

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: WESTSIDE TRANSIT LINES - A.T.U. PENSION PLAN
1b Three-digit plan number (PN): 007
1c Effective date of plan: 03/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSDEV SERVICES, INC.
2b Employer Identification Number (EIN): 52-1493194
2c Plan Sponsor's telephone number: 630-571-7070
2d Business code (see instructions): 485110

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

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

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.

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES OF WESTSIDE TRANSIT ATU PENSION PLAN 90 FIRST STREET GRETNA, LA 70054	3b Administrator's EIN 36-3637275																				
	3c Administrator's telephone number 708-474-6404																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN																				
	4d PN																				
5 Total number of participants at the beginning of the plan year	5 150																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td>6a(1)</td><td>105</td></tr> <tr><td>6a(2)</td><td>106</td></tr> <tr><td>6b</td><td>0</td></tr> <tr><td>6c</td><td>47</td></tr> <tr><td>6d</td><td>153</td></tr> <tr><td>6e</td><td>0</td></tr> <tr><td>6f</td><td>153</td></tr> <tr><td>6g(1)</td><td>148</td></tr> <tr><td>6g(2)</td><td>153</td></tr> <tr><td>6h</td><td>3</td></tr> </table>	6a(1)	105	6a(2)	106	6b	0	6c	47	6d	153	6e	0	6f	153	6g(1)	148	6g(2)	153	6h	3
6a(1)	105																				
6a(2)	106																				
6b	0																				
6c	47																				
6d	153																				
6e	0																				
6f	153																				
6g(1)	148																				
6g(2)	153																				
6h	3																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan WESTSIDE TRANSIT LINES - A.T.U. PENSION PLAN	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSDEV SERVICES, INC.	D Employer Identification Number (EIN) 52-1493194	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EAGLE CAPITAL MANAGEMENT

3850 NORTH CAUSEWAY BLVD.
SUITE 1090
METAIRIE, LA 70002

72-1467823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 71 28 51	ADVISOR	171851	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)

GULF COAST BANK & TRUST COMPANY

200 ST. CHARLES AVE.
NEW ORLEANS, LA 70130

72-1167423

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 19 64 18	RECORDKEEPER	25834	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)

KUSHNER LAGRAIZE, LLC

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

72-1042866

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	AUDITOR	14225	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)

THE HASLAUER GROUP, INC.

1800 WILLIAMS BLVD
SUITE C
KENNER, LA 70062

72-1487108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	TPA	7125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan WESTSIDE TRANSIT LINES - A.T.U. PENSION PLAN	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSDEV SERVICES, INC.	D Employer Identification Number (EIN) 52-1493194

Part I	Asset and Liability Statement
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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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	58662 75855
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	301861 1180564
(2) U.S. Government securities	1c(2)	1637888 0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	3500792 3803376
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	4931136 9207289
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2724839 0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	0 0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13155178	14267084
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13155178	14267084

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	995014	
(B) Participants.....	2a(1)(B)	426843	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1421857
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	64416	
(C) Corporate debt instruments.....	2b(1)(C)	192867	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		257283
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	121662	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		121662
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	11558406	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11484572	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1027490	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		15163
d Total income. Add all income amounts in column (b) and enter total	2d		2917289

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1562913	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1562913
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	32959	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	14225	
(5) Investment advisory and investment management fees	2i(5)	171851	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	18099	
(11) Other expenses	2i(11)	5336	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		242470
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1805383

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1111906
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **KUSHNER LAGRAIZE, LLC**

(2) EIN: **72-1042866**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15830
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan WESTSIDE TRANSIT LINES - A.T.U. PENSION PLAN	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSDEV SERVICES, INC.	D Employer Identification Number (EIN) 52-1493194	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 36-3637275

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	12
--	----------	-----------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	995014
b Enter the amount contributed by the employer to the plan for this plan year	6b	995014
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	0

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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:

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704029A.

