Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1961

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PARKING MANAGEMENT, INC.

1725 DESALES STREET, NW, SUITE 201
WASHINGTON, DC 20036

2b Employer Identification Number (EIN) 53-0230992

2c Plan Sponsor's telephone number 202-785-9191

2d Business code (see instructions) 812930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2026	STEPHEN YETSO
	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 [X] 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**	549
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	94
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	99
b	Retired or separated participants receiving benefits	**6b**	25
c	Other retired or separated participants entitled to future benefits	**6c**	392
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	516
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	516
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	516
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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:

2E

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PARKING MANAGEMENT, INC.

D Employer Identification Number (EIN)
53-0230992

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WELLS FARGO ADVISORS, LLC

1021 E CARY ST 22ND FL
RICHMOND, VA 23219

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	29670	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RBC CAPITAL MARKETS LLC

2010 CORPORATE RIDGE, 900
MCLEAN, VA 22102

41-1416330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	44586	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARITON, MANCUSO & JONES, P.C.

11140 ROCKVILLE PIKE,340
ROCKVILLE, MD 20852

52-1706411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	35000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THOMAS F. BARRETT, INC

4701 SANGAMORE RD S205
BETHESDA, MD 20816

52-0964235

(b) 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	RECORDKEEPER	18006	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

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

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

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

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

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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

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 10/01/2024 and ending 09/30/2025

A Name of plan
PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PARKING MANAGEMENT, INC.

D Employer Identification Number (EIN)
53-0230992

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1045158	1105133
(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)	8410779	8724895
(5) Partnership/joint venture interests	1c(5)	508788	534097
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	9964725	10364125
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	2932	6597
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2932	6597
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9961793	10357528

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)		
	(B) Participants	2a(1)(B)		
	(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)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	42327	
	(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)		42327
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	144177	
	(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)		144177
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	11757290	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11786487	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-29197
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1106776	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1106776

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		12085
d Total income. Add all **income** amounts in column (b) and enter total	2d		1276168
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	751549	
(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)		751549
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)		
(3) Recordkeeping fees	2i(3)	18006	
(4) IQPA audit fees	2i(4)	35000	
(5) Investment advisory and investment management fees	2i(5)	74256	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1622	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		128884
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		880433
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		395735
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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HARITON, MANCUSO & JONES, P.C. **(2)** EIN: 52-1706411

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	**4a**		X	
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.)	**4b**		X	
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.)	**4c**		X	
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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
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?	**4g**	X		4000
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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
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.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 10/01/2024 and ending 09/30/2025

A Name of plan
PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PARKING MANAGEMENT, INC.

D Employer Identification Number (EIN)
53-0230992

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** |

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): 52-6041413

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** |

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** |

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**

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

PARKING MANAGEMENT, INC.
EMPLOYEES' PROFIT SHARING PLAN

SEPTEMBER 30, 2025 AND 2024

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

PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

SEPTEMBER 30, 2025 AND 2024

CONTENTS

Hariton
Mancuso
Jones P.C.
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of the Parking Management, Inc. Employees' Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of September 30, 2025 and 2024, and the related statements of changes in net assets available for plan benefits for the years then ended, all on the modified cash basis, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of the Parking Management, Inc. Employees' Profit Sharing Plan as of September 30, 2025 and 2024, and the changes in net assets available for plan benefits for the years then ended, in accordance with the basis of accounting described in Note 2.

Basis for Opinion

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

Basis of Accounting

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

Responsibilities of Management for the Financial Statements

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

11140 Rockville Pike Suite 340 North Bethesda, MD 20852 Tel: 301 984-6400 Fax: 301 984-0028

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audit of the 2025 financial statements was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and reportable transactions, all on the modified cash basis, are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

Hairston, Mancuso & Jones, P.C.

