

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOC. RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1988
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION 6950 ROSE HILL ROAD PORT TOBACCO, NY 20677
2b	Employer Identification Number (EIN) 52-1659476
2c	Plan Sponsor's telephone number 301-932-0910
2d	Business code (see instructions) 485410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2026	KEITH COMPTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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	5 487
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.....	6a(1) 333 6a(2) 339 6b 0 6c 145 6d 484 6e 0 6f 484 6g(1) 351 6g(2) 353 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:

2A 2C 2E 2F 2G 2K 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION	D Employer Identification Number (EIN) 52-1659476	

Part I	Service Provider Information (see instructions)
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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	
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215

(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)

LONG ISLAND EMPLOYEE BENEFITS GROUP

50 STEWART AVENUE
SUITE 2
HUNTINGTON, NY 11743

11-2931438

(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 99 49 64	TPA	22459	Yes ☒ No ☐	Yes ☐ No ☒	4535	Yes ☐ No ☒

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

LPL FINANCIAL LLC

COMMISSIONS DEPT. 4707 EXECUT
SAN DIEGO, CA 92121

(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 55	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	13515	Yes ☐ No ☒

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 26 60 21 49 63 25 59 64	RECORDKEEPER	8639	Yes ☒ No ☐	Yes ☒ No ☐	4332	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL LLC	27 55	13515
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISOR	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 59 21 60 25 63 26 64 49	4332
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	RECORDKEEPER	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LONG ISLAND EMPLOYEE BENEFITS GROUP	15 49 64 99	4535
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	TPA	

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
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
	A Name of plan CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOC. RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION	D Employer Identification Number (EIN) 52-1659476	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13084	3244
(2) Participant contributions.....	1b(2)	2264	1199
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	2583607	2885791
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	2598955	2890234
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
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	2598955	2890234

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)	196248	
(B) Participants	2a(1)(B)	38426	
(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)		234674
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)		
(C) Corporate debt instruments	2b(1)(C)		
(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)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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)		260031
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		494705

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	170659	
(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)		170659
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)	24128	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	8639	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		32767
j Total expenses. Add all expense amounts in column (b) and enter total	2j		203426

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		291279
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: **KIMBERLY F. PALMISANO, CPA, P.A.**

(2) EIN: **80-0892983**

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.)	☒	☐	20355
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOC. RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION				D Employer Identification Number (EIN) 52-1659476	
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): 31-1592130					
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	0
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	192904
b Enter the amount contributed by the employer to the plan for this plan year				6b	
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	
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 Q703912A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOC. RETIREMENT PLAN	B Three-digit Plan number (PN)..... ►	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION	D Administrator's EIN 52-1659476	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	--

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer COMPTON BUS SERVICES	2b EIN 52-0846200	2c Percentage of Total Contributions for the Plan Year 25.74	2d Aggregate Account Balances Attributable to Participating Employer 654231
2a Name of Participating Employer G. WADE COMPTON, INC.	2b EIN 52-1002891	2c Percentage of Total Contributions for the Plan Year 6.47	2d Aggregate Account Balances Attributable to Participating Employer 142809

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DINK'S BUS SERVICE, INC.	52-1185795	4.05	71849
JAMES H. DUFFY & CO.	52-1619273	11.36	251835
CELESTINE C. DYSON, INC.	52-1644469	0.54	36482
DYSON BUS SERVICE, INC.	52-1576477	0.54	0
DYSON TRUCKING, INC.	52-1619141	1.62	84011
G & M TRANSPORTATION	52-1561773	0.49	10298
DARLENE GILROY	27-0859017	4.05	153311
H & H BUS SERVICE, INC.	52-1783290	8.62	111028
JOHNSON'S BUS SERVICE	20-4702838	5.72	138782

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CATHERINE A. KELLER, INC.	52-1560206	0.00	32480
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDWIN A. KELLER BUS SVC, INC.	20-2493540	0.00	81870
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HELEN E. KELLER	52-2283394	5.27	99290
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KELLER TRANSPORATION, INC.	52-1671106	15.96	438779
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERNEST KELLER, III BUS SERVICE	20-2493540	2.22	982704
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUTH E. KOCH, INC.	54-1558237	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KOCH TRUCKING, INC.	52-0958491	0.00	858
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUCK P. & SONS BUS SVC, LLC	20-1557359	1.08	17029
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
H.O. SHEFF & SONS, LLC	20-3321621	1.56	63947

