

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 09/30/2024 and ending 09/29/2025	
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 COLONIAL PARKING, INC. PENSION PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 09/30/1972
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) COLONIAL PARKING, INC. 1025 CONNECTICUT AVE NW #500 WASHINGTON, DC 20036
2b	Employer Identification Number (EIN) 53-0215818
2c	Plan Sponsor's telephone number 202-295-8102
2d	Business code (see instructions) 541990

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	RON PECK
	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	5 502
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) 162 6a(2) 0 6b 0 6c 0 6d 0 6e 6f 0 6g(1) 6g(2) 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:

1A 1H 1I

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
---	--

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 1
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 09/30/2024 and ending 09/29/2025		
A Name of plan COLONIAL PARKING, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLONIAL PARKING, INC.	D Employer Identification Number (EIN) 53-0215818	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
UNITED OF OMAHA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0322111	69868	SPG-36558	101	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 146405	(b) Total amount of fees paid 0
--	------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BCG PENSION RISK CONSULTANTS
100 GRANDVIEW RD STE 303
BRAINTREE, MA 02184

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
146405	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ APPLICABLE MORTALITY TABLE		
b Premiums paid to carrier	6b	4880156
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
Specify nature of costs ▶ N/A		
e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity		
(3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☒		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee		
(3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below).....	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below).....	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 09/30/2024 and ending 09/29/2025		
A Name of plan COLONIAL PARKING, INC. PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLONIAL PARKING, INC.		D Employer Identification Number (EIN) 53-0215818

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)	49046	
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)	58	
(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)	11971000	0
(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	12020104	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12020104	0

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)	843124	
(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)		843124
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)		
(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)	82217	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		82217
(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)		227617
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1152958

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7871111	
(2) To insurance carriers for the provision of benefits	2e(2)	4880156	
(3) Other	2e(3)	392757	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13144024
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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	29038	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		29038
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13173062

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-12020104
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: **COUNCILOR, BUCHANAN & MITCHELL, PC**

(2) EIN: **52-1711839**

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.)		☒	
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?		☒	
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 0.

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 465804.

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 09/30/2024 and ending 09/29/2025					
A Name of plan COLONIAL PARKING, INC. PENSION PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLONIAL PARKING, INC.				D Employer Identification Number (EIN) 53-0215818	
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): _____ 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	162
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					
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 ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.



COLONIAL PARKING, INC. PENSION PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

SEPTEMBER 29, 2024 AND 2023

COLONIAL PARKING, INC. PENSION PLAN

TABLE OF CONTENTS SEPTEMBER 29, 2024 AND 2023

	<u>Pages</u>
Independent Auditor's Report	3-5
Financial Statements	
Statements of Net Assets Available for Benefits as of September 29, 2024 (in liquidation) and 2023 (ongoing).....	6
Statements of Changes in Net Assets Available for Benefits for the years ended September 29, 2024 (in liquidation) and 2023 (ongoing)	7
Statements of Accumulated Plan Benefits as of September 29, 2024 (in liquidation) and 2023 (ongoing).....	8
Statements of Changes in Accumulated Plan Benefits for the years ended September 29, 2024 (in liquidation) and 2023 (ongoing)	9
Notes to Financial Statements	10-16
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	18
Schedule H, Line 4j - Schedule of Reportable Transactions	19-28

Independent Auditor's Report

To the Board of Directors
Colonial Parking, Inc. Pension Plan
Washington, D.C.

Opinion

We have audited the accompanying financial statements of Colonial Parking, Inc. Pension Plan (the 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 benefits and of accumulated plan benefits as of September 29, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years ended September 29, 2024 (in liquidation) and 2023 (ongoing), and the related notes to the financial statements.

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the net assets available for benefits and of accumulated plan benefits of Colonial Parking, Inc. Pension Plan as of September 29, 2024 (in liquidation) and 2023 (ongoing), and the changes in its net assets available for benefits and of changes in accumulated plan benefits for the years ended September 29, 2024 (in liquidation) and 2023 (ongoing), in accordance with accounting principles generally accepted in the United States of America.

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Colonial Parking, Inc. Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As discussed in Note 10 to the financial statements, the Board of Directors of Colonial Parking, Inc. Pension Plan approved a plan of liquidation on May 18, 2024, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the ongoing basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

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 is also responsible for maintaining a current plan instrument, including all plan

Responsibilities of Management for the Financial Statements (Continued)

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 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 Colonial Parking, Inc. Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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.

Supplementary Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets (held at end of year) and schedule of reportable transactions - transactions in excess of 5% of value presented, together referred to as "supplementary information," 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.

To the Board of Directors
Colonial Parking, Inc. Pension Plan

Supplementary Schedules Required by ERISA (Continued)

The information has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplementary schedules, we evaluated whether the supplementary 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.

Councilor, Buchanan + Mitchell, P.C.

Bethesda, Maryland
July 14, 2025

Certified Public Accountants

COLONIAL PARKING, INC. PENSION PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 29, 2024 AND 2023**

	(Liquidation) 2024	(Ongoing) 2023
Assets		
Investments - at Fair Value		
Short-Term Income Fund	\$ 11,971,000	\$ 5,439,106
U.S. Government and Agency Bonds	-	1,838,793
Municipal Obligations	-	1,040,156
Corporate Bonds	-	2,524,761
Equity Securities	<u>58</u>	<u>58</u>
Total Investments	11,971,058	10,842,874
Cash	-	49,651
Accrued Income	<u>49,046</u>	<u>70,392</u>
Total Assets	<u>12,020,104</u>	<u>10,962,917</u>
Total Net Assets Available for Benefits	<u><u>\$ 12,020,104</u></u>	<u><u>\$ 10,962,917</u></u>

See accompanying Notes to Financial Statements.