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**

AUDITED FINANCIAL STATEMENTS

February 28, 2025 and February 29, 2024

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
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February 28, 2025 and February 29, 2024

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INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the accompanying financial statements of Westside Transit Lines – A.T.U. Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of February 28, 2025 and February 29, 2024, and the related statements of changes in net assets available for benefits for the years ended February 28, 2025 and February 29, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended February 28, 2025 and February 29, 2024, stating that the certified investment information, as described in Notes 3 and 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Westside Transit Lines – A.T.U. Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Westside Transit Lines – A.T.U. Pension 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Westside Transit Lines – A.T.U. Pension 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 Westside Transit Lines – A.T.U. Pension Plan’s ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Schedule H, Line 4j – Schedule of Assets (Acquired and Disposed of Within Year), and Schedule H, Line 4k – Schedule of Reportable Transactions, are presented for 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 management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to

auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



Metairie, Louisiana

December 9, 2025

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
February 28, 2025 and February 29, 2024

ASSETS		
	2025	2024
Investments at fair value		
Cash and cash equivalents	\$ 1,180,564	\$ 301,861
United States government securities	-	1,637,888
United States equities	5,317,845	4,931,136
Equity exchange traded funds	3,889,444	2,724,839
Corporate notes and bonds	3,803,377	3,500,792
Total Investments	14,191,230	13,096,516
Receivables		
Accrued income	75,854	58,662
TOTAL ASSETS	14,267,084	13,155,178
LIABILITIES		
Accrued expenses	37,637	32,040
TOTAL LIABILITIES	37,637	32,040
NET ASSETS AVAILABLE FOR BENEFITS	\$ 14,229,447	\$ 13,123,138

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended February 28, 2025 and February 29, 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation in fair value of investments	\$ 1,101,324	\$ 1,769,668
Interest and dividends	378,945	286,687
Other income	<u>17,582</u>	<u>14,580</u>
	1,497,851	2,070,935
Less investment expenses	<u>177,333</u>	<u>145,654</u>
Net investment income	1,320,518	1,925,281
Contributions		
Employer	995,619	882,376
Participants	<u>427,107</u>	<u>379,343</u>
Total Contributions	<u>1,422,726</u>	<u>1,261,719</u>
Total Additions	2,743,244	3,187,000
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to and for participants	1,562,913	473,294
Administrative expenses	<u>74,022</u>	<u>62,803</u>
Total Deductions	<u>1,636,935</u>	<u>536,097</u>
NET INCREASE IN NET ASSETS	1,106,309	2,650,903
NET ASSETS AVAILABLE FOR BENEFITS		
- BEGINNING OF YEAR	<u>13,123,138</u>	<u>10,472,235</u>
NET ASSETS AVAILABLE FOR BENEFITS		
- END OF YEAR	<u>\$ 14,229,447</u>	<u>\$ 13,123,138</u>

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS
February 28, 2025 and February 29, 2024

NOTE I - DESCRIPTION OF PLAN

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

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

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

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

The Plan was amended effective October 25, 2021 to allow loans related to Hurricane Ida damage. The loans could not be less than \$10,000 or greater than \$30,000 or one half of the participant's vested balance. Applications for loans were required to be submitted by November 1, 2021. There were no loans granted.

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

Fixed Route	Participant Contribution	Employer Contribution
Beginning 4/1/2022	7%	16.50%

Para-Transit (MITS)	Participant Contribution	Employer Contribution
Beginning 4/1/2023	3%	5.75%
Beginning 4/1/2024	3%	6.75%
Beginning 4/1/2025	3%	7.75%
Beginning 4/1/2026	3%	8.75%
Beginning 4/1/2027	3%	9.75%

RPTA	Participant Contribution	Employer Contribution
Beginning 2/1/2024	3%	8.00%

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS - CONTINUED
February 28, 2025 and February 29, 2024

NOTE I - DESCRIPTION OF PLAN (Continued)

3. **Participant Accounts.** The fund consists of two accounts for each participant: the participant's account (consisting of participant contributions plus earnings thereon), and the employer's account (consisting of employer's contributions plus earnings thereon less expenses of the Plan).
4. **Vesting.** Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer's contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 0% vested before completing 3 years of credited service and 100% vested thereafter.
5. **Payment of Benefits.** Upon termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, a qualified preretirement survivor annuity, or a qualified joint and survivor annuity. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.
6. **Plan Expenses.** The Plan incurs fees for administrative services provided by the asset custodian and third-party administrator as well as legal and accounting fees. Fees for investment services are provided by an investment manager. The respective fees are charged directly to the employer's account within the participants account and are included in the Statements of Changes of Net Assets Available for Benefits as administrative or investment expenses. For the years ended 2025 and 2024, fees were approximately 1.77% and 1.59% of total Plan assets at February 28, 2025 and February 29, 2024.
7. **Forfeited Accounts.** At February 28, 2025 and February 29, 2024, unapplied forfeited nonvested account assets totaled \$0. These accounts can be used in the following order: (i) restore any previously forfeited accounts of participants who have been reemployed and are entitled to a restoration of the forfeited portion; (ii) fund any employer contributions required under USERRA with respect to qualified military service; (iii) pay administrative expenses of the Plan and; (iv) allocated to the Participants' Employer Contribution account.