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STANLEY BUS SERVICE, INC.	52-1448222	2.74	79642
JAMES H. STONE, LLC	20-2316098	3.83	149566
P & C DUNNINGTON, INC.	52-2340744	0.22	8807
NANNIE'S BUS CO., LLC	20-3321644	2.75	62390
SWANN TRANSPORTATION, INC.	81-5075736	0.00	48508
ALPERT BUS SERVICE, LLC	83-4245834	1.94	29866
CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION	52-1659476	1.57	34813

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

CHARLES COUNTY SCHOOL BUS
CONTRACTORS ASSOCIATION
RETIREMENT PLAN

FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

CHARLES COUNTY SCHOOL BUS
CONTRACTORS ASSOCIATION
RETIREMENT PLAN

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June 30, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Charles County School Bus Contractors Association
Retirement Plan

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

I have performed audits of the accompanying financial statements of Charles County School Bus Contractors Association Retirement 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 June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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), my 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 a certification from a qualified institution as of June 30, 2025 and 2024 and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In my opinion, based on my audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements 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

I conducted my audits in accordance with auditing standards generally accepted in the United States of America (GAAS). My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of Charles County School Bus Contractors Association Retirement Plan and to meet my other ethical responsibilities, in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my 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 Charles County School Bus Contractors Association Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing an audit in accordance with GAAS, I:

- 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 Charles County 401(k) 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 my judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Charles County School Bus Contractors Association Retirement Plan's ability to continue as a going concern for a reasonable period of time.

My 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.

I am 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 I identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedule of Assets (Held at End of Year) as of June 30, 2025, and schedule of Delinquent Participant Contributions for the year ended June 30, 2025 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, I compared such information to the related certified investment information.

Supplemental Schedules Required by ERISA (Continued)

In forming my opinion on the supplemental schedules, I evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In my 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, is 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 schedule 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).

Kimberly F. Palmisano, CPA, P.A.

Kimberly F. Palmisano, CPA, P.A.
Hunt Valley, Maryland
April 14, 2026

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30,	2025	2024
ASSETS		
Investments at Fair Value	<u>\$ 2,885,791</u>	<u>\$ 2,583,607</u>
RECEIVABLES		
Employer Contributions	3,244	13,084
Participant Contributions	<u>1,199</u>	<u>2,264</u>
Total Receivables	<u>4,443</u>	<u>15,348</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,890,234</u></u>	<u><u>\$ 2,598,955</u></u>

Independent auditor's report and accompanying notes
are an integral part of these financial statements.

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION
RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended June 30, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

INVESTMENT INCOME

Net Appreciation in Fair Value Investments	\$ 121,066
Dividends	<u>138,965</u>
Net Investment Income	<u>260,031</u>

CONTRIBUTIONS

Employer	196,248
Participants	<u>38,426</u>
Total Contributions	<u>234,674</u>

TOTAL ADDITIONS	<u>494,705</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits Paid to Participants	170,659
Administrative Expenses	<u>32,767</u>

TOTAL DEDUCTIONS	<u>203,426</u>
------------------	----------------

NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	291,279
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Net Assets Available for Benefits - Beginning of Year	<u>2,598,955</u>
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NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 2,890,234</u>
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Independent auditor's report and accompanying notes
are an integral part of these financial statements.

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

Note 1: Description of the Plan

The following description of Charles County School Bus Contractors Association Retirement Plan (The Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Association who have three months of continuous service and are 18 years of age or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, the participants may contribute an amount up to the maximum allowable under the Internal Revenue Code (the Code) (\$23,500 for the year ended June 30, 2025). Participants who have attained age 50 before the end of the Plan year can make additional contributions, subject to limitations imposed by the Code. For the year ended June 30, 2025, the maximum allowable amount for catch-up contributions totaled \$7,500. Participants are allowed to make rollover contributions to the Plan. Additionally, monthly contributions of \$116.25 can be made to the Plan, consisting of \$108.13 per month provided by the employer and \$8.12 provided by the participant. Contributions for the plan year ended June 30, 2025 are equal to the minimum required contribution.