COLONIAL PARKING, INC. PENSION PLAN

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 29, 2024 AND 2023**

	(Liquidation) 2024	(Ongoing) 2023
Additions to Net Assets Attributed to		
Employer Contributions	\$ 1,099,000	\$ 2,000,000
Investment Income		
Net Appreciation in Fair		
Value of Investments	1,153,247	538,481
Loss on Sale of Investments	(815,705)	(172,152)
Dividends and Interest	<u>445,909</u>	<u>339,927</u>
Net Investment Income before		
Investment Expenses	783,451	706,256
Less Investment Expenses		
Investment Advisory Services	<u>40,813</u>	<u>46,287</u>
Net Investment Gain	<u>742,638</u>	<u>659,969</u>
Total Additions to Net Assets	<u>1,841,638</u>	<u>2,659,969</u>
Deductions from Net Assets Attributed to		
Benefits Paid to Participants	<u>784,451</u>	<u>688,870</u>
Net Increase	1,057,187	1,971,099
Net Assets Available for Benefits, Beginning of Year	<u>10,962,917</u>	<u>8,991,818</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 12,020,104</u></u>	<u><u>\$ 10,962,917</u></u>

See accompanying Notes to Financial Statements.

COLONIAL PARKING, INC. PENSION PLAN

**STATEMENTS OF ACCUMULATED PLAN BENEFITS
SEPTEMBER 29, 2024 AND 2023**

	(Liquidation) 2024	(Ongoing) 2023
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Inactive Participants Receiving Benefits	\$ 1,774,334	\$ 1,747,957
Inactive Participants with Deferred Benefits	5,566,353	5,483,605
Active Participants	<u>6,104,717</u>	<u>6,013,966</u>
Total Vested Benefits	<u>13,445,403</u>	<u>13,245,528</u>
 Total Actuarial Present Value of Accumulated Plan Benefits	 <u><u>\$ 13,445,403</u></u>	 <u><u>\$ 13,245,528</u></u>

See accompanying Notes to Financial Statements.

COLONIAL PARKING, INC. PENSION PLAN

**STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEARS ENDED SEPTEMBER 29, 2024 AND 2023**

	(Liquidation) 2024	(Ongoing) 2023
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	<u>\$ 13,245,528</u>	<u>\$ 13,776,026</u>
Increase (Decrease) during the Year Attributable to		
Benefits Accumulated and Losses (Gains)	907,168	(777,586)
Interest Due to the Decrease in the Discount Period	-	633,957
Changes in Actuarial Assumptions	77,158	302,001
Benefits Paid	<u>(784,451)</u>	<u>(688,870)</u>
Net Increase (Decrease)	<u>199,875</u>	<u>(530,498)</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 13,445,403</u>	<u>\$ 13,245,528</u>

See accompanying Notes to Financial Statements.

COLONIAL PARKING, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 29, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of Colonial Parking, Inc. Pension Plan is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Colonial Parking, Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established on September 28, 1972, by the employer, Colonial Parking, Inc., (the Company).

Effective September 30, 2012, the Plan was closed to new entrants and ongoing benefit accruals were frozen for current active participants.

Investment Counsel

Truist Bank (the Bank) has been appointed as trustee and investment manager of the Plan's assets. The investment counsel agreement should be referred to for details regarding the Bank's duties and responsibilities.

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to the sum of 22% of their final average earnings plus 21% of their final average earnings in excess of their covered compensation value. The Plan permits early retirement if a participant has attained age 55 and has completed 15 years of credited service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from the date of retirement. The Plan provides retirement benefits to employees based upon their years of credited service and annual compensation. It is integrated with the Social Security Retirement System.

Pre-Retirement Death Benefit

If an active employee dies after becoming eligible for a deferred vested benefit, the spouse will be eligible for a Pre-Retirement Death Benefit (the Benefit). The Benefit, which commences at the later of the participant's death or 55th birthday, is an amount that the spouse would have received if the participant had survived to the benefit commencement date, elected a joint and 50% survivor benefit form, and then died.

Disability Benefits

Active employees who become disabled and are entitled to Social Security are also entitled to plan benefits. The amount of the disability benefit is determined in the same manner as early retirement.

COLONIAL PARKING, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 29, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying 2023 financial statements are prepared on the accrual (ongoing) basis of accounting. The accompanying 2024 financial statements are prepared on the liquidation basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. The average cost method is used to determine the cost of the securities being sold for the purpose of determining realized gains and losses. Unrealized appreciation and depreciation in the fair value of investments are recognized in the financial statements in the period in which such change occurs.

Dividend revenue for equities is recorded when earned as of the ex-dividend date. Interest revenue is recorded when earned.

Payment of Benefits

Benefit payments to participants are recorded upon distributions.

Operating Expenses

Expenses for maintaining the Plan, including actuarial fees, attorneys' fees, and audit fees and Pension Benefit Guaranty Corporation (PBGC) insurance are paid by Colonial Parking, Inc. Investment advisory fees are paid by the Plan.

3. FUNDING OF PLAN

The Plan is funded by annual contributions made by Colonial Parking, Inc. Colonial Parking, Inc., contributes such amounts as are necessary on an actuarial basis to provide the fund with assets sufficient to meet the benefits to be paid to plan participants.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to contributions, taking into account those paid out before termination.

