

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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     a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan     a DFE (specify) \_\_\_\_\_

**B** This return/report is:     the first return/report     the final return/report

an amended return/report     a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:     Form 5558     automatic extension     the DFVC program

special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>TLC RETIREMENT SAVINGS PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>333</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSPORT LABOR CONTRACT/ LEASING, INC.</u>  <u>250 N. ORANGE AVE STE. 1500</u> <u>ORLANDO, FL 32801</u>	<b>1c</b> Effective date of plan <u>01/01/1999</u>  <b>2b</b> Employer Identification Number (EIN) <u>45-0391154</u>  <b>2c</b> Plan Sponsor's telephone number <u>763-585-7061</u>  <b>2d</b> Business code (see instructions) <u>541990</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	MONIQUE PARENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6278
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	5195
	<b>6a(2)</b>	4757
	<b>6b</b>	0
	<b>6c</b>	718
	<b>6d</b>	5475
	<b>6e</b>	0
	<b>6f</b>	5475
	<b>6g(1)</b>	2737
<b>6g(2)</b>	2385	
<b>6h</b>	34	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2K 2T 2V

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>TLC RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSPORT LABOR CONTRACT/ LEASING, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>45-0391154</b>	

**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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**(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	556879	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 51	PORTFOLIO MGMT	168033	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)

SC & H ATTEST SERVICES, P.C.

52-1743645

(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	20500	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"/>

**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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TLC RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSPORT LABOR CONTRACT/ LEASING, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>45-0391154</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	176507	171194
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	401796	196519
<b>(3)</b> Other .....	<b>1b(3)</b>	19928	10264
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	1234615	1483593
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	83556807	95877940
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	85389653	97739510
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	171285	137892
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	171285	137892
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	85218368	97601618

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2614523	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	7818525	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	178015	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		10611063
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	92922	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		92922
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2977845	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2977845
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		9204995
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		22886825

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	14802399	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		14802399
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	556879	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	20500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	168033	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		745412
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		15547811

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		7339014
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		6377006
(2) From this plan .....	<b>2l(2)</b>		1332770

**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: **LB CARLSON, LLP**

(2) EIN: **41-1504933**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
J L ROTHROCK INC 401(K) PROFIT SHARING PLAN & TRUST	56-0769122	001
CLAYTON TRUCKING LLC 401(K) PLAN	35-2087852	001
SUR-FOODS EMPORIUM CORPORATION 401(K) PLAN	71-0953769	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
FETCH FREIGHT 401(K) PLAN	85-0888032	001
PRO RESOURCES RETIREMENT SAVINGS PLAN	41-1592823	002

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>TLC RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>333</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TRANSPORT LABOR CONTRACT/ LEASING, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>45-0391154</u>	

<b>Part I</b>	<b>Distributions</b>
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**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 27-3169253

**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

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

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

<p><b>A</b> Name of plan <b>TLC RETIREMENT SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>333</b></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>TRANSPORT LABOR CONTRACT/ LEASING, INC.</b></p>	<p><b>D</b> Administrator's EIN <b>45-0391154</b></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).**

<b>2a</b> Name of Participating Employer <b>TLC COMPANIES</b>	<b>2b</b> EIN <b>45-0391154</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>8.03</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>13853225</b>
<b>2a</b> Name of Participating Employer <b>BANDY TRANSPORT CO</b>	<b>2b</b> EIN <b>58-1751207</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.00</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>10221</b>

**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.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>2f</b> 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.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	<b>286541</b>

**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
BENNETT TRUCKING INC	41-1368548	0.06	23701
BRENNY SPECIALIZED INC	41-1870443	2.63	2080639
TLC PLAN EXPENSE REIMBURSEMENT ACCOUNT	45-0392525	0.00	68257
CHUCK BRADLEY TRUCKING LLC	47-4114880	0.15	181079
CCS TECHNOLOGY GROUP LLC	46-1656061	0.00	497085
DEKEYSER EXPRESS INC 2	06-1210459	0.00	42198
FREEDOM EXPRESS INC	41-1694985	0.00	3
HODGES TRUCKING	58-2213417	1.00	383266
HODGKINS MGMT FORMERLY NLI DISTRIBUTION	36-3109067	0.00	15203