Participant Accounts

Each participant account is credited with the participant's and employer's contribution and allocation of plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Classification

Investments available to participants consist of various mutual funds made available to them through Nationwide.

Vesting

Participants are immediately vested in their participant contributions plus actual earnings thereon. Vesting in the remainder of their accounts is at the rate of 25% per year. A participant is 100% vested after four years of service.

Payments of Benefits

One year after termination of service, a participant may elect to receive a single lump-sum payment equal to the value of his or her vested account, annuity payments over the participant's life or as a qualified joint and survivor annuity, or in equal monthly, quarterly, semi-annual or annual installments. If a participants vested account balance Payments of Benefits is less than \$7,000 upon termination of service, the plan administrator directs the trustee to make a lump sum distribution. Benefits are recorded when paid.

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

Note 1: Description of the Plan (Continued)

Forfeited Accounts

As of June 30, 2025 and 2024, forfeited nonvested accounts totaled \$0 and \$75, respectively. Forfeited amounts may be used first to pay administrative expenses of the Plan and then to reduce the employer contributions.

Plan Termination

Although it has not expressed any intent to do so, the Association 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 2: Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments in mutual funds are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at measurement date. See Note 5 for discussion of fair value measurements.

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

Date of Management's Review

The Plan has evaluated subsequent events through April 14, 2026, the date which the financial statements were available to be issued.

Payment of Plan Expenses

The Plan makes direct payment of expenses to service providers. Certain other expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments. In addition, certain distribution processing and management fees are charged directly to the participant's account and are included in administrative expenses.

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

Note 3: Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at June 30, 2025 and 2024, and net appreciation in fair value of investments, and interest and dividends for the year ended June 30, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Nationwide Trust Company, FSB, (Nationwide) the trustee of the Plan as follows:

Investments held and certified by Nationwide as of June 30:	<u>2025</u>	<u>2024</u>
Funds Held in Registered Investment Companies		
Mutual Funds, at Fair Value	<u>\$ 2,885,791</u>	<u>\$ 2,583,607</u>

The trustee also certified to the completeness and accuracy of \$121,066 of net appreciation in fair value of investments and \$138,965 of dividend income for the year ended June 30, 2025.

Note 4: Credit Risk

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. Additionally, the Plan holds all of its assets at Nationwide as of June 30, 2025 and 2024 in mutual funds. These balances are not insured by Nationwide or FDIC Insurance.

Note 5: Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted market prices for assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net assets values of the shares as reported by the fund. The mutual funds held by the Plan are open-ended mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

Note 5: Fair Value Measurements (Continued)

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended June 30, 2025, there were no transfers between Levels 1 and 2 and no transfers into or out of level 3.

The following table sets forth by level, within the fair value hierarchy, the plans assets at fair value.

Assets at Fair Value as of June 30, 2025

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments at Fair Value as of June 30, 2025				
Mutual Funds	<u>\$2,885,791</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,885,791</u>
Total Assets in the Fair Value Hierarchy	<u>\$2,885,791</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,885,791</u>

Assets at Fair Value as of June 30, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments at Fair Value as of June 30, 2024				
Mutual Funds	<u>\$2,583,607</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,583,607</u>
Total Assets in the Fair Value Hierarchy	<u>\$2,583,607</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,583,607</u>

Note 6: Tax Status

The underlying prototype plan received an opinion letter from the IRS dated June 30, 2020, stating that the form of the Plan is qualified under Section 401 of the IRC. Although the Plan has been restated and amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any period in progress.

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

Note 7: Party-In-Interest Transactions

The Plan invests in shares of mutual funds managed by Nationwide. Nationwide acts as Trustee for the Plan, therefore these transactions qualify as party-in-interest transactions. Fees were paid by the Plan for administrative expenses to Nationwide and other third-party administrators and service providers of the Plan. Fees incurred by the Plan for the investment management services are included in the net depreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. As discussed in Note 2, the Plan made direct payment of certain administrative expenses which were not covered by revenue sharing. Expenses for service providers amounted to \$32,767 for the year ended June 30, 2025. The trustees of the Plan are also participants in the Plan. Such transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules. The Association provides certain accounting and administrative services to the Plan for which no fees are charged. All such transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

During the year ended June 30, 2025, the Plan sponsor did not remit certain participant contributions to the Plan in a timely manner, as defined by ERISA. These contributions, in the amount of \$20,355 as disclosed on the accompanying supplementary Schedule of Delinquent Participant Contributions, are considered nonexempt party-in-interest transactions, which may result in an imposition of a 15% excise tax on the amount of the transactions. The Plan intends to compensate participants for any lost interest resulting from the delay in contributions. Plan management estimates that lost income associated with the delay in contributions amounts to \$95, computed at the applicable interest rates. These nonexempt transactions do not affect the tax status of the Plan, and the Plan sponsor intends to pay all fines imposed.