North Bethesda, MD
July 9, 2026

PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

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

SEPTEMBER 30, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS, AT FAIR VALUE (NOTE 4):		
Corporate stocks	$8,724,895	$8,410,779
Certificates of deposit	962,829	924,145
Real estate entities (Note 3)	534,097	508,788
	10,221,821	9,843,712
CASH AND CASH EQUIVALENTS:		
Cash in bank	76,776	5,011
Cash held by custodians	65,528	116,002
	142,304	121,013
	10,364,125	9,964,725
LIABILITIES		
ACCOUNTS PAYABLE	6,597	2,932
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$10,357,528	$9,961,793

See notes to financial statements.

PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

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

YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) of investments (Note 4):		
Realized	($29,197)	$310,855
Unrealized	1,106,776	1,580,584
Dividend income	144,177	159,327
Interest income	42,327	49,463
Distributions from the operations of real estate entities (Note 3)	12,085	8,501
	1,276,168	2,108,730
Less investment expenses	74,256	76,040
	1,201,912	2,032,690
DEDUCTIONS FROM NET ASSETS ATTTRIBUTABLE TO:		
Benefits paid	751,549	806,581
Administrative expenses (Note 3)	54,628	57,841
	806,177	864,422
NET INCREASE	395,735	1,168,268
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING	9,961,793	8,793,525
NET ASSETS AVAILABLE FOR PLAN BENEFITS, ENDING	$10,357,528	$9,961,793

See notes to financial statements.

1. DESCRIPTION OF PLAN:

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

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

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

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

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

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

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

1. DESCRIPTION OF PLAN (CONTINUED):

Any participant who suffers a break in service forfeits this nonvested interest and the forfeiture and the earnings thereon are allocated among the remaining participants. If a terminated participant returns to the employer before he suffers a break in service, these nonvested benefits, together with the earnings thereon, may be transferred back to his account. Forfeited amounts were $19,882 in 2025. There were no forfeited amounts in 2024.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

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

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

Income Taxes: The Plan's Forms 5500, Annual Return/Report of Employee Benefit Plan, that have been filed with the U.S. Department of Labor as of September 30, 2025, for the years ended September 30, 2024, 2023,and 2022 are subject to examination by the Internal Revenue Service, generally three years after the date they were filed.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

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

Payment of Benefits: Benefits are recorded when paid.

Date of Management's Review: Subsequent events were evaluated through July 9, 2026, which is the date the financial statements were available to be issued.

3. RELATED PARTY TRANSACTIONS:

Insurance: The Plan is protected under a policy against claims made for breach of fiduciary duty. The yearly premiums are paid by the Employer and amounted to $2,609 and $2,300 for the policy periods ending on May 1, 2026 and 2025, respectively.

Real Estate Entities: Owners of Parking Management, Inc. also have interests in certain of the real estate entities in which the Plan has invested. Distributions received from these investments totaled $12,040 in 2025 and $8,458 in 2024.

4. INVESTMENTS AND FAIR VALUE MEASUREMENTS:

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

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

Level 2 - Significant other observable inputs.

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

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

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

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

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

Certificates of deposit at September 30, 2025 and 2024, consist of amounts on deposit at banks, with interest rates ranging from 3.95% to 4.45%, with maturities of four months or less.

4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED):

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

	September 30, 2025		September 30, 2024	
	Principal Amount or Ownership %	Fair Value	Principal Amount or Ownership %	Fair Value
Investment at fair value as determined by quoted market price (Level 1):				
Corporate stocks		$8,724,895		$8,410,779
Real estate entities	Various	530,097	Various	504,788
		9,254,992		8,915,567
Investments at fair value (Level 2):				
Certificates of deposit	Various	962,829	Various	924,145
Investments at estimated fair value (Level 3):				
Real estate entities	Various	4,000	Various	4,000
Total investments at fair value		$10,221,821		$9,843,712

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

	Years ended September 30,	
	2025	2024
Marketable securities	$1,052,270	$1,707,831
Real estate entities (Level 1)	25,309	183,608
Certificates of deposit (Level 2)		
Real estate entities (Level 3)		
Net appreciation (depreciation) of investments	$1,077,579	$1,891,439

5. TAX STATUS:

The Plan obtained its latest determination letter on May 28, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance, with the applicable requirements of the Internal Revenue Code. The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes.