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**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
LAKE VALLEY TRUCKING INC	41-1480016	0.00	448129
LANGFORD INC	41-1570373	0.00	0
LUCO TRUCKING INTERMODAL CONTAINER LOGISTICS	20-4257296	0.00	47536
RML TRANSPORT LLC	56-2424324	0.00	63808
MISL TRANSPORT INC	36-3604385	0.21	293755
SEAMAR WAREHOUSING AND LOGISTICS INC	72-1431965	0.00	23758
SPECIALTY CARRIERS INC	22-3069527	0.00	0
SYRING TRUCKING INC	41-1708652	0.00	350389
ZELLMER TRUCK LINES INC	36-2898442	0.33	793812

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ZIMMERMAN BROTHERS INC	41-0753807	0.00	0
ALDO INSURANCE AGENCY	06-1572958	0.00	148625
GLEN BROWN	25-2980696	0.00	83955
ANTHONY CHILLE AGENCY	11-3439509	0.00	14193
THOMAS F CRAVEN JR	22-4217125	0.09	142258
DIANE VILLANO	12-5485567	0.02	332
DRAGON FAMILY MEDICINE	74-2970658	0.00	58405
TA PASSERO AGENCY INC	20-0462917	0.00	34617
JOHN D PAGAN INSURANCE AGENCY INC	06-1575391	0.00	0

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BRYAN RIPELLINO	16-1589361	0.03	129285
PATRIOT TRANSPORT INC	20-5312386	0.00	22477
GEORGE MARTLAND	03-7365566	0.00	315154
JOHN LEPORE INS AGENCY INC	11-3474361	0.93	4404301
DENNY KINKEAD	23-3041927	0.20	797613
MARTIN CARTAGE	36-3663875	0.00	164972
SCORDO AGENCY INC	11-3400656	0.00	158467
YANNIS SIDAKIS	12-5505742	0.00	67826
RADMACHER INSURANCE	59-3746874	0.00	0

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MAINSTAY STRATEGIC PARTNERS	86-3943154	6.93	5653601
ROSEBERRY INSAGCY INC	58-2479027	0.15	337016
ALG LEASING	20-3901270	2.70	2359735
TLC SUSPENSE PLAN	45-4545454	0.00	691610
RIVERSIDE EXPRESS LLC	41-1391346	0.00	29825
CHASTEENS TRUCKING	58-2012440	0.00	114653
DAVE COLELLO	04-5585061	0.00	712
SCALES EXPRESS INC	58-2565554	0.38	253621
PJL TRANSPORTATION	27-0233250	0.00	266685

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DAWS INC	47-0780473	0.83	1903232
THURMOND INSURANCE AGENCY	42-7131616	0.01	18807
METRO FREIGHT INC	36-3996694	0.74	713609
COMMERCIAL TRANSPORTATION INC CTI NATIONWIDE INC	23-0936590	0.00	83891
ALPHA AND OMEGA TRANS INC	56-2187092	0.00	59264
ARMADA LOGISTICS LLC	46-3346780	0.00	116640
GALLANO TRUCKING INC	36-4269446	0.68	735631
INNOVATIVE MANAGEMENT SERVICES INCINNOVATIVE AUTOMOTIVE S	20-4392656	0.00	11589
DEMAR LOGISTICS INC	36-3467406	0.05	718633

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BARLOW TRUCK LINES INC	43-1156543	0.41	1819642
CDJ BULK EXPRESS INC	57-0914271	0.37	203025
JKC TRUCKING INCSUMMIT COLD STORAGE	36-3361483	3.22	3486684
DASH COURIER SERVICE LLC	56-2136319	1.07	633771
INTERSTATE TOWING INC	65-0486005	0.20	560827
MARTLAND INSURANCE AGENCY	84-3687953	0.00	19524
HOWARD LEVY	13-2480300	0.00	74575
BOLTON INSURANCE	03-8302385	0.03	50341
DOUG MARQUARDT INC	26-4616119	0.03	2937

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CENTRAL ILLINOIS TRANSPORTATION INC	36-3794197	1.01	3088521
ROGERS TRUCKING INC	61-0863441	1.71	813672
DRAKE ENTERPRISES OF LINCOLNTON NC	20-3651379	0.20	85722
SEVERTS OF COLUMBIA LLC	45-3797089	0.05	189660
ACTION EXPEDITING INC	58-2148615	0.00	51880
VISION LOGISTICS LLC	20-0910115	1.53	1519530
HQ MARINE TRANSPORT INC	27-3752811	0.60	705701
NPL DEDICATED LLC	90-0925959	0.28	213337
UNLIMITED TRUCK AUTO LLC	26-3711075	0.00	55071