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION RETIREMENT PLAN

EIN# 52-1659476

PLAN #001

Attachment to Form 5500, Schedule H, Line 4(i)

Schedule of Assets Held for Investment Purposes at Plan Year End June 30, 2025

(a) / (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Registered Investment Company - Mutual Funds:			
ABERDEEN FUNDS	ABERDEEN INTERNATIONAL VAL A	\$	319
ABERDEEN FUNDS	ABERDEEN GLOBAL EQUITY A		413
ALLIANCE BERNSTEIN FUNDS	AB HI INC A		15,474
AMERICAN BEACON FUNDS	PUB-AMBCN SMCAP VAL ADV		33,413
AMERICAN FUNDS SERVICE COMPANY	AMERICAN CENTURY GROWTH A		428
AMERICAN FUNDS SERVICE COMPANY	AMERICAN CENT SHTDRINFLPRTBD A		526
AMERICAN FUNDS SERVICE COMPANY	AMERICAN FUNDS NEW WLD R3		11,381
AMERICAN FUNDS SERVICE COMPANY	AMERICAN CAP WLD Bd R3		72,222
AMERICAN FUNDS SERVICE COMPANY	AMERICAN BCN INTERNATIONAL EQUITY ADVISOR		119,569
AMERICAN FUNDS SERVICE COMPANY	AMERICAN FUNDS INTMD BD FD AM R3		14,762
AMERICAN FUNDS SERVICE COMPANY	AMERICAN INFLATION ADJ BD A		52,689
BLACKROCK	BLACKROCK TOTAL RETURN INV A		184
BLACKROCK	BLACKROCK EMERG MKT INV A		94,653
BLACKROCK	BLACKROCK HI YLD BD INV A		325
BLACKROCK	BLACKROCK MIDCAP GR EQ INV A		233
BLACKROCK	BLACKROCK STRAT INC. OPFR INV A		904
BLACKROCK	BLACKROCK ADVTG LGCAP VAL INV A		192
DWS GROUP	DWS ENHANCED COMMODITY COMDTY STRAT A		53,401
EATON VANCE FUNDS	EATON VANCE EMERGING MARKET LOCAL INC A		99
FIDELITY INVESTMENTS	FIDELITY INFL PRCTCT BD INDX		726
FIDELITY INVESTMENTS	FIDELITY INVMT GRD BD A		161,315
FIDELITY INVESTMENTS	MFS RSRCH INTL A		118,195
FIDELITY INVESTMENTS	FIDELITY ADV TTL BD A		115,478
FRANKLIN TEMPLETON INVESTMENTS	FRANKLIN TMP GLOBAL BOND A		485
GOLDMAN SACHS	GDMNSCS SMCAP VAL		171
GOLDMAN SACHS	GDMNSCS LGCAP VAL		189
GOLDMAN SACHS	GQGP INTERNATIONAL OPFR A		117,017
GUGGENHEIM INVESTMENTS	GUGHM Floting Rt Strat A		105
INVESCO FUNDS	INVSCO OPP INTL BD A		226
INVESCO FUNDS	INVSCO OPP INTL GR A		912
JOHN HANCOCK INSURANCE COMPANY	JOHN HANCOCK INC VAL R2		142
JOHN HANCOCK INSURANCE COMPANY	JOHN HANCOCK CLSC VAL R2		1,096
JP MORGAN FUNDS	JP MORGAN LARGE CAP VAL A		330
JP MORGAN FUNDS	JP MORGAN EQ INC A		445
JP MORGAN FUNDS	JP MORGAN Cor Pls Bd A		467
JP MORGAN FUNDS	JP MORGAN SMALL CAP VAL A		493
JP MORGAN FUNDS	JP MORGAN SMALL CAP VAL R3		733
JP MORGAN FUNDS	JP MORGAN EQUITY INC R3		151,790
JP MORGAN FUNDS	JP MORGAN US EQ R3		107,233
JP MORGAN FUNDS	JP MORGAN LARGE CAP GR R3		7,604
LAZARD FUNDS	LAZARD INTL STRAT EQ OPEN		907
LORD ABBETT FUNDS	LRDABT FLOTNG RT R4		26
LORD ABBETT FUNDS	LRDABRT SHRT DUR INC R4		29,252
LORD ABBETT FUNDS	LRDABRT HI YLD R4		98,307
MASSACHUSETTES FINANCIAL SERVICES	MFS GR A		167,042
MASSACHUSETTES FINANCIAL SERVICES	MFS MDCAP GR R3		77,728