COLONIAL PARKING, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 29, 2024 AND 2023

3. FUNDING OF PLAN (CONTINUED)

- b. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lower benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC, if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits, under the Plan, are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

4. INVESTMENTS

The following table presents the fair values of investments that represent 10% or more of the Plan's net assets:

	<u>(Liquidation)</u> <u>2024</u>	<u>(Ongoing)</u> <u>2023</u>
<u>Fair Value of Investments</u>		
Investments at Fair Value as Determined by Quoted Market Prices		
Short-Term Investment U.S. Government		
Federated Hermes Treasury Obligation	\$ 11,971,000	\$ 3,264,536
Lukoil PJSC Sponsored Depository Receipt	58	-
U.S. Treasury Notes	-	1,634,266
Proprietary Funds		
Sterling Capital Quality Income Fund	-	2,174,570

COLONIAL PARKING, INC. PENSION PLAN

**NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 29, 2024 AND 2023**

4. INVESTMENTS (CONTINUED)

For the years ended September 29, 2024 and 2023, the net appreciation by investment type was \$1,153,247 and \$538,481, respectively, as follows:

	(Liquidation) 2024	(Ongoing) 2023
<u>Net Appreciation in Fair Value</u>		
Investments at Fair Value as Determined by		
Quoted Market Prices		
Fixed Income	\$ -	\$ (46,983)
Short-Term Income Fund	1,153,247	195,668
Exchange Traded Funds	-	392,506
Municipal Bonds	-	(2,710)
Net Appreciation in Fair Value	<u><u>\$ 1,153,247</u></u>	<u><u>\$ 538,481</u></u>

5. FAIR VALUE MEASUREMENTS

Fair values of assets measured on a recurring basis at September 29, 2024 and 2023, are as follows:

	(Liquidation) Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
<u>September 29, 2024</u>				
Short-Term Income Fund	\$ 11,971,000	\$ 11,971,000	\$ -	\$ -
U.S. Government and Agency Bonds	-	-	-	-
Municipal Obligations	-	-	-	-
Corporate Bonds	-	-	-	-
Equity Securities	58	58	-	-
Total	<u><u>\$ 11,971,058</u></u>	<u><u>\$ 11,971,058</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>
	(Ongoing) Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
<u>September 29, 2023</u>				
Short-Term Income Fund	\$ 5,439,107	\$ 5,439,107	\$ -	\$ -
U.S. Government and Agency Bonds	1,838,792	-	1,838,792	-
Municipal Obligations	1,040,156	-	1,040,156	-
Corporate Bonds	2,524,761	-	2,524,761	-
Equity Securities	58	58	-	-
Total	<u><u>\$ 10,842,874</u></u>	<u><u>\$ 5,439,165</u></u>	<u><u>\$ 5,403,709</u></u>	<u><u>\$ -</u></u>

Financial assets valued using Level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets valued using Level 2 inputs, if any, are based primarily on quoted prices for similar assets in active or inactive markets. Financial assets valued using Level 3 inputs, if any, are valued using unobservable inputs to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. The fair value measurement objective is to determine an exit price from the perspective of a market participant that holds the asset or owes the liability.

The Plan has no Level 3 assets as of September 29, 2024 and 2023.

COLONIAL PARKING, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 29, 2024 AND 2023

5. FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 29, 2024 and 2023.

Mutual Funds, Equity Securities (including Exchange Traded Funds), and Money Funds: Valued at the bid price as of the last day at year end. Valued at readily available quoted market prices from an active market where there is significant transparency in the executed/quoted market price.

Corporate and Other Bonds: Valued using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. A yield-based matrix system was used to arrive at an estimated market value for the bonds (a market valuation approach).

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

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' final average earnings, which is their average annual compensation for the five consecutive calendar years out of the ten preceding termination that produce the highest such average. Annual compensation is defined as total remuneration in a calendar year, including overtime pay, but excluding bonuses and other special compensation. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented, as of September 29, 2024 and 2023. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation dates.

The actuarial present value of accumulated plan benefits is determined by an actuary from Mercer (US), Inc., and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits in order to reflect the time value of money through discounts for interest and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of September 29, 2024 and 2023, were (a) life expectancy of participants, (b) retirement age assumptions, and (c) investment return. The valuations included an assumed average rate of return of 3.74% for the year ended September 29, 2024, and 4.07% for the year ended September 29, 2023.

Changes in actuarial assumptions from 2023 to 2024 were as follows:

- Interest discounts were updated from 2023 to 2024 in accordance with Pension Protection Act.

COLONIAL PARKING, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 29, 2024 AND 2023

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The annuity conversion for lump sums has been updated. As of September 29, 2024, lump sums are based on the July 2023 segment rates in accordance with the Pension Protection Act (PPA), the implied forward rates based on the end of September PPA full yield curve, and the mortality table prescribed under Code Section 417(e)(3) for the years 2024 and 2025 and projected future improvements using static projection scale MP-2021.

- The discount rate decreased from 5.81% to 4.87% for the year ended September 29, 2023, funded status and for the fiscal year ended September 29, 2024, expense determination.
- The expected return on asset assumption was updated from 4.07% to 3.74% to reflect updated capital market assumptions and the Plan's updated investment policy.
- The long-term rate of return on assets decreased from 4.73% to 4.07% for the fiscal year ending September 29, 2025, expense determination.
- The mortality table projection scale has been updated to PRI2012 no collar projected generational with MSS-2023.

7. RELATED PARTY TRANSACTIONS

Investments in the Plan are accounts managed by Truist Bank for assets not held directly by the Trustees. The Bank administers the Plan's trust fund, and continues to use the Mercer Companies for annual recurring retirement services and consulting advice. Therefore, these transactions qualify as party-in-interest. The Plan paid the Bank's investment advisory services fees in the amounts of \$40,813 and \$46,287 for the years ended September 29, 2024 and 2023, respectively.

The transactions qualify as party-in-interest transactions.

8. TAX STATUS

The Internal Revenue Service has determined and informed the employer, by a letter dated April 9, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Plan may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position.

For the Plan, a tax position is the Plan's tax-exempt status under the provisions of the IRC and ERISA. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the year ended September 29, 2024.

COLONIAL PARKING, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS SEPTEMBER 29, 2024 AND 2023

8. TAX STATUS (CONTINUED)

The Plan's policy would be to recognize interest and penalties, if any, on tax positions related to its unrecognized tax benefits in income tax expense in the financial statements. No interest and penalties were assessed or recorded during the years ended September 29, 2024 and 2023.

