

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [X] 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) [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description) E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN 1b Three-digit plan number (PN) 338 1c Effective date of plan 07/01/1997 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) LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC. 219 E. GARDEN STREET, SUITE 500 PENSACOLA, FL 32502 2b Employer Identification Number (EIN) 59-2345956 2c Plan Sponsor's telephone number 800-888-0472 2d Business code (see instructions) 561300

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	6135
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)	5534
	6a(2)	4779
	6b	0
	6c	812
	6d	5591
	6e	0
	6f	5591
	6g(1)	2521
	6g(2)	2938
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 2R 2T 2V

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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 _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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)

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	486046	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	219737	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	59436	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	11500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	363593	357623
(2) Participant contributions	1b(2)	303103	427084
(3) Other	1b(3)	13719	29203
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)	1634289	2394846
(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)	108751209	130087789
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	614762	846970

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	111680675	134143515
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	111680675	134143515

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)	5953039	
(B) Participants.....	2a(1)(B)	12006193	
(C) Others (including rollovers).....	2a(1)(C)	2619790	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		20579022
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)	160723	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		160723
(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)	4142659	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4142659
(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)		12004263
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		36886667

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16046236	
(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)		16046236
f Corrective distributions (see instructions)	2f		85230
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)	485955	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	11500	
(5) Investment advisory and investment management fees	2i(5)	279173	
(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)		776628
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16908094

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19978573
l Transfers of assets:			
(1) To this plan	2l(1)		5920266
(2) From this plan	2l(2)		3435999

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** 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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		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	
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?		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?		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		
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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	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)
NORTHSTAR EQUIPMENT CORP. SPIN OFF 401(K) PLAN	58-2275891	001
SANBUR CORP. D/B/A A SIGN IN ONE DAY 401(K) PLAN	65-0280326	002
PARADIGM PARACHUTE & DEFENSE 401(K) PLAN	84-2756399	001
CLARUS VISION PARTNERS 401(K) PLAN	85-2332562	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 _____.

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)
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
VISION HUB 401(K) PLAN	86-3891336	001
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN	74-2884279	333
DIRECT ACCOMODATIONS 401K	47-2556300	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 _____.

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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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	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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>338</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC.</p>	<p>D Administrator's EIN 59-2345956</p>	

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

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

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II **Participating Employer Information.**

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

2a Name of Participating Employer TRANSPORTATION CONSULTING ACCOUNTING INC	2b EIN 59-3155909	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 2219404
2a Name of Participating Employer MID CAROLINA STEEL RECYCLING INC	2b EIN 47-4785839	2c Percentage of Total Contributions for the Plan Year 0.67	2d Aggregate Account Balances Attributable to Participating Employer 2736286

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

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

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

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VAUGHNS INC OF PENSACOLA	59-2166444	0.00	978
MARKET RESEARCH INSIGHT INC	52-2421607	0.00	81
BULLOCK TICE ASSOCIATES ARCHITECTS INC	59-1467913	0.00	813752
MCCALL CAPITAL LLC	36-4510570	0.20	360378
CHILDS FINANCIAL SERVICES	65-1005980	0.04	309612
EASLAN MANAGEMENT CO INC	51-0846158	0.36	963196
INTEGRITY PROPERTY MANAGEMENT SERVICES INC	20-1860232	0.00	14728
FDC HOLDINGS INC DBA PENSACOLA SHIPYARD	59-0246255	0.00	86921
LOW COUNTRY HOME OXYGEN	57-1057057	0.00	4159

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE FITTS COMPANY	57-1071326	1.01	2811651
JUNIOR LEAGUE OF PENSACOLA	59-6166684	0.00	307040
CITY CENTER PARTNERSHIP INC	57-1116130	0.43	1390928
LANDRUM COMPANIES INC	59-2345956	5.55	9892702
AMERICAN METAL SOLUTIONS INC	26-2866323	0.21	291289
PENSACOLA AREA CHAMBER OF COMMERCE	59-0190330	0.12	459219
PENSACOLA HYPERBARIC CARE CENTER	59-3399210	0.00	2561
SOLUTIA	59-5959599	0.00	135251
CHEROKEE KENWORTH INC	57-0898947	0.00	264761

