

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of 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)

Part II	Basic Plan Information —enter all requested information
1a Name of plan	<u>LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN</u>
1b Three-digit plan number (PN) ▶	<u>338</u>
1c Effective date of plan	<u>07/01/1997</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)	<u>LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC.</u> <u>219 E. GARDEN STREET, SUITE 500</u> <u>PENSACOLA, FL 32502</u>
2b Employer Identification Number (EIN)	<u>59-2345956</u>
2c Plan Sponsor's telephone number	<u>800-888-0472</u>
2d Business code (see instructions)	<u>561300</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	Filed with authorized/valid electronic signature.	10/07/2021	CHRISTY ARNOLD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2021	CHRISTY ARNOLD
	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 (2020)
v. 200204

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	5531
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)	5002
a(2) Total number of active participants at the end of the plan year		6a(2)	3020
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	1016
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4036
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	4036
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2353
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	49
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 2R			
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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	338
C Plan sponsor's name as shown on line 2a of Form 5500 LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC.	D Employer Identification Number (EIN) 59-2345956	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	325628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	124307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKS

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	ADVISORY CONSULTING	53845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CARR RIGGS & INGRAM

72-1396621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	19000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS INV. CONSULTING

2729 STATE ROAD 580, SUITE C
CLEARWATER, FL 33761

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

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

FIDUCIARY PARTNERS RETIREMENT GROUP

2729 STATE ROAD 580, SUITE C
CLEARWATER, FL 33761

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	INVESTMENT ADVISOR	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>338</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>59-2345956</u>	

Part I	Asset and Liability Statement
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.	
Assets	(a) Beginning of Year (b) End of Year
a Total noninterest-bearing cash.....	1a
b Receivables (less allowance for doubtful accounts):	
(1) Employer contributions	1b(1)
(2) Participant contributions.....	1b(2)
(3) Other	1b(3)
c General investments:	
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)
(2) U.S. Government securities	1c(2)
(3) Corporate debt instruments (other than employer securities):	
(A) Preferred	1c(3)(A)
(B) All other	1c(3)(B)
(4) Corporate stocks (other than employer securities):	
(A) Preferred	1c(4)(A)
(B) Common	1c(4)(B)
(5) Partnership/joint venture interests	1c(5)
(6) Real estate (other than employer real property)	1c(6)
(7) Loans (other than to participants)	1c(7)
(8) Participant loans	1c(8)
(9) Value of interest in common/collective trusts	1c(9)
(10) Value of interest in pooled separate accounts	1c(10)
(11) Value of interest in master trust investment accounts	1c(11)
(12) Value of interest in 103-12 investment entities	1c(12)
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)
(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	102446332	122308587

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	102446332	122308587
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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)	4214878	
(B) Participants	2a(1)(B)	9578249	
(C) Others (including rollovers).....	2a(1)(C)	1581549	
(2) Noncash contributions	2a(2)		15374676
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	78892	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		78892
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		2147716
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2147716	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2147716
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(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)		0
(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)		14893303
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		32494587

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11416410	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11416410
f Corrective distributions (see instructions)	2f		45918
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	19000	
(2) Contract administrator fees	2i(2)	325628	
(3) Investment advisory and management fees	2i(3)	178151	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		522779
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11985107

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20509480
l Transfers of assets:			
(1) To this plan.....	2l(1)		1347770
(2) From this plan	2l(2)		1994995

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: CARR, RIGGS & INGRAM

(2) EIN: 72-1396621

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SIGNUM 401(K) PLAN	57-1077604	001
EMPLOYEE BENEFIT PLAN OF CENTERPLACE HEALTH, INC.	20-2779327	001
AMERECTOR RETIREMENT PLAN	98-0650522	001
HR, INC. DBA SIMPLE HR 401(K) PLAN	81-0583874	001

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 _____.

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
RESPIRATORY CRITICAL CARE AND SLEEP MEDICINE ASSOCIATES INC	59-3385828	001
ECM INDUSTRIES, LLC 401(K) PLAN	83-0845689	001
TDG OF NORTH AMERICA DBA NETWORKS OF FL 401K PLAN	47-2197072	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 338
C Plan sponsor's name as shown on line 2a of Form 5500 LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC.	D Employer Identification Number (EIN) 59-2345956

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): 65-0708495	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____



Landrum Professional Employer Services Retirement Savings Plan

FINANCIAL STATEMENTS

December 31, 2020 and 2019



REPORT

Independent Auditors' Report	1
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FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits	3
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SUPPLEMENTAL SCHEDULE