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 29, 2024, for the years ended September 29, 2023, 2022, and 2021 are subject to examination by the Internal Revenue Service, generally for three years after filing.

9. 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 the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

10. PLAN AMENDMENT AND TERMINATION

Colonial Parking, Inc. amended the Plan once during 2024. On March 18, 2024, the Plan was amended to formally terminate the Plan effective May 20, 2024, and to state that all participants as of that date would continue to remain fully vested in their earned benefits. The amended Plan also clarified the benefit payment options available to various classes of participants during the termination process depending upon age, marital status, etc.

Under plan termination, participants become fully vested in all benefits. Therefore, the accumulated plan benefits and benefit obligations are presented on the liquidation basis with fully vested rights.

11. SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through July 14, 2025, the date on which the financial statements were available to be issued. The Plan estimates that in 2025, participants with account balances in the Plan will receive distributions in a single lump sum payment.

The filing of the 2025 Form 5500 will be the final filing period for the Colonial Parking, Inc. Pension Plan.

SUPPLEMENTARY INFORMATION

COLONIAL PARKING, INC. PENSION PLAN

EIN: 53-0215818

PN: 002

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

SEPTEMBER 29, 2024

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral par, or maturity value	Cost	(Liquidation) Current value
	Identity of issue, borrower, lessor, or similar party			
	Lukoil PJSC Sponsored	Foreign Stock - 58 Shares	\$ 3,624	\$ 58
*	Federated Money Market Trust for U.S. Treasury Obligations	Money Market Fund - 3,264,536 Shares	<u>11,971,000</u>	<u>11,971,000</u>
	Total Assets (Held at End of Year)		<u><u>\$ 11,974,624</u></u>	<u><u>\$ 11,971,058</u></u>
*	Party-in-Interest			

COLONIAL PARKING, INC. PENSION PLAN

EIN: 53-0215818

PN: 002

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
SEPTEMBER 29, 2024**

10/1/23 THROUGH 9/30/24

ACCOUNT C100524

PAGE 70

COLONIAL PARKING DB TT COMBI

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
		BEGINNING MARKET VALUE		10,968,987.91		
		COMPARATIVE VALUE (5%)		548,449.40		
		-----		-----		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/07/23 S	2,132,780.2500	1.0000	0	2,132,780 *	2,132,780	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/12/24 B	1,000,000.0000	1.0000	0	-1,000,000 *	1,000,000	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/07/23 B	2,132,780.2500	1.0000	0	-2,132,780 *	2,132,780	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/16/23 B	2,196,392.2700	1.0000	0	-2,196,392 *	2,196,392	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/22/23 B	773,263.4700	1.0000	0	-773,263 *	773,263	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/24/23 S	4,775,131.9100	1.0000	0	4,775,132 *	4,775,132	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/17/24 B	10,188,555.5200	1.0000	0	-10,188,556 *	10,188,556	
ISSUE: 85917K744 - STERLING CAP QUALITY INCM-INST						
11/15/23 S	255,195.3940	8.6000	0	2,194,680 *	2,186,920	7,760
ISSUE: 912828D56 - U.S. TREASURY NOTES 2.375% 8/15/24						
11/22/23 B	4,700,000.0000	0.9791	0	-4,601,793 *	4,601,793	
ISSUE: 912828D56 - U.S. TREASURY NOTES 2.375% 8/15/24						
06/14/24 S	4,870,000.0000	0.9951	0	4,846,204 *	4,767,298	78,906
			-----	-----	-----	-----
GRAND TOTAL			0	34,841,580	34,754,914	86,666

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

BROKER: GOLDMAN, SACHS & CO.

10/1/23 THROUGH 9/30/24

ACCOUNT C100524

PAGE 71

COLONIAL PARKING DB TT COMBI

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
7985669	ISSUE: 912810SP4 - U.S. TREASURY BONDS 1.375% 8/15/50 11/01/23 S	43,000.0000	0.4630	0	19,911	20,983	-1,072
7985669	ISSUE: 912810SP4 - U.S. TREASURY BONDS 1.375% 8/15/50 11/20/23 B	68,000.0000	0.4982	0	-33,878	33,878	
7985669	ISSUE: 9128282A7 - U.S. TREASURY NOTES 1.5% 8/15/26 11/20/23 S	200,000.0000	0.9189	0	183,781	182,304	1,477
7985669	ISSUE: 06051GJM2 - BANK OF AMER MTN V-Q 2.831% 10/24/51 06/14/24 S	100,000.0000	0.6483	0	64,833	59,984	4,849
7985669	ISSUE: 717081EU3 - PFIZER INC 3.9% 3/15/39 06/14/24 S	44,000.0000	0.8683	0	38,207	36,131	2,076
7985669	ISSUE: 912810RB6 - U.S. TREASURY BONDS 2.875% 5/15/43 06/14/24 S	250,000.0000	0.7964	0	199,101	185,215	13,886
7985669	ISSUE: 913017CY3 - RTX CORPORATION 4.125% 11/16/28 06/14/24 S	83,000.0000	0.9663	0	80,206	77,394	2,812
	SUB-TOTAL			0	619,917	595,889	24,028
	BROKER: MORGAN STANLEY & CO. INC						
7985669	ISSUE: 05526DAZ8 - BAT CAPITAL CORP 3.222% 8/15/24 11/20/23 S	49,000.0000	0.9797	0	48,006	47,779	227
7985669	ISSUE: 14040HBG9 - CAPITAL ONE FINL 3.2% 2/05/25 11/20/23 S	84,000.0000	0.9618	0	80,795	80,474	321
7985669	ISSUE: 142339AG5 - CARLISLE COS INC 3.5% 12/01/24 11/20/23 S	68,000.0000	0.9726	0	66,140	66,002	138
7985669	ISSUE: 828807CS4 - SIMON PROPERTY GP LP 3.375% 10/01/24 11/20/23 S	83,000.0000	0.9780	0	81,176	80,859	317
7985669	ISSUE: 87612EBF2 - TARGET CORP 3.625% 4/15/46 11/20/23 S	48,000.0000	0.7578	0	36,377	35,299	1,078
7985669	ISSUE: 912810RP5 - U.S. TREASURY BONDS 3% 11/15/45 11/20/23 B	150,000.0000	0.7520	0	-112,805	112,805	
7985669	ISSUE: 91282CHT1 - U.S. TREASURY NOTES 3.875% 8/15/33 11/20/23 B	350,000.0000	0.9534	0	-333,691	333,691	
7985669	ISSUE: 912828J27 - U.S. TREASURY NOTES 2% 2/15/25 11/20/23 S	90,000.0000	0.9623	0	86,611	86,087	524
7985669	ISSUE: 912828D56 - U.S. TREASURY NOTES 2.375% 8/15/24 11/22/23 B	4,700,000.0000	0.9791	0	-4,601,793 *	4,601,793	
7985669	ISSUE: 69121KAE4 - OWL ROCK CAP CORP 3.4% 7/15/26 06/14/24 S	91,000.0000	0.9424	0	85,755	81,587	4,168
7985669	ISSUE: 693475AX3 - PNC FINANCIAL SERVIC 2.6% 7/23/26 06/14/24 S	86,000.0000	0.9493	0	81,642	79,371	2,271
7985669	ISSUE: 91282CFV8 - U.S. TREASURY NOTES 4.125% 11/15/32 06/14/24 S	470,000.0000	0.9942	0	467,281	453,292	13,989
7985669	ISSUE: 91282CHT1 - U.S. TREASURY NOTES 3.875% 8/15/33 06/14/24 S	350,000.0000	0.9741	0	340,920	333,691	7,230