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTH FLORIDA CENTRAL TITLE	37-1574873	0.00	91644
GULF BREEZE UNITED METHODIST CHURCH INC	59-0882915	0.08	406276
SCHMIDTS MUSIC INC	59-3436975	0.04	153487
TIDWELL ASSOCIATES PA	83-4618028	0.16	312905
BIG BROTHERS BIG SISTERS OF NW FL	59-2996893	0.12	360826
WORKFORCE ESCAROSA INC	59-3390564	0.90	1964524
CENTER FOR INDEPENDENT LIVING	59-2288751	0.00	0
EXECUTIVE LANDSCAPING INC	59-2659799	0.09	679365
SULPHURIC ACID TRADING COMPANY INC	59-3424337	0.40	1529017

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARC OF SANTA ROSA INC	59-1862936	0.00	2270
CYPRESS LAKES GOLF CLUB INC	59-2150685	0.11	865505
THE JIM OWEN GROUP	63-0643605	0.00	55106
HEALTH FIRST NETWORK INC	59-2521606	0.00	573772
MEDICAL PROFESSIONAL AGENCY INC	59-2555835	0.00	459
HERBAFEX INC	59-3193316	0.00	86876
GULF BLUE VACATIONS INC	45-2532367	0.00	1928
FIRST PHYSICIANS GROUP PA	59-3759388	0.00	95800
WALTON COUNTY ARC INC	59-1614147	0.00	81422

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GULF COAST COMMUNITY BANK	56-2308972	0.00	185101
AVIATION SYSTEMS OF NORTHWEST FL INC	20-1431561	0.00	140000
PANAMA CITY RESCUE MISSION INC	59-1580961	0.08	98409
UNITED WAY OF NORTHWEST FLORIDA INC	59-0863698	0.09	55476
GULF COAST AUTOPSY PHYSICIANS PA	54-2143487	0.00	47119
WEMO INDUSTRIES INC	47-1276591	1.48	1262464
OKALOOSA PAIN CONSULTANTS	20-0770577	0.00	255138
PHYSICIANS CARE NETWORK	59-3199460	0.00	46586
THE SURGERY CENTER AT SACRED HEART MEDICAL PARK	56-2315052	0.14	278705

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEDRICK CERRY INC	46-2655180	0.73	3709303
UNITED WAY OF FLORIDA INC	59-2104175	0.12	239353
PENSACOLA GUARANTEE MORTGAGE INC	59-3702977	0.00	17416
BENNINKS REFRIGERATION	59-1461046	0.01	61560
BROOKS AND SHOREY RESORTS INC BROOKS SHOREY ASSOCIATES	59-3703529	0.47	1725315
FOUNDATION MUSEUM SUPPORT LLC	59-6178237	1.54	2289341
ELC OF NORTHWEST FLORIDA INC	02-0751749	1.13	990852
REBUILD NW FL	20-1920020	0.00	140976
FLORIDAS GREAT NORTHWEST INC	59-3685250	0.21	174210

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Part II Participating Employer Information (Continued).

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MITSUI BUSSAN LOGISTICS INC	99-0300237	0.00	39891
SEPARATION SYSTEMS INC	59-3035944	0.63	2049127
KNAUER AND SMITHWICK OPHTHALMOLOGY ASSOCIATES	02-0533580	0.00	136877
SURF SPORT INC DBA ISLANDERS	59-2029738	0.08	411103
ASSURECO LLC	71-0896394	0.49	958693
SURGICAL SPECIALISTS ASC	20-8066586	0.46	267078
HAWKINS INSURANCE INVESTMENTS LLC	26-1511849	0.06	194837
DESTIN GULF GATE OWNER ASSOC INC	59-3187839	0.00	0
GULF REGION RADIATION CENTERS INC	26-0623827	0.00	21240

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TORRES INSURANCE GROUP LLC	26-3781414	0.00	95041
KERRIGAN ESTESS RANKIN MCLEOD LLP	59-1822583	0.00	120697
COASTAL ASSOCIATION LAW GROUP PL	27-1338291	0.00	84847
WHIBBS STONE BARNETT TURNER PA	59-3326473	1.01	6076533
FLORIDA PROPERTY CASUALTY INSURANCE LLC	27-2753047	0.11	366706
GROWING CHILD PEDIATRICS PA	59-3580965	0.00	13251
CANTONMENT FAMILY MEDICINE PA	26-0548646	0.00	971122
ADSYNC TECHNOLOGIES INC	20-1431567	0.00	178956
LANDRUM PLAN EXPENSE ACCOUNT	80-8080808	0.00	4495