Schedule H, line 4i – Schedule of Assets (Held at End of Year)	14
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Note: Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of
Landrum Professional Employer Services Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Landrum Professional Employer Services Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC

Miramar Beach, Florida
October 5, 2021

Landrum Professional Employer Services Retirement Savings Plan
Statements of Net Assets Available for Benefits

<i>December 31,</i>	2020	2019
Assets		
Investments:		
Investments at fair value	\$ 119,580,338	\$ 99,502,270
Investments, self-directed brokerage accounts, at fair value	663,011	469,655
Total Investments	120,243,349	99,971,925
Receivables:		
Participant contribution	191,347	274,424
Employer contribution	332,605	698,278
Notes receivable from participants	1,541,286	1,501,706
Total receivables	2,065,238	2,474,408
Net assets available for benefits	\$ 122,308,587	\$ 102,446,333

The accompanying notes are an integral part of these financial statements.

Landrum Professional Employer Services Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31,

2020

Additions

Investment income	
Interest and dividends	\$ 2,147,716
Net appreciation in value of investments	14,893,304
Total investment income	17,041,020

Interest income on notes receivable from participants	78,892
---	--------

Contributions	
Employer	4,214,878
Employee	9,578,248
Rollover	1,581,549
Total contributions	15,374,675

Total additions	32,494,587
------------------------	-------------------

Deductions

Benefits paid to participants	11,462,328
Administrative expenses	522,780

Total deductions	11,985,108
-------------------------	-------------------

Net increase	20,509,479
---------------------	-------------------

Transfers from Other Plans	1,347,770
Transfers to Other Plans	(1,994,995)

Net Assets Available for Benefits

Beginning of year	102,446,333
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End of year	\$ 122,308,587
-------------	----------------

The accompanying notes are an integral part of these financial statements.

Landrum Professional Employer Services Retirement Savings Plan

Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Landrum Professional Employer Services Retirement Savings Plan (the “Plan”) provides only general information. Refer to Plan documents for a more complete description of Plan provisions.

General

The Plan is a defined contribution plan established for the benefit of the employees of Landrum Professional Employer Services, Inc. (the “Company”) and Landrum Companies, Inc., a related party, who may be eligible to participate upon commencement of employment. The Plan qualifies as a “multiple employer” plan as described in Section 413(c) of the Internal Revenue Code. The Plan is subject to the provisions of the Department of Labor’s (DOL’s) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Directors is responsible for oversight of the Plan.

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Plan assets are held and managed by Mid Atlantic Trust Company (MATC), which invests contributions and Plan earnings, makes investment transactions as directed by the Investment Committee and provides certain recordkeeping services. Slavic Integrated Administration acts as the third-party administrator for the Plan, which performs certain administration and annual ERISA compliance testing.

Eligibility

All employees who are 21 years of age, work for a participating client, and fulfill the participating client's service requirement are eligible to participate in the Plan. Participating clients may select from the following service requirements: (1) one year of service (1,000 hours of service in a consecutive twelve month period), (2) one to eleven months of service or (3) immediate eligibility. Additionally, a participating client may elect to waive the age and service eligibility requirements for individuals who are performing services for a participating client as of a specified date or may elect an age requirement less than 21 years of age. Entry into the Plan occurs based on the provisions of the participating client's agreement.

Employees are eligible for an allocation of the participating client's contribution, if any, as specified in the participating client's agreement.

Landrum Professional Employer Services Retirement Savings Plan

Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Contributions

Each year, participants may contribute a percentage of their pay into an elective deferral account on a pre-tax or post-tax basis, subject to the limitations specified in the Internal Revenue Code (IRC). Participants may also roll over amounts representing distributions from other qualified defined benefit or contribution plans. Participants are permitted to contribute catch-up contributions in accordance with IRC requirements. Participating clients adopt one of several available options ranging from no participation to mandatory match based on the participant's compensation for the plan year. Participants direct the investment of their contributions into various investment options offered by the Plan.

During the year ended December 31, 2020, certain participating clients made profit sharing contributions totaling \$332,605.

Participant Accounts

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

Vesting

Participants are fully vested with respect in their employee contributions plus actual earnings thereon. Vesting of participating client contributions is based on years of service beginning with the participants' day of hire. The standard vesting schedule is as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more	100%

Based upon the agreements of mergers with other plans, the vesting schedule may vary among participating clients. Participants associated with clients with safe harbor provisions have immediate vesting.