10/1/23 THROUGH 9/30/24

ACCOUNT C100524

PAGE 72

COLONIAL PARKING DB TT COMBI

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
				-----	-----	-----	-----
		SUB-TOTAL		0	6,422,992	6,392,730	30,263
		BROKER: NOMURA SECURITIES/FIX INCOME					
7985669	ISSUE: 912828D56 - U.S. TREASURY NOTES 2.375% 8/15/24 06/14/24 S	4,870,000.0000	0.9951	0	4,846,204 *	4,767,298	78,906
7985669	ISSUE: 961214DF7 - WESTPAC MTN CONV V-S 4.322% 11/23/31 06/14/24 S	86,000.0000	0.9659	0	83,072	79,657	3,415
		SUB-TOTAL		0	4,929,276	4,846,955	82,321
		BROKER: PERSHING LLC					
7985669	ISSUE: 084664BV2 - BERKSHIRE HATHAWAY 4.3% 5/15/43 06/14/24 S	42,000.0000	0.8979	0	37,712	35,563	2,149
7985669	ISSUE: 13063DRE0 - CALIFORNIA ST 2.5% 10/01/29 06/14/24 S	220,000.0000	0.8945	0	196,790	189,497	7,293
7985669	ISSUE: 57563RRA9 - MASSACHUSETTS ST 2.682% 7/01/27 06/14/24 S	220,000.0000	0.9326	0	205,168	200,420	4,748
7985669	ISSUE: 64966QXB1 - NEW YORK NY 1.88% 8/01/31 06/14/24 S	100,000.0000	0.8173	0	81,730	77,274	4,456
7985669	ISSUE: 67066GAF1 - NVIDIA CORP 2.85% 4/01/30 06/14/24 S	90,000.0000	0.9113	0	82,015	78,520	3,496
7985669	ISSUE: 67103HAG2 - O'REILLY AUTOMOTIVE 4.35% 6/01/28 06/14/24 S	80,000.0000	0.9786	0	78,290	76,402	1,888
7985669	ISSUE: 7591EPAT7 - REGIONS FINL CORP 1.8% 8/12/28 06/14/24 S	93,000.0000	0.8680	0	80,728	75,466	5,262
7985669	ISSUE: 797272RR4 - SAN DIEGO CA CMNTY 1.883% 8/01/29 06/14/24 S	220,000.0000	0.8702	0	191,444	185,101	6,343
		SUB-TOTAL		0	953,877	918,243	35,635
		BROKER: SALOMON SMITH BARNEY INC/SAL					
7985669	ISSUE: 49446RAM1 - KIMCO REALTY CORP 4.25% 4/01/45 06/14/24 S	80,000.0000	0.8142	0	65,136	57,751	7,385
7985669	ISSUE: 87264AAX3 - T-MOBILE USA INC 4.375% 4/15/40 06/14/24 S	100,000.0000	0.8857	0	88,573	82,036	6,537
7985669	ISSUE: 912810PX0 - U.S. TREASURY BONDS 4.5% 5/15/38 06/14/24 S	300,000.0000	1.0298	0	308,928	297,611	11,318
7985669	ISSUE: 912810RP5 - U.S. TREASURY BONDS 3% 11/15/45 06/14/24 S	375,000.0000	0.7957	0	298,402	279,227	19,175



REPORTABLE TRANSACTIONS WORKSHEET

10/1/23 THROUGH 9/30/24

ACCOUNT C100524

PAGE 73

COLONIAL PARKING DB TT COMBI

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
7985669	ISSUE: 912810SP4 - U.S. TREASURY BONDS 1.375% 8/15/50 06/14/24 S	600,000.0000	0.5311	0	318,630	293,478	25,152
	SUB-TOTAL			0	1,079,669	1,010,103	69,567
	GRAND TOTAL			0	14,005,731	13,763,920	241,814