(Continued)

See Independent Auditor's Report

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION RETIREMENT PLAN

EIN# 52-1659476

PLAN #001

Attachment to Form 5500, Schedule H, Line 4(i)

Schedule of Assets Held for Investment Purposes at Plan Year End June 30, 2025

(a) / (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE GQG US QUALITY EQUITY FUND		157,005
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE GOV MONEY MARKET INV		47,697
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE INFL PRTCT SEC A		147,597
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE HM BD A		124
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE INTERNATIONAL INDEX A		2,480
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE LOOMIS ALL CAP GR A		102,220
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE S P 500 INDEX SVC		5,275
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE BOND INDEX A		3,267
NEUBERGER BERMAN	NEUBERGER EMERGING MKT EQ A		2,442
NEUBERGER BERMAN	NEUBERGER INTL SEL A		20,430
NEUBERGER BERMAN	NEUBERGER COR BD A		247,449
NUVEEN	NUVEEN HI YLD INC A		593
PACIFIC INVESTMENT MANAGEMENT CO	PIMCO TTL RTN A		212
PACIFIC INVESTMENT MANAGEMENT CO	PIMCO REAL RTN A		496
PIONEER FUNDS	PIONR GBL EQ A		107
PRINCIPAL FINANCIAL GROUP	PRNCPL REALEST SEC A		157
PRINCIPAL FINANCIAL GROUP	PRNCPL LGCAP GR I A		217
PRUDENTIAL FINANCIAL, INC.	PGIM JNISN GR R2		213
PRUDENTIAL FINANCIAL, INC.	PRUDNTL JNISN SM CO A		264
PRUDENTIAL FINANCIAL, INC.	PRUDNTL GLOBAL REALEST A		401
PRUDENTIAL FINANCIAL, INC.	PRUDNTL JNISN GR A		1,095
PRUDENTIAL FINANCIAL, INC.	PGIM TOTAL RETURN BOND A		1,547
PRUDENTIAL FINANCIAL, INC.	PGIM JNISN SM CO R2		33,909
PRUDENTIAL FINANCIAL, INC.	PGIM TOTAL RETURN BOND R2		193,729
T. ROWE PRICE INVESTMENTS	TROWEPR INTL GR INC R		29,892
THE BANK OF NEW YORK MELLON	DREYFUS GBL REALEST SEC A		63,781
THE BANK OF NEW YORK MELLON	BNYMEL STRAT VAL A		88,766
WELLS FARGO FUNDS	WF SPEC MDCAP VAL A		75,155
WILLIAM BLAIR FUNDS	WLMBLR INTL GR N		29,670
Total Registered Investment Company - Mutual Funds		\$	2,885,791

* Represents Party In Interest

This schedule has been prepared from information that has been certified as to its accuracy and completeness by Nationwide Trust Company, FSB.

See Independent Auditor's Report

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION
RETIREMENT PLAN

Attachment to Form 5500 For The Year Ended June 30, 2025
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Plan Name: Charles County School Bus Contractors Assoc. Retirement Plan	EIN: 52-1659476
Plan Sponsor Name : Charles County School Bus Contractors Association	PN: 001

Total that Constitute Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: 	0	20,355	0	0

See Independent Auditor's Report

E-SIGNATURE AUTHORIZATION

for

Charles County School Bus Contractors Assoc. Retirement Plan

52-1659476 / 001

For Plan Year 07/01/2024 through 06/30/2025

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Long Island Employee Benefits Group Ltd. to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500 that has been provided must be returned to Long Island Employee Benefits Group Ltd. before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- Long Island Employee Benefits Group Ltd. will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500 prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500 showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- Long Island Employee Benefits Group Ltd. will maintain a copy of this written authorization in its records.
- Long Island Employee Benefits Group Ltd. will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Long Island Employee Benefits Group Ltd. shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500 for the plan year listed above.