Landrum Professional Employer Services Retirement Savings Plan

Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

A year of service is defined as a Plan year in which a participant is credited with 1,000 hours of service. A participant is fully vested in all of his or her account under the Plan upon reaching the Plan's normal retirement age, disability, or death.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 up to a maximum of 50% of their vested account balance, not to exceed \$50,000. Participants are charged with out-of-pocket costs associated with the loan. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.00%, which are commensurate with local prevailing rates as determined by the Plan administrator. Loans are payable through payroll deductions and must be paid within five years except for primary home loans which must be paid within fifteen years.

Benefit Payments

Distributions to participants or their beneficiaries take place upon the employee's separation of service, retirement, permanent and total disability, or death. Distributions equal to the value of the participant's vested interest in his or her account are made in a lump sum amount. A participant may also request a distribution from their elective deferral account in the case of a hardship as outlined in the Plan provisions.

Hardship Withdrawals

As permitted by the Internal Revenue Code (IRC), a participant may request a financial hardship withdrawal if they experience a severe financial hardship. The participant must meet the condition that they cannot relieve the amount of the need by stopping the elective contributions to the Plan. The financial hardship withdrawal may not exceed the amount of the financial hardship or the value of the vested portion of the participant's balance, whichever is less.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Landrum Professional Employer Services Retirement Savings Plan

Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation U.S. GAAP financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments generally are reported at fair value, but may also be reported at contract value or net asset value (NAV). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion of fair value measurements.

The Plan determines its valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Payment of Benefits

Distributions to participants are recorded when paid.

Expenses

Expenses attributable to the general Plan administration were paid by the Plan and allocated among the accounts of all participants, in proportion to their account balances, unless paid by the Employer. During the year ended December 31, 2020, expenses of \$522,780 were paid by the Plan and allocated to participant accounts.

Landrum Professional Employer Services Retirement Savings Plan

Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that these changes could materially affect participants' account balances and the amounts reported in the Plan's financial statements.

Reclassifications

Certain items for the prior year have been reclassified in the financial statements in order to conform with the current year presentation.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, October 5, 2021 and determined there were no events that occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

NOTE 3: INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

Except for certain amounts described below, Mid Atlantic Trust Company ("Mid Atlantic") maintains all records of investment transactions and determines the valuation of the investment portfolio. The Plan Administrator has elected the method of compliance, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The following financial information included in the Plan's financial statements has been derived from information certified to be complete and accurate by the Custodian under such regulation:

- a) Substantially all investments, at fair value, included in the statements of net assets available for benefits at December 31, 2020 and 2019.
- b) Notes receivable from participants included in the statements of net assets available for benefits at December 31, 2020 and 2019.
- c) Investment income information credited to substantially all participants and interest income on notes receivable from participants included in the statement of changes in net assets available for benefits for the year ended December 31, 2020.
- d) Substantially all amounts included in Note 4, *Fair Value Measurements (Unaudited)*.
- e) Substantially all information included in the supplemental schedule of assets (held at end of year) as of December 31, 2020.

Landrum Professional Employer Services Retirement Savings Plan

Notes to Financial Statements

NOTE 3: INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) (Continued)

The Plan allows participants to direct their investments using a separate brokerage account. These participant accounts are outside of the custodian arrangement with Mid Atlantic; therefore, the balances and activities are not included in the certification described above. The following amounts were not certified:

- a) Balances in the participant self-directed brokerage accounts at December 31, 2020 and 2019.
- b) Investment income credited to the participant self-directed brokerage account investments for the year ended December 31, 2020.
- c) Certain amounts included in Note 4, *Fair Value Measurements (Unaudited)*.
- d) Certain information included in the supplemental schedule of assets (held at end of year) as of December 31, 2020.

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED)

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are:
 - observable; or
 - can be corroborated by observable market data.

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

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

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

Landrum Professional Employer Services Retirement Savings Plan

Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED) (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 December 31, 2020 and 2019.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: These accounts include mutual funds, common stocks and exchange-traded products. They are valued at the daily closing price reported on the active market on which each individual security is traded.

Money market mutual funds: Valued based on NAV per share or unit as a practical expedient as reported by the fund manager. Accordingly, these NAV-based investments have been excluded from the fair value hierarchy leveling.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator 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 reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Description	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
December 31, 2020				
Mutual funds	\$ 119,580,338	\$ -	\$ -	\$ 119,580,338
Self-directed brokerage accounts	378,123	-	-	378,123
	\$ 119,958,461	\$ -	\$ -	119,958,461
Money market mutual funds**				284,888
Total investments at fair value				\$ 120,243,349

Landrum Professional Employer Services Retirement Savings Plan

Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED) (Continued)

Description	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
December 31, 2019				
Mutual funds	\$ 99,502,270	\$ -	\$ -	\$ 99,502,270
Self-directed brokerage accounts	135,988	-	-	135,988
	\$ 99,638,258	\$ -	\$ -	99,638,258
Money market mutual funds**				333,667
Total investments at fair value				\$ 99,971,925

**Held in self-directed brokerage accounts

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes information related to the money market mutual funds measured at fair value based on NAV per share as of December 31, 2020 and 2019, respectively. The money market mutual funds are maintained by investment companies and hold investments in accordance with a stated set of fund objectives.