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GULF COAST STATE COLLEGE FOUNDATION	59-1682455	0.00	14572
PERSONAL INSURANCE FEDERATION OF FLORIDA	27-3582307	0.15	254282
AD MARTIN COMMERCIAL INSURANCE SERVICES	22-3074814	0.00	26025
EMPLOYER SERVICES ASSURANCE CORPORATION ESAC	52-1935343	0.63	2473762
GREEN GROUP HOLDINGS LLC	27-4874188	0.33	586250
ZERION GROUP	20-2991933	0.40	236428
CHIPOLA REGIONAL WORKFORCE DEVELOPMENT BOARD INC	59-3384516	0.08	101162
ARCO	59-2110489	0.00	98951
IMAGE DEVELOPMENT MARKETING GROUP	59-3648353	0.40	445596

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UNIPHARM INC	47-2667546	0.50	482837
JOINT MISSION ESSENTIAL TRAINING SOLUTIONS INC	45-2762479	0.00	1189
WKJS LAND CO LLC	20-1872061	0.13	169779
VISIT PENSACOLA INC	46-3684826	0.54	654168
PENSACOLA AREA CHAMBER FOUNDATION	59-2297826	0.00	116261
FLORIDA CROWN WORKFORCE BOARD DBA CAREERSOURCE FLORIDA CROWN	59-3531927	0.06	145873
ADVANCED MAILING SYSTEMS INC	56-1772348	0.00	48965
SOFT INTELLIGENCE INC	58-1900980	0.51	718495
MCBC OF FLORIDA INC	20-0207265	0.00	33236

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COMMUNITY ECONOMIC DEVELOPMENT ASSOC OF PENSACOLA ESCAMBIA	47-1954665	0.17	159673
NORTHSTAR EQUIPMENT CORP	58-2275891	0.00	
1898 LLC DBA THE ESTABLISHMENT	83-3456248	0.11	449160
ADVANCED MAILING SYSTEMS	35-2516783	0.02	194256
ANDREWS RESEARCH EDUCATION FOUNDATION	46-5182138	0.14	120255
FOUR WINDS GLOBAL LLC	85-1329034	0.00	
MEMBERSHIP SERVICES INC	59-3599370	0.17	264494
22ND STATE BANK	63-0071230	2.29	3458597
SYMBOL HEALTH SOLUTIONS LLC	27-4504760	1.76	1168676

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PRECISION EYE CARE LLC	45-3200749	0.26	298283
EXCELSIOR AMBULANCE SERVICE	45-0600978	0.00	19776
SHORE TO SHORE INSURANCE AGENCY INC DBA SHORES INSURANCE	81-2912669	0.00	19755
SH CAR WASH INC	81-0677822	0.00	19108
RONALD MCDONALD HOUSE CHARITIES OF NWFL	59-2172279	0.21	265326
ECONOMIC DEVELOPMENT CORPORATION SARASOTA COUNTY	20-1133191	0.32	284902
SUNRISE PLANTS	65-0552396	0.00	58664
CFP PHYSICIANS GROUP PL	59-3578884	1.55	2392610
COASTAL CARE NURSING ASSOCIATES INC	42-1609443	0.03	134643

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AUTUMN BECK BLACKLEDGE PLLC	47-1737243	0.36	356564
ESCAMBIA COUNTY HEALTHY START COALITION	59-3151838	0.24	160249
EBI MANAGEMENT GROUP INC	59-3732444	0.09	45377
VIRTUERN LLC	36-4813555	0.01	180738
FLORIDA OPTOMETRIC ASSOCIATION	59-0836623	0.15	278912
SANBUR CORP DBA SIGNS IN ONE DAY	65-0280326	0.00	
DR MARGARETTE RECALDE OD INC	82-0760284	0.02	47419
FAMILY HEATING AIR	90-0614609	0.55	404590
COASTAL HEALTH AND WELLNESS SOLUTIONS	46-2874951	0.20	423844