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS - CONTINUED
February 28, 2025 and February 29, 2024

NOTE 1 - DESCRIPTION OF PLAN (Continued)

8. **Administration.** The Plan's assets are held by Gulf Coast Bank & Trust as custodian. The assets are managed by Eagle Capital Management, L.L.C. (Eagle). Eagle has the discretionary authority to invest and reinvest the assets of the Plan, pursuant to investment guidelines provided by the trustees. The Plan used Haslauer Group to perform the compliance testing and prepare the Form 5500 for the years ended February 28, 2025 and February 29, 2024.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments

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

Estimates

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

Benefits

Benefits are recorded when paid.

Amounts allocated to withdrawing participants that have terminated the Plan, but have not been paid as of year-end amounted to \$137,742 as of February 28, 2025 and \$0 as of February 29, 2024.

Risks and Uncertainties

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

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS - CONTINUED
February 28, 2025 and February 29, 2024

NOTE 3 - INVESTMENTS (Unaudited)

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

	2025		2024	
	Cost	Fair Value	Cost	Fair Value
Investments at fair value as determined by quoted market prices				
Cash and cash equivalents	\$ 1,180,564	\$ 1,180,564	\$ 301,861	\$ 301,861
United States equities	1,738,411	5,317,845	2,468,481	4,931,136
Equity exchange traded funds	3,012,617	3,889,444	2,188,295	2,724,839
Corporate notes and bonds	3,781,770	3,803,377	3,582,938	3,500,792
US government securities	-	-	1,639,551	1,637,888
Total investments at fair value	<u>\$ 9,713,362</u>	<u>\$14,191,230</u>	<u>\$10,181,126</u>	<u>\$ 13,096,516</u>

NOTE 4 - FAIR VALUE MEASUREMENTS (Unaudited)

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

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

LEVEL 2 Inputs to the valuation methodology include:

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

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

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

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS - CONTINUED
February 28, 2025 and February 29, 2024

NOTE 4 - FAIR VALUE MEASUREMENTS (Unaudited) (Continued)

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

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodologies used at February 28, 2025 and February 29, 2024.

Cash and Cash Equivalents: Stated at cost, which approximates fair value.

United States Government Securities, United States Equities, Exchange Traded Funds, and Corporate Notes and Bonds: Valued at the closing price reported on the active market on which the individual securities are traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2025.

	ASSETS AT FAIR VALUE AS OF FEBRUARY 28, 2025			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 1,180,564	\$ -	\$ -	\$ 1,180,564
United States equities	5,317,845	-	-	5,317,845
Equity exchange traded funds	3,889,444	-	-	3,889,444
Corporate notes and bonds	3,803,377	-	-	3,803,377
 Total Assets at Fair Value	 \$ 14,191,230	 \$ -	 \$ -	 \$ 14,191,230

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS - CONTINUED
February 28, 2025 and February 29, 2024

NOTE 4 - FAIR VALUE MEASUREMENTS (Unaudited) (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 29, 2024.

	ASSETS AT FAIR VALUE AS OF FEBRUARY 29, 2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 301,861	\$ -	\$ -	\$ 301,861
United States equities	4,931,136	-	-	4,931,136
Equity exchange traded funds	2,724,839	-	-	2,724,839
Corporate notes and bonds	3,500,792	-	-	3,500,792
US government securities	1,637,888	-	-	1,637,888
Total Assets at Fair Value	\$ 13,096,516	\$ -	\$ -	\$ 13,096,516

NOTE 5 - CASH AND CASH EQUIVALENTS

Cash and cash equivalents at February 28, 2025 and February 29, 2024, consisted of amounts invested in money market accounts with variable interest rates and United States treasury bills. At February 28, 2025 and February 29, 2024, respectively, cash and cash equivalents totaled \$1,180,564 and \$301,861.