Year-End	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2020	\$ 284,888	\$ -	Daily	N/A
December 31, 2019	\$ 333,667	\$ -	Daily	N/A

NOTE 5: TAX STATUS

The IRS has determined and informed the Company in a letter dated August 28, 2013 that its plan and related trust are designed in accordance with applicable sections of the IRC. Management believes that the Plan has been designed and is being operated in such a way as to be qualified under Section 401 of the IRC.

Tax positions are recognized only if it is "more likely than not" that the tax position be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax position is recorded. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Landrum Professional Employer Services Retirement Savings Plan

Notes to Financial Statements

NOTE 6: RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Slavic Integrated Administration (“Slavic”) is the third-party administrator for the Plan and, therefore, certain administrative services qualify as party in interest transactions. During the year ended December 31, 2020, Slavic received approximately \$450,000 from the Plan for administrative services.

NOTE 7: PLAN TERMINATION

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

NOTE 8: TRANSFERS TO AND FROM THE PLAN

In 2020, the assets of the participants that are employed by DEFENSEWERX, Inc.; Southern Ventures of Okaloosa County, LLC; and others were transferred to the Plan as the result of mergers into the Plan. The transfer in amounts totaled \$1,347,770.

In addition, in 2020, the assets of the former Plan participants that were employed by Combined Insurance Services of North Florida, Inc.; Formweld Fitting, Inc.; and others (former participating employers) were transferred from the Plan. The transfer out amounts totaled \$1,994,995.

Supplemental Schedule

Landrum Professional Employer Services Retirement Savings Plan
EIN #59-2345956 Plan #338
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
	American Funds	American Funds Capital World Bond R6	**	208,245
	American Funds	American Funds Capital World G & I R6	**	1,728,352
	American Funds	American Funds EuroPacifc R6	**	7,284,835
	American Funds	American Funds Washington Mutual R6	**	3,500,180
	Columbia	Columbia Seligman Comms & Info Inst2	**	2,278,146
	Dimensional Fund Advisors	DFA US Targeted Port	**	165,523
	Fidelity Investments	Fidelity SDB	**	663,011
	Fidelity Investments	Fidelity Select Health Care	**	1,624,939
	Fidelity Investments	Fidelity Advisor Technology Z	**	28,472
	Franklin Templeton Investments	Franklin Utilities Advisor Class	**	382,645
	Gabelli Money Market Funds	Gabelli US Treasury Money Market	**	4,507,422
	MFS	MFS Growth Fund R6	**	4,160,706
	Principal Funds	Principal Investors High Yield II	**	353,590
	Principal Funds	Principal Mid Cap Blend	**	7,723,110
	Principal Funds	Principal Mid Cap R6	**	58,582
	Vanguard	Vanguard Cash Reserves Federal Money Market	**	1,653
	Vanguard	Vanguard Energy Index Admiral	**	163,475
	Vanguard	Vanguard European Stock Index Admiral	**	105,884
	Vanguard	Vanguard Federal Money Market	**	7,217,268
	Vanguard	Vanguard Industrial Index Admiral	**	2,829,307
	Vanguard	Vanguard Inflation Protected Securities	**	611,658
	Vanguard	Vanguard Information Technology Index Ad	**	4,041,327
	Vanguard	Vanguard Intermediate-Term Bond Index Ad	**	1,739,850
	Vanguard	Vanguard Materials Index Adm	**	518,617
	Vanguard	Vanguard Mid Cap Index Admiral	**	2,527,635
	Vanguard	Vanguard REIT Index Admiral	**	529,354
	Vanguard	Vanguard Short-Term Federal Admiral	**	16,371,155
	Vanguard	Vanguard Small Cap Growth Index Adm	**	2,758,496
	Vanguard	Vanguard Small Cap Index Admiral	**	791,324
	Vanguard	Vanguard Target Retirement 2015	**	14,044
	Vanguard	Vanguard Target Retirement 2020	**	657,252
	Vanguard	Vanguard Target Retirement 2025	**	430,444
	Vanguard	Vanguard Target Retirement 2030	**	1,424,190
	Vanguard	Vanguard Target Retirement 2035	**	1,136,794
	Vanguard	Vanguard Target Retirement 2040	**	1,116,212
	Vanguard	Vanguard Target Retirement 2045	**	270,234
	Vanguard	Vanguard Target Retirement 2050	**	931,211
	Vanguard	Vanguard Target Retirement 2055	**	126,820
	Vanguard	Vanguard Target Retirement 2060	**	52,892
	Vanguard	Vanguard Target Retirement 2065 Inv	**	94,942
	Vanguard	Vanguard Target Retirement Income	**	1,127