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DANS DIESEL INCDANS TOWING INC	45-4954211	0.04	33945
SOUTHERN ILLINOIS MOTOR EXPRESS INC	37-0896532	0.00	105474
CARDENAS TRUCKING INC	36-4228195	0.04	152001
CYPRESS TRUCK LINES INCSUNBELT TRANSPORT LLC	59-2063224	8.29	11362808
JAZ EXPRESS LLC	16-1650560	0.00	35428
JL ROTHROCK INC	56-0769122	0.50	0
MDR TRANSPORT INC	46-2114510	0.00	87398
SERVICE FIRST LOGISTICS	56-1917076	0.36	66416
SA DURBIN TRUCKING LLC	45-3745030	0.01	1692

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ROYCE CAMPBELL SONS LLC	20-1859173	0.10	55323
AL HICKS AGENCY	76-0606653	0.00	120
JUSTUS TRUCK LINES INC	56-1271265	0.06	77802
CLAYTON TRUCKING LLC	35-2087852	0.08	0
SHIELDS INSURANCE GROUP	27-3731444	0.07	36970
NPS EXPRESS INC	46-4573001	0.72	344467
GOOGE EQUIPMENT	65-0056831	0.66	449575
ACTION LOGISTICS GROUP	82-3564184	0.00	278852
FREEDOM TRANS USA	26-2931472	2.58	1313498

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MURRAY INS INC	82-0532890	0.06	56357
OLSON FARMS CA LLC	26-2747911	0.02	1467
MUSIC CITY LOGISTICS EXPRESS INC	20-8540667	0.03	41015
S MCCLAIN STONE	37-1466030	0.01	9623
LISK TRUCKING	56-1160226	0.57	148581
QUICKWAY SERVICES INC	57-1180471	0.01	16772
HIGHWAYS SKYWAYS TRANSPORTATION LLC	45-0818106	1.09	504675
DAVES TRISTATE TRUCK SERVICES	41-2267082	0.13	61909
INVINCIBLE DELIVERY SERVICES	82-3250054	0.00	3078

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SNIDER PROPERTIES OF MT AIRY NC LLC	56-2184905	0.03	4698
BOCAS BEST AUTO REPAIR ATLANTIC TOWING RECOVERY INC	45-2379808	0.31	168041
MBT TRANSPORT	20-3031062	0.22	99529
DEDICATED LOGISTICS PARTNER	82-1478502	0.00	0
SMOOTH OPERATORS INC	39-1744627	0.38	282724
JBC TRANSPORT GROUP	20-5611290	0.79	407493
WHEELWHEELS	26-3870288	0.11	41049
BARRY PETROZIELLO AGENCY	20-5526418	0.01	6251
ROLAND TRUCKING INC	25-1630112	0.00	205

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SURFOODS EMPORIUM CORPORATION	71-0953769	0.36	0
SUND BIRSTA INC	38-3985578	0.00	46482
INFINITI EMPLOYMENT	26-3831537	0.51	575583
EVOLVE LOGISTICS GROUP INC	81-3786533	5.14	2423647
CENTURION LOGISTICS INC SPARTAN LOGISTICS INC	47-1823002	3.49	1571417
RAIN DOG LOGISTICS RAIN DOGS TRUCKING INC	27-2159477	0.57	658011
GREATER MIAMI CATERERS	59-1209174	1.53	919713
MECKLENBURG TRANSPORTATION	82-4114837	0.20	76290
BAYBEACH BUILDERS INC	81-5480550	0.64	219803

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S S AUTO VENTURES INC	59-3500153	0.00	12
BRONTO SKYLIFT INC	30-0949504	0.30	103891
REBUILDING TOGETHER BROWARD COUNTY INC	86-1065925	0.17	58508
AZAR AND ASSOCIATES INC	84-4929220	0.24	108097
PRIMINVEST CORP	83-1917592	0.34	116086
EFM TRANSPORTATION	26-4587264	0.79	293616
FAMILY HOME CARE OF CENTRAL FLORIDA	85-3474531	0.00	0
REFRIGERATED EXPRESS INC PARTICIPATING EMPLOYERS	59-3400394	2.63	919070
VJA CONSTRUCTION	26-1678720	0.00	2654

