> Name of plan<br/><u>TOWER CAR WASH HEALTH AND WELFARE PLAN 507</u></p>                                                                                                                                                                                                                                                                               | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>507</u></p>                                                                                                                                                                                                                             |
| <p><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>TOWER CAR WASH</u></p> <p><u>1601 MISSION ST</u><br/><u>SAN FRANCISCO, CA 94103</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/2021</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>94-3215451</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>415-558-9274</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>811190</u></p> |

**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. | 10/15/2025 | DELAVON PHOMMAHAXAY                                          |
|                  | 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                      |



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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 I</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—Small Plan</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> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

|                                                                                        |                                                                    |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>TOWER CAR WASH HEALTH AND WELFARE PLAN 507</b>             | <b>B</b> Three-digit plan number (PN) ▶ <b>507</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TOWER CAR WASH</b> | <b>D</b> Employer Identification Number (EIN)<br><b>94-3215451</b> |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

|                                                                                     |              | (a) Beginning of Year | (b) End of Year |
|-------------------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1 Plan Assets and Liabilities:</b>                                               |              |                       |                 |
| <b>a</b> Total plan assets .....                                                    | <b>1a</b>    | 99592                 | 0               |
| <b>b</b> Total plan liabilities .....                                               | <b>1b</b>    |                       |                 |
| <b>c</b> Net plan assets (subtract line 1b from line 1a) .....                      | <b>1c</b>    | 99592                 | 0               |
| <b>2 Income, Expenses, and Transfers for this Plan Year:</b>                        |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable:                                      |              |                       |                 |
| <b>(1)</b> Employers .....                                                          | <b>2a(1)</b> | 27394                 |                 |
| <b>(2)</b> Participants .....                                                       | <b>2a(2)</b> |                       |                 |
| <b>(3)</b> Others (including rollovers) .....                                       | <b>2a(3)</b> |                       |                 |
| <b>b</b> Noncash contributions .....                                                | <b>2b</b>    |                       |                 |
| <b>c</b> Other income .....                                                         | <b>2c</b>    |                       |                 |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....             | <b>2d</b>    |                       | 27394           |
| <b>e</b> Benefits paid (including direct rollovers) .....                           | <b>2e</b>    | 0                     |                 |
| <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> Administrative service providers (salaries, fees, and commissions) .....   | <b>2h</b>    | 4059                  |                 |
| <b>i</b> Other expenses .....                                                       | <b>2i</b>    |                       |                 |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....                    | <b>2j</b>    |                       | 4059            |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d) .....                    | <b>2k</b>    |                       | 23335           |
| <b>l</b> Transfers to (from) the plan (see instructions) .....                      | <b>2l</b>    |                       | -122927         |

**3 Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

|                                                                |           | Yes | No | Amount |
|----------------------------------------------------------------|-----------|-----|----|--------|
| <b>a</b> Partnership/joint venture interests .....             | <b>3a</b> |     | X  |        |
| <b>b</b> Employer real property .....                          | <b>3b</b> |     | X  |        |
| <b>c</b> Real estate (other than employer real property) ..... | <b>3c</b> |     | X  |        |
| <b>d</b> Employer securities .....                             | <b>3d</b> |     | X  |        |
| <b>e</b> Participant loans .....                               | <b>3e</b> |     | X  |        |
| <b>f</b> Loans (other than to participants) .....              | <b>3f</b> |     | X  |        |
| <b>g</b> Tangible personal property .....                      | <b>3g</b> |     | X  |        |

|                |                             |
|----------------|-----------------------------|
| <b>Part II</b> | <b>Compliance Questions</b> |
|----------------|-----------------------------|

|                                                                                                                                                                                                                                                                                                  |           | Yes | No | Amount  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>4</b> During the plan year:                                                                                                                                                                                                                                                                   |           |     |    |         |
| <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.) ..... | <b>4a</b> |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....                                              | <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? .....                                                                                                                                                                          | <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.) .....                                                                                                                                                              | <b>4d</b> |     | X  |         |
| <b>e</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                                                                          | <b>4e</b> | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                          | <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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?.....                                                                                                                      | <b>4i</b> |     | X  |         |
| <b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                              | <b>4j</b> | X   |    |         |
| <b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                 | <b>4k</b> | X   |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                               | <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> |     | 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 .....                                                                                                         | <b>4n</b> |     |    |         |

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

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

| 5b(1) Name of plan(s)                      | 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------------------------------------|--------------|-------------|
| TOWER CAR WASH HEALTH AND WELFARE PLAN 505 | 94-3215451   | 505         |
|                                            |              |             |
|                                            |              |             |

**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 \_\_\_\_\_.