(Continued)

Landrum Professional Employer Services Retirement Savings Plan
EIN #59-2345956 Plan #338
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard	Vanguard Total Int'l Stock Index Admiral	**	1,144,560
	Vanguard	Vanguard Total Stock Market Index Admira	**	37,629,181
	Vanguard	Vanguard Treasury Money Market	**	1,900
	Victory	Victory Sycamore Established Value I	**	336,785
		Total investments		120,243,349
	* Notes receivable from participants	Interest rates from 4.25% to 6.00%	**	1,541,286
		Total		\$ 121,784,635

* Represents a party-in-interest

** Cost not required for participant directed.

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

LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN

PLAN # 338

EIN # 59-2345956

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds	RCWGX - American Funds Capital World Bond R6		208,245
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		7,284,835
	American Funds	RWIGX - American Funds Capital World G & I R6		1,728,352
	American Funds	RWMGX - American Funds Washington Mutual R6		3,500,180
	Columbia	SCIOX - Columbia Seligman Info & Comm Adv		2,278,147
	Dimensional Fund Advisors	DFFVX - DFA US Targeted Port		165,523
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		663,011
	Fidelity	FSPHX - Fidelity Select Health Care		1,624,939
	Fidelity	FIKHX - Fidelity Advisor Technology Fund Class Z		28,472
	Franklin/Templeton	FRUAX - Franklin Utilities Advisor Class		382,645
	Gabelli Funds/Ssga	GABXX - Gabelli Us Treasury Money Market		4,507,422
	MFS	MFEHX - MFS Growth R3		4,160,706
	Principal	PCBIX - Principal Mid Cap Blend		7,723,111
	Principal	PHYFX - Principal High Yield R6		353,590
	Principal	PMAQX - Principal MidCap R6		58,582
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		611,658
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		1,739,850
	Vanguard	VENAX - Vanguard Energy Index Admiral		163,475
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		105,884
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		126,820
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		931,211
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		1,116,212
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		529,354
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		2,527,635
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		2,829,307
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		4,041,327
	Vanguard	VITSX - Vanguard Total Stock Market Index Inst.		37,629,183
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		94,942
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		7,217,263
	Vanguard	VMIAX - Vanguard Materials Index Adm		518,616
	Vanguard	VMMXX - Vanguard Money Market Prime		1,653
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		2,758,496
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		16,371,156
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		791,324
	Vanguard	VTHRX - Vanguard Target Retirement 2030		1,424,190
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		1,144,560
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		1,127
	Vanguard	VTIVX - Vanguard Target Retirement 2045		270,234
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		1,136,795
	Vanguard	VTTX - Vanguard Target Retirement 2060 Fund Investor Shares		52,893
	Vanguard	VTTVX - Vanguard Target Retirement 2025		430,444
	Vanguard	VTWVX - Vanguard Target Retirement 2020		657,252
	Vanguard	VTXVX - Vanguard Target Retirement 2015		14,044
	Vanguard	VUSXX - Vanguard Treasury Money Market		1,900
	Victory	VEVYX - Victory Sycamore Established Value Y		336,785
	Participant Loans	4.25% to 6.00%		1,541,286