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BEELINE SERVICES INC	82-2204940	0.82	210204
THE DUBOW ORGANIZATION INC	65-0376725	0.14	25922
CITY TOWING INC	65-0917714	0.00	10014
FUNDS2ORGSCE LOGISTICS	46-1831481	1.38	349003
MIDMILE SERVICES SERVICES LLC	85-1918256	0.00	24284
IMPERIAL FREIGHT BROKERS INCBROKERS CARTAGE COMPANY INC	59-1353916	0.96	299298
LAGUNA CONDO ASSOCIATION	34-2034461	0.00	0
FETCH FREIGHT	85-0888032	0.03	0
MAG REAL ESTATE DEVELOPMENT INC	38-3891509	1.12	224042

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KNAPP BROTHERS TRUCKING LLC	22-3874374	0.05	10532
ARMEN FREIGHT SERVICES INC	87-4589515	0.30	88292
KBD CONSTRUCTION INC	46-2880273	0.06	12762
ZUCCALA WRECKER SERVICE	59-2139933	0.25	22218
BLUE RIBBON DISPATCH	84-3330573	0.00	5521
BLACK DOG FIREWOOD INC	81-3748354	0.00	34153
RGM TRANSPORT LLC	20-2818564	0.37	144857
PREMIUM TRANSPORTATION SERVICES INC	10-0003417	6.61	5991968
FL LINEHAUL CO	87-1612965	0.18	33820

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ALPHA MAIL CARRIERS INC	41-2067228	1.13	272221
RED TRUCKING CORP	20-0923106	1.46	851548
WOMACK SANITATION INC	65-0524645	2.31	4478849
MARITIME DELIVERY SERVICE INC	20-5759043	0.00	224
SMITH TOOL DESIGN	58-2214965	0.16	76684
PNP TRANSPORT INC	85-2499655	1.18	290759
TRUE TRANSPORT INC	47-4935515	0.98	520979
TRUE NORTH TRUCKING COMPANY	82-1772178	0.19	78703
PRICE FAMILY HOMES INC	47-5376386	0.58	133415

**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
BYRD UNDERGROUND INC	82-5006042	0.00	0
ALL PRO LAND CLEARING SITEWORK INC	86-1250516	0.04	10242
BUDGET PEST CONTROL INC	02-0540588	0.00	79
SMART COURIER INC	20-3422723	0.77	151716
FREEWAY LOGISTICS INC	85-3355793	0.00	0
OPEN ROAD ENTERPRISES	82-2082428	0.00	0
CJS LOGISTICS	86-3445425	0.27	18999
WYNTON MARSALIS ENTERPRISES INC	13-3111766	0.19	30956
LIGHTHOUSE GOSPEL MISSION INC	59-6173284	0.16	18757

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**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
BUTTON ENTERPRISES	99-3387356	0.02	0
LAPO INC	93-1319146	0.00	0
ALLRITE PAVING CONTRACTORS INC	65-0202770	0.40	96190
SHIELDWALL SOLUTIONS GA INC	92-1624131	0.08	9213
HUDSON TRUCKING LLC	81-5149018	0.15	15099
BLUE MARLIN LOGISTICS GROUP INC	27-1572547	0.19	17788
FINSTER COURIER INC DBA ELITE EXPRESS	23-2987918	3.96	3825916
MIAMI FIRST REMODELING CORPORATION	86-1495360	0.29	30876
MULTILOAD TRANSPORT	41-1795729	0.73	83408

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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
LAKER LAND LOGISTICS	81-2236242	0.29	79103
TEN 2 SEVEN INC	47-1862203	0.08	8931
PACIFIC AIRLINE LINEN SERVICES LLC	86-2018426	0.00	47442
CYCLONE LINEHAUL INCCYCLONE AIR FREIGHT LLC	85-3081133	0.37	362753
ASSURED DELIVERY INC	47-1062696	0.00	261
HEAVY CIVIL INC	46-5439171	0.17	19294
SANTORO TRANSPORTATION INC	32-0287895	0.10	161388
AMAROS RIGGING MOVING	46-3171023	0.17	168072
ALL SCRAP PARTICIPATING EMPLOYERS	86-1185221	0.16	17448

**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
LINEHAUL MANAGEMENT LLC	99-1680078	0.07	8084
DELTA VALLEY ENTERPRISES INC	92-4003706	0.01	1177
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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**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.