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68

7042807	10/03/23 B	13,925.9100	1.0000	0	-13,926	13,926
7042807	11/02/23 B	14,128.6600	1.0000	0	-14,129	14,129
7042807	12/04/23 B	6,110.1000	1.0000	0	-6,110	6,110
7042807	12/14/23 B	429.5100	1.0000	0	-430	430
7042807	12/15/23 B	19.0500	1.0000	0	-19	19
7042807	01/03/24 B	3,699.3400	1.0000	0	-3,699	3,699
7042807	01/12/24 B	49,503.0000	1.0000	0	-49,503	49,503
7042807	02/02/24 B	3,641.1800	1.0000	0	-3,641	3,641
7042807	03/04/24 B	3,389.4600	1.0000	0	-3,389	3,389
7042807	04/02/24 B	3,531.8500	1.0000	0	-3,532	3,532
7042807	04/12/24 B	48.0300	1.0000	0	-48	48
7042807	04/12/24 B	49,503.0000	1.0000	0	-49,503	49,503
7042807	04/18/24 B	0.3300	1.0000	0	0	0
7042807	05/02/24 B	2,521.8500	1.0000	0	-2,522	2,522
7042807	06/04/24 B	2,534.2500	1.0000	0	-2,534	2,534
7042807	06/12/24 B	1,000,000.0000	1.0000	0	-1,000,000 *	1,000,000
7042807	07/02/24 B	4,994.0400	1.0000	0	-4,994	4,994
7042807	07/09/24 B	72.9000	1.0000	0	-73	73
7042807	08/02/24 B	6,590.8200	1.0000	0	-6,591	6,591
7042807	09/04/24 B	6,482.2100	1.0000	0	-6,482	6,482
7985669	10/02/23 B	56,598.2800	1.0000	0	-56,598	56,598
7985669	10/03/23 B	270.3800	1.0000	0	-270	270
7985669	10/16/23 B	98,674.5700	1.0000	0	-98,675	98,675
7985669	10/23/23 B	1,305.0000	1.0000	0	-1,305	1,305
7985669	10/24/23 B	849.3000	1.0000	0	-849	849
7985669	10/25/23 B	1,095.6000	1.0000	0	-1,096	1,096
7985669	11/01/23 B	3,182.0000	1.0000	0	-3,182	3,182

10/1/23 THROUGH 9/30/24

ACCOUNT C100524

PAGE 74

COLONIAL PARKING DB TT COMBI

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
7985669	11/02/23 B	20,534.5200	1.0000	0	-20,535	20,535	
7985669	11/07/23 B	2,132,780.2500	1.0000	0	-2,132,780 *	2,132,780	
7985669	11/07/23 B	1,092.5000	1.0000	0	-1,093	1,093	
7985669	11/13/23 B	3,366.3800	1.0000	0	-3,366	3,366	
7985669	11/14/23 B	1,511.2500	1.0000	0	-1,511	1,511	
7985669	11/15/23 B	17,565.5000	1.0000	0	-17,566	17,566	
7985669	11/16/23 B	2,196,392.2700	1.0000	0	-2,196,392 *	2,196,392	
7985669	11/22/23 B	773,263.4700	1.0000	0	-773,263 *	773,263	
7985669	11/27/23 B	899.7900	1.0000	0	-900	900	
7985669	12/01/23 B	1,740.0000	1.0000	0	-1,740	1,740	
7985669	12/04/23 B	11,742.2300	1.0000	0	-11,742	11,742	
7985669	12/26/23 B	1,232.2500	1.0000	0	-1,232	1,232	
7985669	01/02/24 B	4,451.7000	1.0000	0	-4,452	4,452	
7985669	01/03/24 B	184.6900	1.0000	0	-185	185	
7985669	01/16/24 B	7,757.5000	1.0000	0	-7,758	7,758	
7985669	01/23/24 B	1,118.0000	1.0000	0	-1,118	1,118	
7985669	01/24/24 B	1,577.2400	1.0000	0	-1,577	1,577	
7985669	02/01/24 B	3,885.3000	1.0000	0	-3,885	3,885	
7985669	02/02/24 B	234.0800	1.0000	0	-234	234	
7985669	02/05/24 B	651.8800	1.0000	0	-652	652	
7985669	02/12/24 B	837.0000	1.0000	0	-837	837	
7985669	02/15/24 B	70,050.0000	1.0000	0	-70,050	70,050	
7985669	02/21/24 B	1,512.0000	1.0000	0	-1,512	1,512	
7985669	02/26/24 B	2,261.8800	1.0000	0	-2,262	2,262	
7985669	03/01/24 B	903.0000	1.0000	0	-903	903	
7985669	03/04/24 B	415.7600	1.0000	0	-416	416	
7985669	03/15/24 B	2,308.0000	1.0000	0	-2,308	2,308	
7985669	03/20/24 B	869.0000	1.0000	0	-869	869	
7985669	04/01/24 B	5,732.5000	1.0000	0	-5,733	5,733	
7985669	04/02/24 B	619.4900	1.0000	0	-619	619	
7985669	04/15/24 B	3,458.0000	1.0000	0	-3,458	3,458	
7985669	04/23/24 B	1,305.0000	1.0000	0	-1,305	1,305	
7985669	04/24/24 B	1,415.5000	1.0000	0	-1,416	1,416	
7985669	05/01/24 B	3,749.0000	1.0000	0	-3,749	3,749	
7985669	05/02/24 B	642.9800	1.0000	0	-643	643	
7985669	05/07/24 B	1,092.5000	1.0000	0	-1,093	1,093	
7985669	05/13/24 B	3,366.3800	1.0000	0	-3,366	3,366	
7985669	05/14/24 B	1,511.2500	1.0000	0	-1,511	1,511	
7985669	05/15/24 B	26,565.5000	1.0000	0	-26,566	26,566	
7985669	05/16/24 B	1,711.8800	1.0000	0	-1,712	1,712	
7985669	05/23/24 B	1,858.4600	1.0000	0	-1,858	1,858	
7985669	06/03/24 B	1,740.0000	1.0000	0	-1,740	1,740	
7985669	06/04/24 B	786.7900	1.0000	0	-787	787	
7985669	06/17/24 B	10,188,555.5200	1.0000	0	-10,188,556 *	10,188,556	
7985669	07/02/24 B	21,016.3300	1.0000	0	-21,016	21,016	
7985669	08/02/24 B	45,681.7100	1.0000	0	-45,682	45,682	