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LAURA B MCAULEY DDS	59-3737096	0.07	109446
BRYAN BUILDERS LLC	27-3722600	2.11	2112468
REALSTAR DEVELOPMENT GROUP LLC	87-3314901	1.64	1107186
REALSTAR HOMES	46-5403702	0.00	293992
LANDRUMHR SJR INC	82-3523715	0.00	
GULF COAST SPECIALTY PRODUCTS SERVICES INC	45-0956490	0.00	22500
LAFAYETTE STATE BANK	59-0549169	1.38	1052164
CENTRAL PANHANDLE ASSOCIATION OF REALTORS	59-1440029	0.20	145895
DESTEFANO ENGINEERING GROUP PL	20-5783702	0.00	2439

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BEHAVIOR QUEST LLC	81-3732403	0.02	43905
KENNY STRANGE ELECTRIC SERVICE COMPANY INC	82-4027307	0.68	704984
G SCOTT WILLIAMSON OD PC	58-2507896	0.34	1024647
ADCOMM INC COADOPTING COMPANIES	20-4046911	0.35	576488
QUALITY URGENT CARE WELLNESS PC QUALITY PRIMARY CARE	46-3272154	0.40	549102
ABHT INC	20-0114506	0.09	74824
LIGHTHOUSE HEALTH PLAN LLC	82-3182832	0.00	710993
GREG PIENKA OD PA	65-0825869	0.51	984599
AARON B STEIN MD PLLC DBA THE PAIN MANAGEMENT GROUP	26-4219590	0.27	299743

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INTERVENTIONAL REHABILITATION CENTER	59-3673361	0.04	51360
NICHEFITNESS1 LLC	82-3489053	0.10	96960
EMERALD COAST TITLE SERVICES	47-1356652	0.02	21254
RSM COMMUNITIES LLC	83-3930116	0.00	88772
LANDRUM TALENT SOLUTIONS INC	20-4366734	2.46	3075288
TIMBERWOLF INC DBA WINDOWS PLUS OF PENSACOLA	59-3386183	0.15	46160
NHE INC	57-0524509	6.33	4355271
HABITAT FOR HUMANITY OF JACKSONVILLE INC	59-2880071	1.00	1065501
MARINA MANAGEMENT CORP	59-3416408	0.07	308168

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MODALITY SYSTEMS INC	45-3833630	0.00	167032
PAISLEY PARK OPERATIONS INC	84-2700901	0.41	117696
AMBULATORY STRATEGIES INC	59-3053634	0.75	675419
CMM REALTY INC	57-0823240	0.41	384737
QUINTESSENTIAL BRANDS NORTH AMERICA LLC	83-3665252	0.50	581800
SOUTHERN VENTURES OF OKALOOSA COUNTY LLC	59-3348361	0.29	419643
SGT SIGNS INC DBA FASTSIGNS	59-3037200	0.02	69828
COMPONENT ESTIMATOR	46-2650125	0.19	162660
LANDRUMHR WORKFORCE SOLUTIONS INC	59-1508876	0.39	253055

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VIRTUE TECHNOLOGIES INC	83-0578280	0.26	381991
PATHWAYS FOR CHANGE	90-0591724	0.00	1290
RAXIS LLC	20-2752999	0.82	726093
THE SURGERY CENTER AT WOODLANDS	83-3500010	0.21	108311
ATLANTICAE LLC	85-0850109	1.27	644125
PARADIGM PARACHUTE DEFENSE	84-2756399	0.49	
THE CONTROLS COMPANY	85-2530241	0.02	255284
GARDEN STREET INSURANCE INC	46-4483070	0.14	69289
SPEARS ENVIRONMENTAL INC	20-2898619	0.49	95108

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HG VISION LLC	85-2332562	0.22	
LIBERTY ELECTRIC CONTRACTORS	20-2562638	0.06	57359
CABLE TIE EXPRESS LLC	47-5582684	0.82	748480
BUTLER AUTO RECYCLING INC	59-1766765	0.35	520792
BIRDSALL MARINE DESIGN INC	65-0996449	0.18	686
EMERALD COAST TITLE INC	59-3739345	0.54	1496877
COAST 2 COAST FINANCIAL CU INC	59-0594973	0.14	228057
LANDRUMHR WORKFORCE SOLUTIONS INC III	85-4196665	0.02	8130
KUDULIS REISINGER AND PRICE LLC	46-1068820	0.67	1163398