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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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 \_\_\_\_\_

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**TLC  
RETIREMENT SAVINGS PLAN  
FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT  
DECEMBER 31, 2024 AND 2023**



**Certified Public Accountants Business Consultants**

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees of  
TLC 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 TLC Retirement Savings Plan (Plan), an employee benefit plan subject to the Employment 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 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 the 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**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 TLC 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 TLC 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**

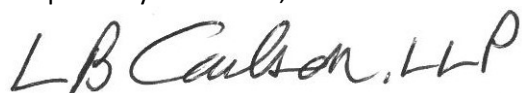
The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure 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 its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The 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).

Respectfully submitted,

A handwritten signature in black ink that reads "LB Carlson, LLP". The signature is written in a cursive, professional style.

LB CARLSON, LLP  
Minneapolis, Minnesota

October 10, 2025

**TLC RETIREMENT SAVINGS PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023**

	December 31,	
	2024	2023
<b>ASSETS</b>		
Investments, at Fair Value:		
Mutual Funds	\$ 95,877,940	\$ 83,556,807
Notes Receivable from Participants	1,483,593	1,234,615
Employees' Contributions Receivable	206,783	421,724
Employers' Matching Contributions Receivable	94,983	115,877
Employers' Profit Sharing Contributions Receivable	76,211	60,630
Total Assets	97,739,510	85,389,653
<b>LIABILITIES</b>		
Excess Employee Contributions Payable	137,892	171,285
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 97,601,618</b>	<b>\$ 85,218,368</b>

See accompanying Notes to Financial Statements.

**TLC RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	Year Ended December 31,	
	2024	2023
	<u>                    </u>	<u>                    </u>
<b>ADDITIONS TO PLAN ASSETS</b>		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 9,204,995	\$ 9,158,963
Dividends and Interest on Investments	2,977,845	2,123,530
Total Investment Income	<u>12,182,840</u>	<u>11,282,493</u>
 Interest Income from Notes Receivable from Participants	 <u>92,922</u>	 <u>62,050</u>
 Contributions:		
Employee Wage Deferrals	7,818,525	7,203,187
Employer	2,614,523	3,192,140
Employee Rollovers	178,015	1,257,119
Total Contributions	<u>10,611,063</u>	<u>11,652,446</u>
 Net Additions	 <u>22,886,825</u>	 <u>22,996,989</u>
 <b>DEDUCTIONS FROM PLAN ASSETS</b>		
Benefits Paid to Plan Participants	14,802,399	5,978,423
Administrative Fees	745,412	522,826
 Total Deductions	 <u>15,547,811</u>	 <u>6,501,249</u>
 <b>NET INCREASE</b>	 7,339,014	 16,495,740
 <b>NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR</b>	 <u>85,218,368</u>	 <u>62,638,135</u>
 <b>TRANSFERS FROM (TO) OTHER PLANS</b>		
Transfers From Other Plans	6,377,006	6,640,163
Transfers To Other Plans	(1,332,770)	(555,670)
Net Transfers From Other Plans	<u>5,044,236</u>	<u>6,084,493</u>
 <b>NET ASSETS AVAILABLE FOR BENEFITS – END OF YEAR</b>	 <u>\$ 97,601,618</u>	 <u>\$ 85,218,368</u>

See accompanying Notes to Financial Statements.

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024**

**NOTE 1      DESCRIPTION OF PLAN**

The following description of the TLC Retirement Savings Plan (the Plan) is intended to provide general information only. Participants should refer to the Plan Agreement and Summary Plan Description for a complete description of the Plan's provisions.

General

The Plan is a multiple employer 401(k) profit sharing defined contribution plan covering substantially all employees of Transport Labor Contract/Leasing, Inc. and Subsidiaries (the plan sponsor and administrator). The Plan was established on January 1, 1999, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all requirements of Section 401(a) and 401(k) of the Internal Revenue Code.

The plan sponsor is a professional employer organization. As such, the plan sponsor leases its employees to customers/clients. In accordance with industry practice, the plan sponsor covers its employees with defined contribution retirement plan benefits. To reflect the co-employment relationship between Transport Labor/Contract Leasing, Inc., its adopting affiliates, other employers/clients, and employees, the Plan has been organized to qualify as a "multiple employer" plan as described in Section 413(c) of the Internal Revenue Code.