REPORTABLE TRANSACTIONS WORKSHEET

10/1/23 THROUGH 9/30/24

ACCOUNT C100524

PAGE 75

COLONIAL PARKING DB TT COMBI

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
7985669	09/04/24 B	45,641.9200	1.0000	0	-45,642	45,642	
	SUB-TOTAL OF BUYS # 74			0	16,950,690	16,950,690	
7042807	10/02/23 S	18,325.1300	1.0000	0	18,325	18,325	0
7042807	10/03/23 S	7,088.9800	1.0000	0	7,089	7,089	0
7042807	10/16/23 S	110,746.2100	1.0000	0	110,746	110,746	0
7042807	11/01/23 S	18,325.1300	1.0000	0	18,325	18,325	0
7042807	11/07/23 S	2,132,780.2500	1.0000	0	2,132,780 *	2,132,780	0
7042807	11/09/23 S	3,750.0000	1.0000	0	3,750	3,750	0
7042807	12/01/23 S	18,325.1300	1.0000	0	18,325	18,325	0
7042807	12/05/23 S	6,594.5200	1.0000	0	6,595	6,595	0
7042807	12/06/23 S	170,415.0800	1.0000	0	170,415	170,415	0
7042807	12/18/23 S	10.4000	1.0000	0	10	10	0
7042807	01/02/24 S	18,577.6700	1.0000	0	18,578	18,578	0
7042807	02/01/24 S	18,577.6700	1.0000	0	18,578	18,578	0
7042807	02/09/24 S	3,750.0000	1.0000	0	3,750	3,750	0
7042807	03/01/24 S	18,577.6700	1.0000	0	18,578	18,578	0
7042807	03/18/24 S	6,115.3900	1.0000	0	6,115	6,115	0
7042807	04/01/24 S	18,577.6700	1.0000	0	18,578	18,578	0
7042807	04/03/24 S	239,364.4700	1.0000	0	239,364	239,364	0
7042807	05/01/24 S	18,529.6400	1.0000	0	18,530	18,530	0
7042807	05/09/24 S	3,750.0000	1.0000	0	3,750	3,750	0
7042807	06/03/24 S	18,529.6400	1.0000	0	18,530	18,530	0
7042807	06/18/24 S	39,722.8800	1.0000	0	39,723	39,723	0
7042807	06/27/24 S	6,010.1300	1.0000	0	6,010	6,010	0
7042807	07/01/24 S	18,529.6400	1.0000	0	18,530	18,530	0
7042807	07/26/24 S	2,983.6100	1.0000	0	2,984	2,984	0
7042807	08/01/24 S	18,456.7400	1.0000	0	18,457	18,457	0
7042807	08/09/24 S	3,750.0000	1.0000	0	3,750	3,750	0
7042807	09/03/24 S	18,456.7400	1.0000	0	18,457	18,457	0
7985669	11/21/23 S	510,472.7700	1.0000	0	510,473	510,473	0
7985669	11/24/23 S	4,775,131.9100	1.0000	0	4,775,132 *	4,775,132	0
	SUB-TOTAL OF SALES # 29			0	8,244,227	8,244,227	0
	SUB-TOTAL			0	25,194,917	25,194,917	0
ISSUE: 85917K744 - STERLING CAP QUALITY INCM-INST							
7985669	10/31/23 R	744.8980	8.4300	0	-6,279	6,279	
	SUB-TOTAL OF REINVS # 1			0	6,279	6,279	
7985669	11/15/23 S	255,195.3940	8.6000	0	2,194,680 *	2,186,920	7,760



REPORTABLE TRANSACTIONS WORKSHEET

10/1/23 THROUGH 9/30/24

ACCOUNT C100524

PAGE 76

COLONIAL PARKING DB TT COMBI

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
				-----	-----	-----	-----
		SUB-TOTAL OF SALES # 1		0	2,194,680	2,186,920	7,760
		SUB-TOTAL		0	2,200,959	2,193,199	7,760
ISSUE: 912810PX0 - U.S. TREASURY BONDS 4.5% 5/15/38							
7985669	11/20/23 B	300,000.0000	0.9920	0	-297,611	297,611	
		SUB-TOTAL OF BUYS # 1		0	297,611	297,611	
7985669	06/14/24 S	300,000.0000	1.0298	0	308,928	297,611	11,318
		SUB-TOTAL OF SALES # 1		0	308,928	297,611	11,318
		SUB-TOTAL		0	606,539	595,222	11,318
ISSUE: 91282CHT1 - U.S. TREASURY NOTES 3.875% 8/15/33							
7985669	11/20/23 B	350,000.0000	0.9534	0	-333,691	333,691	
		SUB-TOTAL OF BUYS # 1		0	333,691	333,691	
7985669	06/14/24 S	350,000.0000	0.9741	0	340,920	333,691	7,230
		SUB-TOTAL OF SALES # 1		0	340,920	333,691	7,230
		SUB-TOTAL		0	674,611	667,382	7,230
ISSUE: 912828D56 - U.S. TREASURY NOTES 2.375% 8/15/24							
7985669	11/22/23 B	4,700,000.0000	0.9791	0	-4,601,793 *	4,601,793	
		SUB-TOTAL OF BUYS # 1		0	4,601,793	4,601,793	
7985669	06/14/24 S	4,870,000.0000	0.9951	0	4,846,204 *	4,767,298	78,906
		SUB-TOTAL OF SALES # 1		0	4,846,204	4,767,298	78,906
		SUB-TOTAL		0	9,447,997	9,369,091	78,906