NOTE 6 - PLAN TERMINATION

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

NOTE 7 - TAX STATUS

The Plan adopted a non-standardized pre-approved money purchase pension plan, which received its latest opinion letter on June 30, 2020, 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. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS - CONTINUED
February 28, 2025 and February 29, 2024

NOTE 7 - TAX STATUS (Continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken uncertain tax positions that more likely than not would be sustained upon the examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of February 28, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan recognizes the tax benefit from uncertain tax positions only if it is “more likely than not” the tax position will not be sustained on examination by the taxing authorities. To the extent the Plan’s assessment of such tax positions change, the change will be recorded in the period in which the determination is made. No adjustments were required for the year ended February 28, 2025. The Plan’s Form 5500 for the years ended February 28, 2022, February 28, 2023, and February 29, 2024 remain subject to examination by the taxing authorities. The February 28, 2025 Form 5500 has not yet been filed.

NOTE 8 - LABOR CONTRACTS

On January 5, 2021, the Plan sponsor renewed a labor contract with the Amalgamated Transit Union Joint Council Division No. 1535 for fixed route employees covering the period April 1, 2021 through March 31, 2024. Under the contract, participants contribute 7.0% of eligible gross salary and the employer contributes 16.5% of eligible gross salary. On April 1, 2024 the Plan sponsor renewed its labor contract for fixed route employees for the period April 1, 2024 through March 31, 2028.

On December 20, 2020, the Plan sponsor renewed a labor contract with the Amalgamated Transit Union Joint Council Division No. 1535 for paratransit employees covering the period April 1, 2021 through March 31, 2024. Under the contract, effective April 1, 2023, participants contribute 3.0% of eligible gross salary and the employer contributes 5.75% of eligible gross salary. On April 1, 2024, the Plan sponsor renewed its labor contract for paratransit employees for the period April 1, 2024 through March 31, 2028. Effective April 1, 2024, the employer began contributing 6.75% of eligible salary.

On May 16, 2021, the Plan sponsor renewed a contract with the Amalgamated Transit Union Joint Council Division No. 1535 for River Parish Division employees covering the period July 1, 2021 through June 30, 2024. Under this contract, effective February 1, 2023, participants contribute 3.0% of eligible gross salary and the employer contributes 7.5% of eligible gross salary. On January 6, 2025 the Plan sponsor renewed its labor contract for River Parish Division employees for the period July 1, 2024 through January 31, 2028. Effective February 1, 2024, the employer began contributing 8.0% of eligible gross salary.

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS - CONTINUED
February 28, 2025 and February 29, 2024

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Net assets available for benefits as stated in the Form 5500 exceed the amounts reported in the accrual basis financial statements by \$37,637 and \$32,040 at February 28, 2025 and February 29, 2024, respectively. Such differences are attributable to financial statement accruals for expenses.

NOTE 10 - CARES ACT

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

Plans could voluntarily adopt these provisions by placing them in operation without amending the Plan as long as the Plan management makes the required amendments to Plan documents before the last day of the first plan year beginning on or after January 1, 2026. Plan management has not amended the Plan document as of February 28, 2025

NOTE 11 - SUBSEQUENT EVENTS

Subsequent events were evaluated through the date the financial statements were available to be issued, which corresponds with the date of the independent auditors' report. No material subsequent events have occurred since February 28, 2025 that required recognition or disclosure in these financial statements.

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**

E.I.N. #52-1493194 – PLAN NUMBER 007

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

February 28, 2025

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: <input type="checkbox"/>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE 2002-51</u>
	\$ -	\$ 15,829.51	\$ -	\$ -