6. PLAN TERMINATION:

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

7. RISKS AND UNCERTAINTIES:

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

PARKING MANAGMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

EIN: 53-0230992

PLAN 001

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

SEPTEMBER 30, 2025

(a)(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY	(c) SHARES OR FACE VALUE	(d) COST	(e) CURRENT VALUE
Corporate Stocks held by RBC Wealth Management (First Trust):			
Fabrinet	295	$83,606	$107,563
Taiwan Semiconductor ADR	470	89,573	131,266
Eaton Corporation PLC	280	109,517	104,790
Equinor ASA Sponsored ADR	4,470	108,755	108,979
Johnson Controls International PLC	995	100,315	109,400
Advanced Micro Devices Inc Com	635	107,220	102,737
Alphabet Inc Class C	535	88,550	130,299
American Express Company	340	100,832	112,934
Ecolab Inc	415	114,154	113,652
Goldman Sachs Group Inc	165	104,951	131,398
JPMorgan Chase & Co	390	66,577	123,018
Lowes Companies Inc	420	107,989	105,550
Mastercard Incorporated	190	105,643	108,074
Meta Platforms Inc Class A	160	58,135	117,501
Microsoft Corp	215	95,548	111,359
Nvidia Corp	665	43,656	124,076
O Reilly Automotive Inc	1,035	109,306	111,583
Qualcomm Inc	670	121,919	111,461
T Mobile US Inc	390	93,009	93,358
Builders Firstsource Inc.	830	106,085	100,637
Caseys General Stores Inc	220	100,854	124,370
CBOE Global Markets Inc	450	100,966	110,363
Comfort Systems USA Inc	160	41,540	132,029
Curtiss Wright Corp	220	80,335	119,447
Emcor Group Inc	195	48,948	126,660
Expedia Group Inc	550	90,632	117,563
First Citizens Bancshares Inc CL A	55	101,115	98,404
Howmet Aerospece Inc	585	52,676	114,795
Interactive Brokers Group Inc Class A	1,680	86,957	115,601
Tapestry Inc	1,047	108,301	118,541
Ulta Beauty Inc	215	108,931	117,551
US Foods Holding Corp Com	1,295	100,414	99,223
Vistra Corp	545	55,947	106,776
Cal-Maine Foods Inc New	1,005	76,901	94,571
Carpenter Technology Corp	430	107,902	105,582
Frontdoor Inc	1,815	105,996	122,131
Grand Canyon Education Inc	520	113,098	114,150
Itron Inc	885	110,227	110,236
Openlane Inc	3,985	114,289	114,688
Rambus Inc	1,259	93,978	131,188
		3,715,347	4,553,504

PARKING MANAGMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

EIN: 53-0230992

PLAN 001

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

SEPTEMBER 30, 2025

(a)(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY	(c) SHARES OR FACE VALUE	(d) COST	(e) CURRENT VALUE
Corporate Stocks held by Wells Fargo #2550:			
Air Products & Chemicals Inc	363	89,552	98,997
Altria Group Inc	1,355	51,775	89,511
Apple Inc	425	29,319	108,218
Berkshire Hathaway Inc	165	31,665	82,952
Blackrock Inc	91	49,544	106,094
Chevron Corporation	629	68,056	97,677
Chubb LTD	66	19,412	18,629
Cisco Systems Inc	1,121	48,528	76,699
Coca-Cola Company	849	37,066	56,306
Comcast Corp New CL A	1,794	89,914	56,368
Crown Castle Inc	631	60,158	60,885
Diageo PLC Sponsored ADR New	408	60,232	38,935
Dominion Energy Inc	688	52,935	42,085
Fidelity National	1,066	102,721	70,292
Johnson & Johnson	324	44,337	60,076
Lowes Companies Inc	426	45,280	107,058
Merck & Co Inc New	688	36,651	57,744
Microsoft Corp	210	34,782	108,770
Norfolk Southern Corp	342	47,822	102,740
Northrop Grumman Corp	144	68,101	87,742
Paychex Inc	558	36,454	70,732
Pfizer Incorporated	1,531	52,264	39,010
Progressive Corp Ohio	238	68,335	58,774
Starbucks Corp	829	75,864	70,133
Target Corp	513	39,346	46,016
Texas Instruments Inc	511	56,159	93,886
Verizon Communications	882	47,036	38,764
		1,443,308	1,945,093
Corporate Stocks held by Wells Fargo #4630:			
Abbvie Inc	744	62,660	172,266
Accenture Plc Ireland Shares Class A	32	9,874	7,891
Airbnb Inc CL A	253	24,834	30,719
Alnylam pharmaceuticals Inc	30	9,669	13,680
Applovin Corp CL A	24	7,760	17,245
Broadcom Inc	578	25,546	190,688
Chipotle Mexican Grill CL A	983	57,969	38,524
Cintas Corp	44	6,676	9,031
Comcast Corp New CL A	714	40,981	22,434
Crowdstrike Hldgs Inc CL A	259	51,643	127,008
Diageo Plc	125	22,754	11,929
Docusign Inc	445	51,309	32,080
Doximity Inc CL A	647	22,558	47,328
Grainger W W Inc	22	19,842	20,965