Multiple-Employer Plan Participating Employer Information

LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN		PLAN # 338	EIN # 59-2345956
(a) Name of participating employer	(b) EIN	(c) Percent of total contributions	
22nd State Bank	63-0071230	1.26%	
30A Escapes, LLC	82-5368208	0.64%	
A.D. Martin Commercial Insurance Services	22-3074814	0.00%	
Aaron B. Stein, MD, PLLC dba The Pain Management Group	26-4219590	0.64%	
ABHT Inc.	20-0114506	0.03%	
Adcomm, Inc & Co-Adopting Companies	20-4046911	0.69%	
Adsync Technologies, Inc.	20-1431567	0.00%	
Advanced Computer Technologies, LLC	63-1142085	0.72%	
Advanced Mailing Systems	35-2516783	0.04%	
Advanced Mailing Systems, Inc.	56-1772348	0.00%	
Afaxys, Inc.	26-2550461	3.64%	
Airway Therapeutics, LLC	45-2204067	0.00%	
Ambulatory Strategies, Inc.	59-3053634	0.59%	
American Air Specialists of Mississippi, Inc.	20-8109530	0.21%	
American Metal Solutions, Inc.	26-2866323	0.17%	
Andrews Research & Education Foundation	46-5182138	0.31%	
Anita S. Westafer, M.D., P.A.	59-2749645	0.00%	
Appalachian Development Corporation	57-0735286	0.30%	
ARC of Santa Rosa, Inc.	59-1862936	0.00%	
ARCO	59-2110489	0.00%	
ARCO Marine, Inc.	83-4659254	0.66%	
Arte Ditta Inc dba Contract Resources	59-3030197	0.00%	
AssureCo, LLC	71-0896394	0.77%	
Atlantic-AE, LLC	85-0850109	0.03%	
Autumn Beck Blackledge PLLC	47-1737243	0.20%	
Aviation Systems of Northwest FL, Inc.	20-1431561	0.00%	
Behavior Quest LLC	81-3732403	0.14%	
Benninks Refrigeration	59-1461046	0.03%	
Better Business Bureau of Northwest Florida, Inc	59-2534888	0.07%	
Big Brothers Big Sisters of NW FL	59-2996893	0.09%	
Bonaventure Property Management Services, LLC	54-1971779	3.93%	
Brooks and Shorey Resorts, Inc. & Brooks, Shorey & Associates	59-3703529	0.51%	
Bryan Builders, LLC	27-3722600	1.68%	
Bullock Tice Associates Architects, Inc.	59-1467913	1.72%	
Cantonment Family Medicine, PA	26-0548646	0.09%	
Capitol Bus Lines, Inc.	57-0770594	0.01%	
Capitol Tours, LLC.	81-3024860	0.00%	
CBHS IPA, LLC	47-1254788	0.30%	
Center for Independent Living	59-2288751	0.09%	
CenterPlace Health, Inc.	20-2779327	0.06%	
Central Panhandle Association of Realtors	59-1440029	0.25%	
CFP Physicians Group, PL	59-3578884	1.68%	
Chelsea Title Agency of Northwest Florida, Inc.	59-3335945	0.00%	
Cherokee Kenworth, Inc.	57-0898947	0.00%	
Cherokee Trail Veterinary Hospital/Lake Murray Animal Hospt.	56-2179162	0.70%	
Childs Financial Services	65-1005980	0.03%	
Chipola Regional Workforce Development Board, Inc.	59-3384516	0.06%	
City Center Partnership, Inc.	57-1116130	0.55%	
CMM Realty Inc.	57-0823240	0.36%	
Coastal Association Law Group P.L.	27-1338291	0.00%	
Coastal Care Nursing Associates, Inc.	42-1609443	0.11%	
Combined Insurance Services of North Florida, Inc.	59-3733505	0.30%	
Community Economic Development Assoc of Pensacola & Escambia	47-1954665	0.27%	
Community Life United Methodist Church	47-5426134	0.00%	
Component Estimator	46-2650125	0.22%	
Cypress Lakes Golf Club, Inc.	59-2150685	0.08%	
DEFENSEWERX, Inc.	46-0684933	3.97%	
DeStefano Engineering Group, PL	20-5783702	0.01%	
Destin Gulf Gate Owner Assoc, Inc.	59-3187839	0.00%	
District One Medical Examiner Support, Inc.	84-2673335	0.69%	
Dr. Margarette Recalde, OD, Inc	82-0760284	0.05%	
Early Learning Coalition of Escambia County	59-3683227	0.38%	
Easlan Management Co, Inc.	51-0846158	0.36%	
EBI Management Group, Inc.	59-3732444	0.27%	
Economic Development Corporation Sarasota County	20-1133191	0.60%	
Edgewater Beach Resort Management, Inc.	59-2369578	2.61%	
ELC of Northwest Florida, Inc.	02-0751749	0.77%	
Emerald Coast Title Services	47-1356652	0.02%	
Employer Services Assurance Corporation (ESAC)	52-1935343	0.52%	