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**

E.I.N. 52-1493194 – PLAN NUMBER 007

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

February 28, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of investment including maturing date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Gulf Coast Bank and Trust	Accenture, PLC Class A Ordinary Shares	\$ 43,711.63	\$ 269,739.00
	Gulf Coast Bank and Trust	Alphabet, Inc	66,840.79	330,343.20
	Gulf Coast Bank and Trust	Amazon.com, Inc	29,827.09	331,156.80
	Gulf Coast Bank and Trust	American Express Company	90,318.01	91,792.80
	Gulf Coast Bank and Trust	Apple, Inc	20,393.47	431,442.56
	Gulf Coast Bank and Trust	Applied Materials Inc.	134,837.28	165,341.22
	Gulf Coast Bank and Trust	Bank America Corp	124,944.54	124,866.44
	Gulf Coast Bank and Trust	Berkshire Hathaway Inc.	138,366.03	209,642.64
	Gulf Coast Bank and Trust	Broadcom Inc	100,497.59	610,255.80
	Gulf Coast Bank and Trust	Capital One Financial Corp	721,547.00	733,022.49
	Gulf Coast Bank and Trust	Chevron Corporation	127,901.55	184,633.68
	Gulf Coast Bank and Trust	Devon Energy Corp	758,547.31	753,142.01
	Gulf Coast Bank and Trust	Fidelity	280,185.64	424,582.48
	Gulf Coast Bank and Trust	Fortinet Inc	78,670.80	119,135.03
	Gulf Coast Bank and Trust	Home Depot, Inc	50,593.75	262,549.20
	Gulf Coast Bank and Trust	Intuit, Inc	56,166.68	305,078.48
	Gulf Coast Bank and Trust	Invesco Exch Traded Fd Tr li	460,643.85	476,046.00
	Gulf Coast Bank and Trust	Invesco QQQ Trust Series I	907,593.11	1,303,456.05
	Gulf Coast Bank and Trust	JP Morgan Chase & Co	133,761.45	244,536.60
	Gulf Coast Bank and Trust	Lockheed Martin Corp	115,099.17	174,293.19
	Gulf Coast Bank and Trust	Microsoft Corporation	27,779.83	364,039.83
	Gulf Coast Bank and Trust	Northern Institutional Govt Select Shares	1,180,563.90	1,180,563.90
	Gulf Coast Bank and Trust	PepsiCo, Inc	141,880.61	121,394.77
	Gulf Coast Bank and Trust	Pfizer, Inc	151,282.24	140,105.43
	Gulf Coast Bank and Trust	Prudential Financial Inc	136,976.45	149,054.50
	Gulf Coast Bank and Trust	Reynolds American Inc	99,949.84	99,921.08
	Gulf Coast Bank and Trust	Sabine Pass Liquefaction LLC	469,981.52	473,679.27
	Gulf Coast Bank and Trust	Schwab Strategic Tr US Dividend Equity ETF	658,409.94	735,561.42
	Gulf Coast Bank and Trust	SPDR S&P 500	537,971.99	953,658.90
	Gulf Coast Bank and Trust	Stanley Black & Decker Inc	371,375.15	370,281.68
	Gulf Coast Bank and Trust	T Mobile USA Inc	12,016.89	12,013.21
	Gulf Coast Bank and Trust	Torchmark Corp	733,412.62	746,465.78
	Gulf Coast Bank and Trust	Toyota Mtr Cr Corp	489,995.14	489,984.56
	Gulf Coast Bank and Trust	UnitedHealth Group, Inc	36,536.26	266,927.52
	Gulf Coast Bank and Trust	Vanguard Extended Market Index ETF	167,813.15	176,184.54
	Gulf Coast Bank and Trust	Visa, Inc	56,970.17	366,337.10
	Gulf Coast Bank and Trust	Accrued Income		75,854.82
		Total:	<u>\$ 9,713,362.44</u>	<u>\$ 14,267,083.98</u>

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
E.I.N. 52-1493194 – PLAN NUMBER 007
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)
February 28, 2025