REPORTABLE TRANSACTIONS WORKSHEET

10/1/23 THROUGH 9/30/24

ACCOUNT C100524

PAGE 77

COLONIAL PARKING DB TT COMBI

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
GRAND TOTAL			0	38,125,023	38,019,811	105,214

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

BROKER: MORGAN STANLEY & CO. INC

7985669	ISSUE: 05526DAZ8 - BAT CAPITAL CORP 3.222% 8/15/24					
	11/20/23 S	49,000.0000	0.9797	0	48,006	47,779
7985669	ISSUE: 14040HBG9 - CAPITAL ONE FINL 3.2% 2/05/25					
	11/20/23 S	84,000.0000	0.9618	0	80,795	80,474
7985669	ISSUE: 142339AG5 - CARLISLE COS INC 3.5% 12/01/24					
	11/20/23 S	68,000.0000	0.9726	0	66,140	66,002
7985669	ISSUE: 828807CS4 - SIMON PROPERTY GP LP 3.375% 10/01/24					
	11/20/23 S	83,000.0000	0.9780	0	81,176	80,859
7985669	ISSUE: 87612EBF2 - TARGET CORP 3.625% 4/15/46					
	11/20/23 S	48,000.0000	0.7578	0	36,377	35,299
7985669	ISSUE: 912810RP5 - U.S. TREASURY BONDS 3% 11/15/45					
	11/20/23 B	150,000.0000	0.7520	0	-112,805	112,805
7985669	ISSUE: 91282CHT1 - U.S. TREASURY NOTES 3.875% 8/15/33					
	11/20/23 B	350,000.0000	0.9534	0	-333,691	333,691
7985669	ISSUE: 912828J27 - U.S. TREASURY NOTES 2% 2/15/25					
	11/20/23 S	90,000.0000	0.9623	0	86,611	86,087
7985669	ISSUE: 912828D56 - U.S. TREASURY NOTES 2.375% 8/15/24					
	11/22/23 B	4,700,000.0000	0.9791	0	-4,601,793 *	4,601,793
7985669	ISSUE: 69121KAE4 - OWL ROCK CAP CORP 3.4% 7/15/26					
	06/14/24 S	91,000.0000	0.9424	0	85,755	81,587
7985669	ISSUE: 693475AX3 - PNC FINANCIAL SERVIC 2.6% 7/23/26					
	06/14/24 S	86,000.0000	0.9493	0	81,642	79,371
7985669	ISSUE: 91282CFV8 - U.S. TREASURY NOTES 4.125% 11/15/32					
	06/14/24 S	470,000.0000	0.9942	0	467,281	453,292
7985669	ISSUE: 91282CHT1 - U.S. TREASURY NOTES 3.875% 8/15/33					
	06/14/24 S	350,000.0000	0.9741	0	340,920	333,691
SUB-TOTAL			0	6,422,992	6,392,730	30,263



REPORTABLE TRANSACTIONS WORKSHEET

10/1/23 THROUGH 9/30/24

ACCOUNT C100524

PAGE 78

COLONIAL PARKING DB TT COMBI

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
	BROKER: NOMURA SECURITIES/FIX INCOME						
	ISSUE: 912828D56 - U.S. TREASURY NOTES 2.375% 8/15/24						
7985669	06/14/24 S	4,870,000.0000	0.9951	0	4,846,204 *	4,767,298	78,906
	ISSUE: 961214DF7 - WESTPAC MTN CONV V-S 4.322% 11/23/31						
7985669	06/14/24 S	86,000.0000	0.9659	0	83,072	79,657	3,415
	SUB-TOTAL			0	4,929,276	4,846,955	82,321
	GRAND TOTAL			0	11,352,268	11,239,685	112,584

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

D I S C L A I M E R S

THESE WORKSHEETS ARE PROVIDED TO ASSIST WITH THE PREPARATION OF IRS FORM 5500, SCHEDULE H. THE WORKSHEETS PRESENT ASSET AND TRANSACTION ACTIVITY MAPPED TO SCHEDULE H REPORTING ITEMS FROM THE ACCOUNTING SYSTEM; HOWEVER, THE WORKSHEETS HAVE NOT BEEN AUDITED AND ARE NOT CERTIFIED BY TRUIST. PERSONS PREPARING SCHEDULE H ARE RESPONSIBLE FOR THE ACCURACY OF INFORMATION REPORTED THEREON.

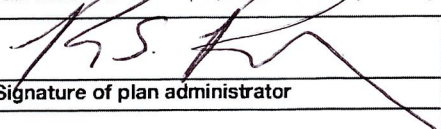
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 <u>09/30/2024</u> and ending <u>09/29/2025</u>	
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 COLONIAL PARKING, INC. PENSION PLAN	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>09/30/1972</u>
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) COLONIAL PARKING, INC. 1025 CONNECTICUT AVE NW #500 WASHINGTON DC 20036	2b Employer Identification Number (EIN) <u>53-0215818</u> 2c Plan Sponsor's telephone number <u>2022958102</u> 2d Business code (see instructions) <u>541990</u>

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		<u>7/15/26</u>	RON PECK
	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**

502

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)**

162

a(2) Total number of active participants at the end of the plan year**6a(2)**

0

b Retired or separated participants receiving benefits**6b**

0

c Other retired or separated participants entitled to future benefits**6c**

0

d Subtotal. Add lines **6a(2)**, **6b**, and **6c****6d**

0

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****f** Total. Add lines **6d** and **6e****6f**

0

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)****(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g(2)****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:**1A** 1H 1I**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

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 1
 (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 _____