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GENE JA TERREZZA OD ASSOCIATES PA	59-2989621	0.30	138201
COBB TERREZZA OD PC	82-4246647	0.09	24072
BELL TERREZZA OD PA	82-4280638	0.14	57354
BEST PRICE DIGITAL LENSES	46-3259666	0.02	5784
PALMETTO CONSULTING OF COLUMBIA LLC	32-0568310	0.74	192600
J RHODES ENTERPRISES	81-0885524	0.56	304125
JASPER EYE CARE INC	59-2419553	0.50	422950
PET CARE HOSPITAL COADOPTING COMPANIES	59-3564350	1.79	1649152
DELLA VITE	87-1379968	0.00	11504

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CBHS IPA LLC	47-1254788	0.20	162397
VENTURE OUT AT PCB INC	58-1260154	0.21	95609
ROB ROY INVESTMENTS INC DBA DIXIELECTRICAR	59-3253251	0.31	191120
EYECARE CENTER OF LEESBURG	91-2160727	0.16	
DEFUNIAK VISION CENTER LLC COADOPTING COMPANIES	87-1145240	0.02	
ADCOMM TV	61-1811675	0.05	23267
PIVOT DEVELOPMENT GROUP LLCWELL PETS TR II LLC	87-3135070	0.03	28585
PR SPORTS INC DBA RUNNING WILD	20-0667395	0.94	325838
TRUSST BUILDER GROUP LLC	45-4506513	0.83	470586

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NWF PARTNERSHIP FOR BETTER COMMUNITIES INC	82-2705311	0.18	153265
BIG BEND COMMUNITY BASED CARE INC	03-0423156	7.30	7943804
BARNABAS FUND	16-1711227	0.18	78483
BAY EYE CENTER PC	02-0598226	0.46	698847
SOUTHERN CARBIDE TECHNOLOGIES INC	63-1134973	0.21	528236
AMS SONS MOVING CO LLC DBA TWO MEN AND A TRUCK OF ASHEVI	20-5173290	0.04	
WORKROOM SERVICES	20-4330721	0.18	109385
FLORIDA AM UNIVERSITY FEDERAL CREDIT UNION	59-0696281	0.22	132878
CERES TALENT INC	88-3959371	0.43	

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TENNESSEE EMPLOYEES CREDIT UNION	62-0804169	0.14	47962
WORKHORSE SHARED SERVICES	85-0722703	1.15	341931
FSA ADVISORY GROUP	87-1119387	2.01	786941
FSA INVESTMENT GROUP	46-4936670	0.29	131923
FSA TPA	45-2541173	0.41	229294
LAKEWOOD RANCH COMMUNITY ACTIVITIES	65-1060278	0.17	50842
PRIORITYONE CREDIT UNION OF FL	59-0787574	1.03	3088156
EXPLORERS FEDERAL CREDIT UNION	46-6013017	1.01	522259
DIRECT ACCOMMODATIONS LLC	47-2556300	0.00	

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEACHTREE MANAGEMENT GROUP LLC	87-1830904	0.93	349978
BEACON EMERGENCY VETERINARY HOSPITAL LLC	88-3347217	0.28	
EVERGLADES FEDERAL CREDIT UNION	59-0762604	0.16	473897
TRUSTWELL MANAGEMENT ROCKFORD LLC	93-1417622	7.38	1981833
REBECCA J SIMS OD PA	92-0950762	0.10	28681
EYELAND OPTICAL	22-2465511	0.10	24
ANIMAL EMERGENCY PLLC	27-3610856	1.52	1861506
CU*SOUTH INC	20-8224379	1.85	1270542
TEKGO INC	92-3340587	1.08	177636

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIVER BROOK LLC	82-1325868	0.22	41895
LAMZ RETAIL LLC	87-1444686	0.27	116787
SCOTT ELECTRIC SIGN COMPANY INC	63-1179965	0.42	293522
REENTRY ALLIANCE PENSACOLA	38-3908383	0.06	10523
EMPOWERED SOLUTIONS PARTNERS LLC	88-1258370	0.13	1272192
NORTHWEST FLORIDA DEFENSE COALITION	93-3848856	0.04	8056
KR MECHANICAL LLC	83-3841334	0.24	218826
MERCADAGRO INTERNATIONAL CORPORATION	65-0062465	1.11	3466234
POWER PRACTICE CORP	85-2680701	0.22	215361