(a) Identity of Issuer, Borrower, Lessor or Similar Party	(b) Description of investment including maturing date, rate of interest, collateral, par or maturity value	(c) Cost of Acquisition	(d) Proceeds of Disposition
Gulf Coast Bank and Trust	Northern Institutional Govt Select Shares	\$ 6,658,581.51	
Gulf Coast Bank and Trust	American Express Company	90,318.01	
Gulf Coast Bank and Trust	Bank America Corp	124,944.54	
Gulf Coast Bank and Trust	Capital One Finl Corp	721,547.00	
Gulf Coast Bank and Trust	Dell Technologies Inc	85,171.58	
Gulf Coast Bank and Trust	Devon Energy Corp New	708,245.42	
Gulf Coast Bank and Trust	Devon Energy Corp New	50,301.89	
Gulf Coast Bank and Trust	Federal Home Ln Mtg Corp	700,150.79	
Gulf Coast Bank and Trust	Fortinet Inc	78,670.80	
Gulf Coast Bank and Trust	Invesco Exch Traded Fd Tr li	460,643.85	
Gulf Coast Bank and Trust	Sabine Pass Liquefaction LLC	391,659.64	
Gulf Coast Bank and Trust	Sabine Pass Liquefaction LLC	78,321.88	
Gulf Coast Bank and Trust	T Mobile Usa Inc	12,016.89	
Gulf Coast Bank and Trust	Torchmark Corp	684,058.39	
Gulf Coast Bank and Trust	Torchmark Corp	49,354.23	
Gulf Coast Bank and Trust	Toyota Mtr Cr Corp	489,995.14	
Gulf Coast Bank and Trust	Vanguard Extended Market Index ETF	167,813.15	
	Total:	<u>\$11,551,794.71</u>	
Gulf Coast Bank and Trust	Abbvie Inc		\$ 1,000,000.00
Gulf Coast Bank and Trust	Bank America Corp		575,000.00
Gulf Coast Bank and Trust	Broadcom Inc		116,701.59
Gulf Coast Bank and Trust	Broadcom Inc		17,157.78
Gulf Coast Bank and Trust	Broadcom Inc		8,576.41
Gulf Coast Bank and Trust	Dell Technologies Inc		57,206.12
Gulf Coast Bank and Trust	Federal Farm Cr Bks.		575,000.00
Gulf Coast Bank and Trust	Federal Farm Cr Bks.		440,000.00
Gulf Coast Bank and Trust	Federal Home Ln Mtg Corp		700,000.00
Gulf Coast Bank and Trust	Federal Home Ln Mtg Corp		625,000.00
Gulf Coast Bank and Trust	Goldman Sachs Group Inc		500,000.00
Gulf Coast Bank and Trust	Invesco QQQ Trust Series I		125,744.01
Gulf Coast Bank and Trust	Northern Institutional Govt Select Shares		5,779,878.50
Gulf Coast Bank and Trust	SPDR S&P 500		11,218.99
Gulf Coast Bank and Trust	US Bancorp		1,000,000.00
Gulf Coast Bank and Trust	Visa, Inc		26,922.29
	Total:		<u>\$ 11,558,405.69</u>

**WESTSIDE TRANSIT LINES -
A.T.U. PENSION PLAN**
E.I.N. 52-1493194 – PLAN NUMBER 007
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
February 28, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (including interest rate and maturity in case of loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss
No broker specified	Federal Home Ln Mtg Corp	\$ -	\$ 100.00	\$ -	\$ -	\$ 700,150.79	\$ 700,000.00	\$ (150.79)
No broker specified	Northern Institutional Govt Select Shares	100.00	-	-	-	6,658,581.51	6,658,581.51	-
No broker specified	Northern Institutional Govt Select Shares	-	100.00	-	-	5,779,878.50	5,779,878.50	-
No broker specified	Torchmark Corp	97.72	-	-	-	684,058.39	684,058.39	-
Charles Schwab	Capital One Finl Corp	96.21	-	-	-	721,547.00	721,547.00	-
Charles Schwab	Devon Energy Corp New	100.60	-	-	-	50,301.89	50,301.89	-
Charles Schwab	Devon Energy Corp New	101.17	-	-	-	708,245.42	708,245.42	-
Charles Schwab	Federal Home Ln Mtg Corp	100.00	-	-	-	700,150.79	700,150.79	-
						Total:	\$ 16,002,763.50	\$ (150.79)

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: Westside Transit Lines - A.T.U. Pension Plan
1b Three-digit plan number (PN): 007
1c Effective date of plan: 03/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): Transdev Services, Inc.
2b Employer Identification Number (EIN): 52-1493194
2c Plan Sponsor's telephone number: 630-571-7070
2d Business code (see instructions): 485110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Derrick E Breun, 12/10/25, Derrick Breun. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES OF WESTSIDE TRANSIT ATU PENSION PLAN 90 FIRST STREET GRETNA LA 70054	3b Administrator's EIN 36-3637275 3c Administrator's telephone number 708-474-6404
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	150
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	105
a(2) Total number of active participants at the end of the plan year	6a(2)	106
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	47
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	153
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	148
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	153
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	3

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2C 3D

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Schedule H, line 4j - Schedule of Reportable Transactions