Escambia County Healthy Start Coalition	59-3151838	0.06%
Excelsior Ambulance Service	45-0600978	0.02%
Executive Landscaping, Inc.	59-2659799	0.15%
Executive Properties of NW Florida, Inc.	59-2892028	0.00%
Family Heating & Air	90-0614609	0.38%
FDC Holdings, Inc., dba Pensacola Shipyard	59-0246255	0.04%
First Physicians Group, P.A.	59-3759388	0.00%
Florida Crown Workforce Board dba CareerSource Florida Crown	59-3531927	0.16%
Florida Optometric Association	59-0836623	0.19%
Florida Property & Casualty Insurance, LLC	27-2753047	0.12%
Florida's Great Northwest, Inc.	59-3685250	0.12%
Formweld Fitting, Inc.	59-3133012	0.01%
Foundation Museum Support, LLC	59-6178237	1.09%
G&P Insurance, Inc.	20-4501869	0.00%
G. Scott Williamson O.D., P.C.	58-2507896	0.22%
Garden Street Insurance, Inc.	46-4483070	0.01%
Gilmore Moving & Storage	59-0948405	1.07%
GNG Plumbing, Inc.	63-1022769	0.33%
Green Group Holdings, LLC	27-4874188	0.17%
GREG PIENKA, O.D., P.A.	65-0825869	0.26%
Growing Child Pediatrics, P.A.	59-3580965	0.00%
Gulf Blue Vacations, Inc.	45-2532367	0.00%
Gulf Breeze United Methodist Church, Inc.	59-0882915	0.19%
Gulf Coast Autopsy Physicians, P.A.	54-2143487	0.00%
Gulf Coast Community Bank	56-2308972	0.00%
Gulf Coast Specialty Products & Services Inc.	45-0956490	0.00%
Gulf Coast State College Foundation	59-1682455	0.08%
Gulf Region Radiation Centers, Inc.	26-0623827	0.00%
Habitat for Humanity of Jacksonville, Inc.	59-2880071	0.70%
Hawkins Insurance & Investments, LLC	26-1511849	0.06%
Health First Network, Inc.	59-2521606	0.00%
Herbafex Inc.	59-3193316	0.26%
Heriberto D. Ramos OD, PA dba Complete Family Eye Care	20-4020067	0.00%
hrQ, Inc.	00-2345251	4.97%
Image Development Marketing Group	59-3648353	0.19%
Immunovaccine, Inc	98-0663226	0.13%
Integrity Property Management Services, Inc.	20-1860232	0.00%
Intelligent Retinal Imaging Systems, INC.	82-1875525	1.03%
Interventional Rehabilitation Center	59-3673361	0.06%
Johnson & Lesley Construction Company, Inc.	58-2384056	0.28%
Joint Mission Essential Training Solutions, Inc.	45-2762479	0.03%
Junior League of Pensacola	59-6166684	0.00%
Kedrick Cerry, Inc.	46-2655180	0.54%
Kenny Strange Electric & Service Company, Inc.	82-4027307	0.48%
Kerrigan, Estess, Rankin & McLeod, LLP	59-1822583	0.41%
Knauer and Smithwick Ophthalmology Associates	02-0533580	0.00%
LaFayette State Bank	59-0549169	0.70%
Landrum Companies, Inc.	59-2345956	8.49%
Landrum Plan Expense Account	80-8080808	0.00%
LandrumHR SJR, Inc.	82-3523715	5.68%
LandrumHR Workforce Solutions, Inc.	59-1508876	0.40%
Laura B. McAuley, DDS	59-3737096	0.07%
Leda Printing, Inc.	59-2090404	1.24%
Lighthouse Health Plan, LLC	82-3182832	0.89%
Low Country Home Oxygen	57-1057057	0.00%
Marina Management Corp.	59-3416408	0.07%
Market Research Insight, Inc.	52-2421607	0.00%
MCBC Medical Delivery Services LLC	85-1074019	0.15%
MCBC of Florida, Inc.	20-0207265	0.33%
McCall Capital, LLC	36-4510570	0.25%
McElhany Electric Co. Inc.	59-2462270	0.49%
Medi Weight Loss Clinic Pensacola	20-5660972	0.25%
Medical Professional Agency, Inc.	59-2555835	0.00%
Membership Services, Inc.	59-3599370	0.16%
Mid Carolina Steel & Recycling, Inc.	47-4785839	0.65%
Mitsui Bussan Logistics, Inc.	99-0300237	0.00%
Modality Systems, Inc.	45-3833630	0.91%
Montessori Early School	59-2098328	0.73%
National Standard Parts Associates, Inc.	59-1984545	2.87%
NHE, Inc.	57-0524509	4.50%
Nichefitness1 LLC	82-3489053	0.11%
North Florida Central Title	37-1574873	0.00%
Northstar Equipment Corp.	58-2275891	0.05%