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COX POOLS COMMERCIAL LLC	99-0947830	0.12	22200
ZEREGA CONSULTING SERVICES LLC	32-0096728	0.11	18595
TRS CAPITAL LLC	20-8419878	0.02	4056
DENNIS EAGLE INC	81-0783732	0.24	153012
PROPER DERMATOLOGY STAFFING INC	84-2303146	0.26	381183
ADVANCED CYLINDER TANK LLC PARTICIPATING EMPLOYERS	27-2342377	0.28	49439
CEDARVILLE EYE PC	99-2142824	0.02	4124
MANNA FOOD BANK	59-2181031	0.04	6339
NORTHWEST FLORIDA PROFESSIONAL BASEBALL LLC	27-3834962	0.11	19059

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEALTHCARE INFORMATION MANAGEMENT INC	68-0467063	0.28	1540822
FACILITY RESOURCE PARTNERS LLC	88-3636447	0.03	5237
HEALTHCARE PLUS SOLUTIONS GROUP LLC	87-4070018	0.11	18784
YIPCPA LLC	26-3384170	0.31	55002
TRUSTWELL LIVING LLC	85-4358317	0.11	198237
ORTHOPAEDIC MANAGEMENT CONSULTANTS LLC	88-1430349	0.00	609
FAIRHOPE TERREZZA GROUP OD PC	99-2553843	0.00	9252

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

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

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

ACK ID _____



**Landrum Professional Employer Services
Retirement Savings Plan**

FINANCIAL STATEMENTS

December 31, 2024 and 2023



REPORT

Independent Auditor’s Report 1

FINANCIAL STATEMENTS

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SUPPLEMENTAL SCHEDULE

Schedule H, line 4i – Schedule of Assets (Held at End of Year) 15

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.



Carr, Riggs & Ingram
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CRIadv.com

CARR, RIGGS & INGRAM, L.L.C.

INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the accompanying financial statements of Landrum Professional Employer Services Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Landrum Professional Employer Services Retirement Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Landrum Professional Employer Services Retirement Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 Landrum Professional Employer Services Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Landrum Professional Employer Services Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i – Schedule of Assets (Held at End of Year) for the year ended December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the

supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

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

CARR, RIGGS & INGRAM, L.L.C.

Fort Walton Beach, Florida
October 13, 2025

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

<i>December 31,</i>	2024	2023
Assets		
Investments:		
Investments at fair value	\$ 130,087,789	\$ 108,751,209
Investments, self-directed brokerage accounts, at fair value	846,970	614,762
Total Investments	130,934,759	109,365,971
Receivables:		
Participant contribution	456,287	316,822
Employer contribution	357,623	363,593
Notes receivable from participants	2,394,846	1,634,289
Total receivables	3,208,756	2,314,704
Total assets	134,143,515	111,680,675
Net assets available for benefits	\$ 134,143,515	\$ 111,680,675

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,

2024

Additions

Investment income	
Net appreciation in value of investments	\$ 12,004,263
Interest and dividends	4,142,659
Total investment income	16,146,922

Interest income on notes receivable from participants	160,723
---	---------

Contributions

Employer	5,953,039
Employee	12,006,193
Rollover	2,619,790

Total contributions	20,579,022
---------------------	------------

Total additions	36,886,667
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Deductions

Benefits paid to participants	16,131,466
Administrative expenses	776,628

Total deductions	16,908,094
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Net increase	19,978,573
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Transfers from Other Plans	5,920,266
Transfers to Other Plans	(3,435,999)

Net Assets Available for Benefits

Beginning of year	111,680,675
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End of year	\$ 134,143,515
-------------	----------------

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), the custodian and the qualified institution for the Plan, which invests contributions and Plan earnings, makes investment transactions as directed by the individual participants and provides certain recordkeeping services. Slavic Integrated Administration (Slavic) 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. Employers can also provide a discretionary profit-sharing contribution. Participants direct the investment of their contributions into various investment options offered by the Plan.

During the year ended December 31, 2024, certain participating clients made profit sharing contributions totaling \$357,623.

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 10.25%, 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) and in accordance with the plan agreement, a participant may request a financial hardship withdrawal if they experience a severe financial hardship. 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 of 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, custodian 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.