Identity of Party Involved	Description of Asset (including interest rate and Maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss
No broker specified	Federal Home Ln Mtg Corp		\$ 100.00		\$ -	\$ 700,150.79	\$ 700,000.00	\$ (150.79)
No broker specified	Northern Institutional Govt Select Shares	\$ 100.00			\$ -	\$ 6,658,581.51	\$ 6,658,581.51	\$ -
No broker specified	Northern Institutional Govt Select Shares		\$ 100.00		\$ -	\$ 5,779,878.50	\$ 5,779,878.50	\$ -
No broker specified	Torchmark Corp	\$ 97.72			\$ -	\$ 684,058.39	\$ 684,058.39	\$ -
Charles Schwab	Capital One Finl Corp	\$ 96.21			\$ -	\$ 721,547.00	\$ 721,547.00	\$ -
Charles Schwab	Devon Energy Corp New	\$ 100.60			\$ -	\$ 50,301.89	\$ 50,301.89	\$ -
Charles Schwab	Devon Energy Corp New	\$ 101.17			\$ -	\$ 708,245.42	\$ 708,245.42	\$ -
Charles Schwab	Federal Home Ln Mtg Corp	\$ 100.00			\$ -	\$ 700,150.79	\$ 700,150.79	\$ -
							\$ 16,002,763.50	\$ (150.79)

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

Name of Plan:

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

Employer Identification Number: ► 52-1493194

For plan year (beginning/ending): ► 03/01/2024 - 2/28/2025

Plan number: ►

007

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost of acquisitions	(e) Proceeds of dispositions
	GULF COAST BANK AND TRUST	Northern Institutional Govt Select Shares	6,658,581.51	
	GULF COAST BANK AND TRUST	American Express Company	90,318.01	
	GULF COAST BANK AND TRUST	Bank America Corp	124,944.54	
	GULF COAST BANK AND TRUST	Capital One Finl Corp	721,547.00	
	GULF COAST BANK AND TRUST	Dell Technologies Inc	85,171.58	
	GULF COAST BANK AND TRUST	Devon Energy Corp New	708,245.42	
	GULF COAST BANK AND TRUST	Devon Energy Corp New	50,301.89	
	GULF COAST BANK AND TRUST	Federal Home Ln Mtg Corp	700,150.79	
	GULF COAST BANK AND TRUST	Fortinet Inc	78,670.80	
	GULF COAST BANK AND TRUST	Invesco Exch Traded Fd Tr Ii	460,643.85	
	GULF COAST BANK AND TRUST	Sabine Pass Liquefaction LLC	391,659.64	
	GULF COAST BANK AND TRUST	Sabine Pass Liquefaction LLC	78,321.88	
	GULF COAST BANK AND TRUST	T Mobile Usa Inc	12,016.89	
	GULF COAST BANK AND TRUST	Torchmark Corp	684,058.39	
	GULF COAST BANK AND TRUST	Torchmark Corp	49,354.23	
	GULF COAST BANK AND TRUST	Toyota Mtr Cr Corp	489,995.14	
	GULF COAST BANK AND TRUST	Vanguard Extended Market Index ETF	167,813.15	
		Total:	11,551,794.71	
	GULF COAST BANK AND TRUST	Abbvie Inc		1,000,000.00
	GULF COAST BANK AND TRUST	Bank America Corp		575,000.00
	GULF COAST BANK AND TRUST	Broadcom Inc		116,701.59
	GULF COAST BANK AND TRUST	Broadcom Inc		17,157.78
	GULF COAST BANK AND TRUST	Broadcom Inc		8,576.41
	GULF COAST BANK AND TRUST	Dell Technologies Inc		57,206.12
	GULF COAST BANK AND TRUST	Federal Farm Cr Bks		575,000.00
	GULF COAST BANK AND TRUST	Federal Farm Cr Bks		440,000.00
	GULF COAST BANK AND TRUST	Federal Home Ln Mtg Corp		700,000.00
	GULF COAST BANK AND TRUST	Federal Home Ln Mtg Corp		625,000.00
	GULF COAST BANK AND TRUST	Goldman Sachs Group Inc		500,000.00
	GULF COAST BANK AND TRUST	Invesco QQQ Trust Series 1		125,744.01
	GULF COAST BANK AND TRUST	Northern Institutional Govt Select Shares		5,779,878.50
	GULF COAST BANK AND TRUST	SPDR S&P 500		11,218.99
	GULF COAST BANK AND TRUST	US Bancorp		1,000,000.00
	GULF COAST BANK AND TRUST	Visa, Inc		26,922.29
		Total:		11,558,405.69