Okaloosa Pain Consultants	20-0770577	0.00%
Paisley Park Operations, Inc.	84-2700901	0.19%
Palmetto Pain Management, LLC	57-1108629	0.71%
Panama City Rescue Mission, Inc.	59-1580961	0.04%
Paradigm Parachute & Defense	84-2756399	0.03%
Pathways For Change	90-0591724	0.10%
Pensacola Area Chamber Foundation	59-2297826	0.00%
Pensacola Area Chamber of Commerce	59-0190330	0.12%
Pensacola Guarantee Mortgage, Inc.	59-3702977	0.00%
Pensacola Hyperbaric Care Center	59-3399210	0.00%
Personal Insurance Federation of Florida	27-3582307	0.16%
Pet Care Hospital & Co-Adopting Companies	59-3564350	1.00%
Physicians' Care Network	59-3199460	0.07%
Plant Parents of Sarasota, Inc.	65-0552396	0.28%
Precision Eye Care, LLC	45-3200749	0.18%
Puckett Oil Company, Inc.	59-2103360	0.40%
Quality Urgent Care & Wellness, PC & Quality Primary Care	46-3272154	0.57%
Quintessential Brands North America LLC	83-3665252	0.92%
Raxis LLC	20-2752999	0.39%
Realstar Homes	46-5403702	2.15%
Realstar Management, LLC & Realstar Limited, LLC	45-5062441	0.18%
Rebuild NW FL	20-1920020	0.04%
Respiratory Critical Care & Sleep Medicine Associates	59-3385828	0.24%
Ronald McDonald House Charities of NWFL	59-2172279	0.33%
RSM Communities, LLC	83-3930116	0.43%
S&H Car Wash, Inc.	81-0677822	0.34%
Sanbur Corp dba. Signs In One Day	65-0280326	0.29%
Schmidt Music, Inc.	59-3436975	0.13%
Separation Systems, Inc.	59-3035944	1.03%
Serenity Now of NW FL	26-3411856	0.00%
SGT Signs Inc. dba Fastsigns	59-3037200	0.10%
Shore to Shore Insurance Agency, Inc. dba Shores Insurance	81-2912669	0.00%
SmartHouse Integration	20-5524968	0.09%
Soft Intelligence, Inc.	58-1900980	0.42%
Solid Design Fabricators, Inc.	20-0755069	0.00%
Solutia	59-5959599	0.00%
Southern Ventures of Okaloosa County, LLC	59-3348361	0.00%
Stevenson Klotz, LLP	47-2751331	0.10%
Sulphuric Acid Trading Company, Inc.	59-3424337	1.34%
Surf & Sport, Inc. dba Islander's	59-2029738	0.29%
Surge Suppression, LLC	47-5001110	0.19%
Surgical Specialists ASC	20-8066586	0.07%
Symbol Health Solutions, LLC	27-4504760	0.60%
TDG of North America Inc. dba Networks of Florida	47-2197072	0.01%
Terry R. Richmond, DDS P.A.	59-1792595	0.31%
The Dial Firm	84-4425504	0.03%
The Fitts Company	57-1071326	0.85%
The Jim Owen Group	63-0643605	0.00%
The Surgery Center at Sacred Heart Medical Park	56-2315052	0.07%
The Surgery Center at Woodlands	83-3500010	0.01%
The Watt Stopper, Inc.	94-2787834	0.00%
Tidwell, Higdon & Associates	83-4618028	1.00%
Torres Insurance Group, LLC	26-3781414	0.00%
Transportation Consulting & Accounting, Inc.	59-3155909	0.01%
Trinity Presbyterian Church	59-6032404	0.15%
UAB Grads, LLC	20-3077808	0.01%
Ullman Eye Consultants	59-3681863	1.14%
Unipharm, Inc.	47-2667546	0.49%
United Way of Florida, Inc.	59-2104175	0.27%
United Way of Northwest Florida, Inc.	59-0863698	0.11%
United Way of West Florida, Inc.	59-0651076	0.26%
Vaughn's Inc. of Pensacola	59-2166444	0.00%
VEP Enterprises, Inc.	63-0943271	0.00%
Virtue Technologies Inc.	83-0578280	0.30%
VirtueRN, LLC	36-4813555	0.04%
Visit Pensacola, Inc.	46-3684826	0.51%
Wallace Industrial Technology	56-2216323	0.25%
Walton County ARC, Inc.	59-1614147	0.00%
Warriner - Tapper, LLC	26-2428497	0.21%
Waterview & Aero Capital	47-1998128	0.16%
WEMO Industries, Inc.	47-1276591	0.22%
Whibbs & Stone, P.A.	59-3326473	1.29%
WKJS Land Company dba LPL Financial	20-1872061	0.32%

Workforce Escarosa, Inc.	59-3390564	0.99%
Zerion Group	20-2991933	0.19%