Payment of Benefits

Distributions to participants are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in value of investments.

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.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, October 13, 2025, 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 QUALIFIED INSTITUTION

Except for certain amounts described below, 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 was obtained by management and agreed to or derived from information certified as complete and accurate by MATC, the qualified institution:

- a) Substantially all investments, at fair value, included in the statements of net assets available for benefits at December 31, 2024 and 2023.
- b) Investment income included in the statement of changes in net assets available for benefits for the year ended December 31, 2024.
- c) Substantially all amounts included in Note 4, *Fair Value Measurements*.
- d) Substantially all information included in the supplemental schedule of assets (held at end of year) as of December 31, 2024, excluding notes receivable from participants.

The Plan allows participants to direct their investments using a separate brokerage account. These participant accounts are outside of the custodian arrangement with MATC; 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, 2024 and 2023.
- b) Investment income credited to the participant self-directed brokerage account investments for the year ended December 31, 2024.
- c) Certain amounts included in Note 4, *Fair Value Measurements*.
- d) Certain information included in the supplemental schedule of assets (held at end of year) as of December 31, 2024.

Landrum Professional Employer Services Retirement Savings Plan Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS

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.

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, 2024 and 2023.

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.

Landrum Professional Employer Services Retirement Savings Plan Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

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 tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Description	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
<i>December 31, 2024</i>				
Mutual funds	\$ 130,087,789	\$ -	\$ -	\$ 130,087,789
Self-directed brokerage accounts	846,970	-	-	846,970
	\$ 130,934,759	\$ -	\$ -	\$ 130,934,759

Description	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
<i>December 31, 2023</i>				
Mutual funds	\$ 108,751,209	\$ -	\$ -	\$ 108,751,209
Self-directed brokerage accounts	614,762	-	-	614,762
	\$ 109,365,971	\$ -	\$ -	\$ 109,365,971

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.

Landrum Professional Employer Services Retirement Savings Plan Notes to Financial Statements

NOTE 5: TAX STATUS (Continued)

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

NOTE 6: RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan paid certain expenses related to plan operations and investment activity to various service providers, as described in Notes 1 and 2. During the year ended December 31, 2024, Slavic received approximately \$765,000 from the Plan for administrative services and investment management.

MATC receives revenue from mutual fund service providers for services it provides to the funds. This revenue is used to offset amounts owed to MATC for its services to the Plan.

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 2024, the assets of participants that are employed by Mercadagro International Corporation; HealthCare Information Management, Inc.; Proper Dermatology Staffing, Inc.; and others were transferred to the Plan as the result of mergers into the Plan. The transfer in amounts totaled \$5,920,266.

In addition, in 2024, the assets of former Plan participants that were employed by Sanbur Corp dba. Signs In One Day; Birdsall Marine Design, Inc.; AMS & Sons Moving Co., LLC dba Two Men and A Truck of Asheville; and others (former participating employers) were transferred from the Plan. The transfer out amounts totaled \$3,435,999.