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

Name of Plan:

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

Employer Identification Number: ► 52-1493194

For plan year (beginning/ending): ► 03/01/2024 - 2/28/2025

Plan number: ► 007

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	GULF COAST BANK AND TRUST	Accenture, PLC Class A Ordinary Shares	43,711.63	269,739.00
	GULF COAST BANK AND TRUST	Alphabet, Inc	66,840.79	330,343.20
	GULF COAST BANK AND TRUST	Amazon.com, Inc	29,827.09	331,156.80
	GULF COAST BANK AND TRUST	American Express Company	90,318.01	91,792.80
	GULF COAST BANK AND TRUST	Apple, Inc.	20,393.47	431,442.56
	GULF COAST BANK AND TRUST	Applied Materials Inc.	134,837.28	165,341.22
	GULF COAST BANK AND TRUST	Bank America Corp	124,944.54	124,866.44
	GULF COAST BANK AND TRUST	Berkshire Hathaway Inc.	138,366.03	209,642.64
	GULF COAST BANK AND TRUST	Broadcom Inc	100,497.59	610,255.80
	GULF COAST BANK AND TRUST	Capital One Financial Corp	721,547.00	733,022.49
	GULF COAST BANK AND TRUST	Chevron Corporation	127,901.55	184,633.68
	GULF COAST BANK AND TRUST	Devon Energy Corp	758,547.31	753,142.01
	GULF COAST BANK AND TRUST	Fidelity	280,185.64	424,582.48
	GULF COAST BANK AND TRUST	Fortinet Inc	78,670.80	119,135.03
	GULF COAST BANK AND TRUST	Home Depot, Inc	50,593.75	262,549.20
	GULF COAST BANK AND TRUST	Intuit, Inc	56,166.68	305,078.48
	GULF COAST BANK AND TRUST	Invesco Exch Traded Fd Tr li	460,643.85	476,046.00
	GULF COAST BANK AND TRUST	Invesco QQQ Trust Series 1	907,593.11	1,303,456.05
	GULF COAST BANK AND TRUST	JP Morgan Chase & Co	133,761.45	244,536.60
	GULF COAST BANK AND TRUST	Lockheed Martin Corp	115,099.17	174,293.19
	GULF COAST BANK AND TRUST	Microsoft Corporation	27,779.83	364,039.83
	GULF COAST BANK AND TRUST	Northern Institutional Govt Select Shares	1,180,563.90	1,180,563.90
	GULF COAST BANK AND TRUST	PepsiCo, Inc	141,880.61	121,394.77
	GULF COAST BANK AND TRUST	Pfizer, Inc	151,282.24	140,105.43
	GULF COAST BANK AND TRUST	Prudential Financial Inc	136,976.45	149,054.50
	GULF COAST BANK AND TRUST	Reynolds American Inc	99,949.84	99,921.08
	GULF COAST BANK AND TRUST	Sabine Pass Liquefaction LLC	469,981.52	473,679.27
	GULF COAST BANK AND TRUST	Schwab Strategic Tr US Dividend Equity ETF	658,409.94	735,561.42
	GULF COAST BANK AND TRUST	SPDR S&P 500	537,971.99	953,658.90
	GULF COAST BANK AND TRUST	Stanley Black & Decker Inc	371,375.15	370,281.68
	GULF COAST BANK AND TRUST	T Mobile USA Inc	12,016.89	12,013.21
	GULF COAST BANK AND TRUST	Torchmark Corp	733,412.62	746,465.78
	GULF COAST BANK AND TRUST	Toyota Mtr Cr Corp	489,995.14	489,984.56
	GULF COAST BANK AND TRUST	UnitedHealth Group, Inc.	36,536.26	266,927.52
	GULF COAST BANK AND TRUST	Vanguard Extended Market Index ETF	167,813.15	176,184.54
	GULF COAST BANK AND TRUST	Visa, Inc	56,970.17	366,337.10
	GULF COAST BANK AND TRUST	Accrued Income		75,854.82
		Total	9,713,362.44	14,267,083.98