Plan Administrator

Plan Sponsor

4/13/26

Date

Date

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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.)
	☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOC. RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1988
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION 6950 ROSE HILL ROAD PORT TOBACCO NY 20677	2b Employer Identification Number (EIN) 52-1659476
	2c Plan Sponsor's telephone number 301-932-0910
	2d Business code (see instructions) 485410

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

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

SIGN HERE		4/13/26	KEITH COMPTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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	5 487
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	6a(1) 333 6a(2) 339 6b 0 6c 145 6d 484 6e 0 6f 484 6g(1) 351 6g(2) 353 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: 2A 2C 2E 2F 2G 2K 3D	

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 _____

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION RETIREMENT PLAN

EIN# 52-1659476

PLAN #001

Attachment to Form 5500, Schedule H, Line 4(i)

Schedule of Assets Held for Investment Purposes at Plan Year End June 30, 2025

(a) / (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Registered Investment Company - Mutual Funds:			
ABERDEEN FUNDS	ABERDEEN INTERNATIONAL VAL A	\$	319
ABERDEEN FUNDS	ABERDEEN GLOBAL EQUITY A		413
ALLIANCE BERNSTEIN FUNDS	AB HI INC A		15,474
AMERICAN BEACON FUNDS	PUB-AMBCN SMCAP VAL ADV		33,413
AMERICAN FUNDS SERVICE COMPANY	AMERICAN CENTURY GROWTH A		428
AMERICAN FUNDS SERVICE COMPANY	AMERICAN CENT SHTDRINFLPRTBD A		526
AMERICAN FUNDS SERVICE COMPANY	AMERICAN FUNDS NEW WLD R3		11,381
AMERICAN FUNDS SERVICE COMPANY	AMERICAN CAP WLD Bd R3		72,222
AMERICAN FUNDS SERVICE COMPANY	AMERICAN BCN INTERNATIONAL EQUITY ADVISOR		119,569
AMERICAN FUNDS SERVICE COMPANY	AMERICAN FUNDS INTMD BD FD AM R3		14,762
AMERICAN FUNDS SERVICE COMPANY	AMERICAN INFLATION ADJ BD A		52,689
BLACKROCK	BLACKROCK TOTAL RETURN INV A		184
BLACKROCK	BLACKROCK EMERG MKT INV A		94,653
BLACKROCK	BLACKROCK HI YLD BD INV A		325
BLACKROCK	BLACKROCK MIDCAP GR EQ INV A		233
BLACKROCK	BLACKROCK STRAT INC. OPFR INV A		904
BLACKROCK	BLACKROCK ADVTG LGCAP VAL INV A		192
DWS GROUP	DWS ENHANCED COMMODITY COMDTY STRAT A		53,401
EATON VANCE FUNDS	EATON VANCE EMERGING MARKET LOCAL INC A		99
FIDELITY INVESTMENTS	FIDELITY INFL PRCTCT BD INDX		726
FIDELITY INVESTMENTS	FIDELITY INVMT GRD BD A		161,315
FIDELITY INVESTMENTS	MFS RSRCH INTL A		118,195
FIDELITY INVESTMENTS	FIDELITY ADV TTL BD A		115,478
FRANKLIN TEMPLETON INVESTMENTS	FRANKLIN TMP GLOBAL BOND A		485
GOLDMAN SACHS	GDMNSCS SMCAP VAL		171
GOLDMAN SACHS	GDMNSCS LGCAP VAL		189
GOLDMAN SACHS	GQGP INTERNATIONAL OPFR A		117,017
GUGGENHEIM INVESTMENTS	GUGHM Floting Rt Strat A		105
INVESCO FUNDS	INVSCO OPP INTL BD A		226
INVESCO FUNDS	INVSCO OPP INTL GR A		912
JOHN HANCOCK INSURANCE COMPANY	JOHN HANCOCK INC VAL R2		142
JOHN HANCOCK INSURANCE COMPANY	JOHN HANCOCK CLSC VAL R2		1,096
JP MORGAN FUNDS	JP MORGAN LARGE CAP VAL A		330
JP MORGAN FUNDS	JP MORGAN EQ INC A		445
JP MORGAN FUNDS	JP MORGAN Cor Pls Bd A		467
JP MORGAN FUNDS	JP MORGAN SMALL CAP VAL A		493
JP MORGAN FUNDS	JP MORGAN SMALL CAP VAL R3		733
JP MORGAN FUNDS	JP MORGAN EQUITY INC R3		151,790
JP MORGAN FUNDS	JP MORGAN US EQ R3		107,233
JP MORGAN FUNDS	JP MORGAN LARGE CAP GR R3		7,604
LAZARD FUNDS	LAZARD INTL STRAT EQ OPEN		907
LORD ABBETT FUNDS	LRDABT FLOTNG RT R4		26
LORD ABBETT FUNDS	LRDABRT SHRT DUR INC R4		29,252
LORD ABBETT FUNDS	LRDABRT HI YLD R4		98,307
MASSACHUSETTES FINANCIAL SERVICES	MFS GR A		167,042
MASSACHUSETTES FINANCIAL SERVICES	MFS MDCAP GR R3		77,728