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, 2024

(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	**	\$ 80,728
	American Funds	American Funds Capital World G & I R6	**	1,145,839
	American Funds	American Funds EuroPacifc R6	**	787,415
	Dimensional Fund Advisors	DFA US Targeted Port	**	534,920
	Fidelity Investments	Fidelity SDB	**	846,970
	Fidelity Investments	Fidelity Select Health Care	**	1,103,480
	Fidelity Investments	Fidelity Select Technology	**	4,933,581
	Franklin Templeton Investements	Franklin Utilities Advisor Class	**	435,713
	Gabelli Money Market Funds	Gabelli US Treasury Money Market	**	1,982,557
	iShares	MSCI EAFE International Index Fund	**	6,200,811
	MFS	MFS Growth Fund R6	**	4,897,031
	Principal Funds	Principal Investors High Yield II	**	418,786
	Principal Funds	Principal Mid Cap R6	**	2,660,861
	Vanguard	Vanguard Consumer Staples Index Admiral	**	8,399,575
	Vanguard	Vanguard Energy Index Admiral	**	711,423
	Vanguard	Vanguard European Stock Index Admiral	**	132,810
	Vanguard	Vanguard Federal Money Market	**	8,108,839
	Vanguard	Vanguard Inflation Protected Securities	**	299,978
	Vanguard	Vanguard Intermediate-Term Bond Index Ad	**	16,793,063
	Vanguard	Vanguard Materials Index Adm	**	539,343
	Vanguard	Vanguard Mid Cap Index Admiral	**	2,085,117
	Vanguard	Vanguard REIT Index Admiral	**	488,002
	Vanguard	Vanguard Short-Term Federal Admiral	**	760,831
	Vanguard	Vanguard Small Cap Growth Index Adm	**	1,673,995
	Vanguard	Vanguard Small Cap Index Admiral	**	912,118
	Vanguard	Vanguard Target Retirement 2020	**	314,683
	Vanguard	Vanguard Target Retirement 2025	**	1,845,162
	Vanguard	Vanguard Target Retirement 2030	**	3,201,861
	Vanguard	Vanguard Target Retirement 2035	**	3,601,378
	Vanguard	Vanguard Target Retirement 2040	**	2,715,466
	Vanguard	Vanguard Target Retirement 2045	**	2,044,861
	Vanguard	Vanguard Target Retirement 2050	**	2,982,089
	Vanguard	Vanguard Target Retirement 2055	**	1,157,526
	Vanguard	Vanguard Target Retirement 2060	**	408,931
	Vanguard	Vanguard Target Retirement 2065	**	217,253
	Vanguard	Vanguard Target Retirement Income	**	254,504
	Vanguard	Vanguard Institutional Target Retirement 2070	**	258,199
	Vanguard	Vanguard Total Int'l Stock Index Admiral	**	797,152
	Vanguard	Vanguard Total Stock Market Index Admiral	**	41,591,751
	Vanguard	Vanguard Utilities Index Admiral	**	1,941,167
	Vanguard	Vanguard Windsor Fund Admiral	**	333,890
	Victory	Victory Sycamore Established Value I	**	335,100
	Total Investments			130,934,759
	* Notes receivable from participants	Interest rates from 4.25% to 10.25%	**	2,394,846
Total				\$ 133,329,605

* Denotes 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
	Vanguard	VITSX - Vanguard Total Stock Market Index Inst.		41,591,759
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		16,793,063
	Vanguard	VCSAX - Vanguard Consumer Staples Index		8,399,575
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		8,108,860
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		6,200,811
	Fidelity	FSPTX - Fidelity Select Technology		4,933,581
	MFS	MFEHX - MFS Growth R3		4,897,031
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		3,601,378
	Vanguard	VTHRX - Vanguard Target Retirement 2030		3,201,861
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		2,982,089
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		2,715,466
	Principal	PMAQX - Principal MidCap R6		2,660,861
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		2,085,117
	Vanguard	VTIVX - Vanguard Target Retirement 2045		2,044,861
	Gabelli Funds/Ssga	GABXX - Gabelli Us Treasury Money Market		1,982,557
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		1,941,167
	Vanguard	VTTVX - Vanguard Target Retirement 2025		1,845,162
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		1,673,995
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		1,157,526
	American Funds	RWIGX - American Funds Capital World G & I R6		1,145,839
	Fidelity	FSPHX - Fidelity Select Health Care		1,103,480
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		912,118
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		846,970
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		797,152
	American Funds	REGRX - American Funds EuroPacific Growth Fund Class R6		787,415
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		760,831
	Vanguard	VENAX - Vanguard Energy Index Admiral		711,423
	Vanguard	VMIAX - Vanguard Materials Index Adm		539,343
	Dimensional Fund Advisors	DDFVX - DFA US Targeted Port		534,920
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		488,002
	Franklin/Templeton	FRUAX - Franklin Utilities Advisor Class		435,713
	Principal	PHYFX - Principal High Yield R6		418,786
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		408,931
	Victory Sycamore	VEVYX - Victory Sycamore Established Value Y		335,100
	Vanguard	VWNEX - Vanguard Windsor Fund Admiral Shares		333,890
	Vanguard	VTWNX - Vanguard Target Retirement 2020		314,683
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		299,978
	Vanguard	VSVNX - Vanguard Target Retirement 2070		258,199
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		254,504
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		217,253
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		132,810
	American Funds	RCWGX - American Funds Capital World Bond R6		80,729
	Vanguard	VMRXX - Vanguard Money Mkt Reserve-Prime		0
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Participant Loans	4.25% - 9.50%		2,394,846