PARKING MANAGMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

EIN: 53-0230992

PLAN 001

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

SEPTEMBER 30, 2025

(a)(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY	(c) SHARES OR FACE VALUE	(d) COST	(e) CURRENT VALUE
Hilton Worldwide Holdings Inc New	31	7,860	8,043
Hubspot Inc	88	60,193	41,166
Idexx Laboratories Inc	40	19,594	25,556
Insulet Corp	83	19,649	25,625
Johnson Controls Internaltional PLC	1,440	55,866	158,328
L3Harris Technologies Inc	617	98,468	188,438
Medtronic PLC	137	11,200	13,048
Nucor Corp	94	9,598	12,730
On Holding AG Namen AKT A	147	6,835	6,225
Pinterest Inc CL A	452	12,505	14,541
Seagate Technology PLC	786	33,980	185,543
Servicenow Inc	71	63,229	65,340
Shopify Inc CL A	121	10,130	17,982
Snowflake Inc CL A	172	29,356	38,795
Starbucks Corp	212	20,332	17,935
TE Connectivity PLC	339	49,266	74,421
TJX Cos Inc New	627	74,187	90,627
TKO Group Holdings Inc	55	7,901	11,108
Tractor Supply Company	365	19,458	20,758
Unitedhealth Group	357	104,903	123,272
Vertex Pharmaceuticals Inc	327	70,259	128,066
Vertiv Holdings LLC CL A	211	16,716	31,831
Western Digital Corp	1,542	64,649	185,132
		1,280,209	2,226,298
		$6,438,864	$8,724,895
Certificates of Deposit held by Wells Fargo #1050:			
Mizrahi Tefahot Bank, 4.450%, 10/08/25	158,000	$158,000	$159,657
WebBank, 4.300%, 10/08/25	159,000	159,000	160,611
Bank of China/New York, 4.300%, 10/15/25	167,000	167,000	168,653
Machias Savings Bank, 4.300%, 10/22/25	220,000	220,000	221,840
Beal Bank USA, 4.050%, 12/03/25	126,000	126,000	126,000
State Bank of India, 3.950%, 12/29/25	126,000	126,000	126,068
		$956,000	$962,829
Real Estate Entities:			
Urban Edge Properties	3,962	$17,316	$81,102
Vornado Realty L.P.	7,925	133,095	321,200
JBG Smith Properties	3,962	31,939	87,323
1730 M Street Associates Limited Partnership	1.8538%	127,791	40,472
1301 New York Avenue LLC	0.0917%	4,000	4,000
		$314,141	$534,097

PARKING MANAGEMENT, INC. EMPLOYEES' PROFIT SHARING PLAN

EIN: 53-0230992

PLAN 001

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

YEAR ENDED SEPTEMBER 30, 2025

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

Note: This schedule presents all transactions or series of transactions during the period October 1, 2024 through September 30, 2025, in excess of 5 percent of the current value of the Plan's assets as of the beginning of the year.