(Continued)

See Independent Auditor's Report

CHARLES COUNTY SCHOOL BUS CONTRACTORS ASSOCIATION RETIREMENT PLAN

EIN# 52-1659476

PLAN #001

Attachment to Form 5500, Schedule H, Line 4(i)

Schedule of Assets Held for Investment Purposes at Plan Year End June 30, 2025

(a) / (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE GQG US QUALITY EQUITY FUND		157,005
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE GOV MONEY MARKET INV		47,697
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE INFL PRTCT SEC A		147,597
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE HM BD A		124
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE INTERNATIONAL INDEX A		2,480
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE LOOMIS ALL CAP GR A		102,220
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE S P 500 INDEX SVC		5,275
* NATIONWIDE TRUST COMPANY, FSB	NATIONWIDE BOND INDEX A		3,267
NEUBERGER BERMAN	NEUBERGER EMERGING MKT EQ A		2,442
NEUBERGER BERMAN	NEUBERGER INTL SEL A		20,430
NEUBERGER BERMAN	NEUBERGER COR BD A		247,449
NUVEEN	NUVEEN HI YLD INC A		593
PACIFIC INVESTMENT MANAGEMENT CO	PIMCO TTL RTN A		212
PACIFIC INVESTMENT MANAGEMENT CO	PIMCO REAL RTN A		496
PIONEER FUNDS	PIONR GLBL EQ A		107
PRINCIPAL FINANCIAL GROUP	PRNCPL REALEST SEC A		157
PRINCIPAL FINANCIAL GROUP	PRNCPL LGCAP GR I A		217
PRUDENTIAL FINANCIAL, INC.	PGIM JNISN GR R2		213
PRUDENTIAL FINANCIAL, INC.	PRUDNTL JNISN SM CO A		264
PRUDENTIAL FINANCIAL, INC.	PRUDNTL GLOBAL REALEST A		401
PRUDENTIAL FINANCIAL, INC.	PRUDNTL JNISN GR A		1,095
PRUDENTIAL FINANCIAL, INC.	PGIM TOTAL RETURN BOND A		1,547
PRUDENTIAL FINANCIAL, INC.	PGIM JNISN SM CO R2		33,909
PRUDENTIAL FINANCIAL, INC.	PGIM TOTAL RETURN BOND R2		193,729
T. ROWE PRICE INVESTMENTS	TROWEPR INTL GR INC R		29,892
THE BANK OF NEW YORK MELLON	DREYFUS GLBL REALEST SEC A		63,781
THE BANK OF NEW YORK MELLON	BNYMEL STRAT VAL A		88,766
WELLS FARGO FUNDS	WF SPEC MDCAP VAL A		75,155
WILLIAM BLAIR FUNDS	WLMBLR INTL GR N		29,670
Total Registered Investment Company - Mutual Funds		\$	2,885,791

* Represents Party In Interest

This schedule has been prepared from information that has been certified as to its accuracy and completeness by Nationwide Trust Company, FSB.

See Independent Auditor's Report