Administration

Transport Labor/Contract Leasing, Inc. is the plan administrator for the Plan. Mid Atlantic Trust Company, trustee and custodian of the Plan's investment accounts, pays the distributions and retirement benefits at the direction of the plan administrator, and provides custodial and investment management services with respect to the net assets of the Plan. Slavic Integrated Administration maintains the individual participant account records, advises the plan administrator of compliance with ERISA, is the investment advisor to the Plan, and handles other matters related to the operation of the Plan.

Eligibility

Each employee meeting minimum eligibility requirements is eligible to participate and can become a participant on the first day of the month coinciding with or next following their attainment of age 21. Each adopting employer/client of the multiple employer 401(k) plan can adopt their own eligibility requirements.

Employee Wage Deferrals and Employer Matching

Participants may elect to contribute a percent or a specific amount of their compensation to the Plan via wage deferrals subject to a calendar year dollar limit determined annually by the Internal Revenue Service (IRS). Participants may make two types of contributions to the Plan – a pre-tax 401(k) deferral or a Roth 401(k) deferral.

The Plan also provides for discretionary employer matching contributions. The employer matching contribution percentage is determined individually by each adopting employer/client in the multiple employer plan. Discretionary matching allows each employer to specify the percentage or dollar amount to match.

Employee Rollover Contributions

The Plan provides for participants to roll over contributions from other qualified plans.

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024**

**NOTE 1 DESCRIPTION OF PLAN – Continued**

Profit Sharing Contributions

Employer profit sharing contributions are discretionary and are determined annually by the adopting employer/client. Eligible employees, whether participating or not, receive an allocated share of the contributions if the employee has not been terminated for any reason other than death or disability at the end of the Plan year. The Plan also allows for employer safe harbor contribution alternatives relative to participation and contribution limits of highly compensated employees. Contributions to the Plan are funded within the time prescribed by law.

Participant Accounts

Each participant's account is credited with an amount equal to their wage deferral. In addition, each participant's account is credited with an allocation of their employer's matching and profit sharing contributions, if any, plan earnings or losses, and charged with plan withdrawals during the year.

The allocation of the employer's matching contribution, if any, is based on a percentage of each participant's elected wage deferral up to a maximum percentage of gross compensation deferred by the employee. For most clients, any profit sharing contribution is allocated to eligible participants employed on the last day of the Plan year based on a ratio of each participant's compensation to all participants' compensation within that employer's plan. Allocation of plan earnings or losses is based on the share of each participant's account to the total of all participants' accounts.

Vesting

Participants are immediately 100% vested in their wage deferrals and earnings or losses on these deferrals. The employer/client of the plan sponsor can elect from the following three vesting options for employer's contributions:

1. Immediate vesting option – employee is fully vested at all times in any discretionary employer contributions made to the Plan.
2. Six-year vesting option – vesting occurs according to the following schedule:

<u>Years of Service</u>	<u>Vested %</u>
Less Than Two Years	0%
Two Years	20%
Three Years	40%
Four Years	60%
Five Years	80%
Six or More Years	100%

3. Three-year cliff vesting option – vesting occurs according to the following schedule:

<u>Years of Service</u>	<u>Vested %</u>
Less Than Three Years	0%
Three Years or More	100%

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024**

**NOTE 1**      **DESCRIPTION OF PLAN – Continued**

Notes Receivable from Participants

Participant loans are permitted in accordance with the Plan's written loan policy. Participants may borrow from their account up to the lesser of \$50,000 or 50% of the participant's vested account balance. Participants are entitled to two loans outstanding at any given time. Loans bear interest at a reasonable rate. Payments are made through payroll deductions over the loan term, not to exceed five years. Primary residence loans are an exception where terms are not to exceed 15 years.

Payment of Benefits

Upon termination of employment, participants are entitled to receive an amount equal to their vested account balance, determined as of the valuation date. The participants may elect to receive their benefits in a lump sum payment or defer some or all of the distribution within the provisions set forth in the Plan document. The Plan allows in-service withdrawals after age 59½ for any reason and financial hardship withdrawals, as defined, before age 59½.

Forfeited Accounts

Forfeitures of non-vested amounts for terminated participants can be used first to reduce Plan administrative expenses and then to reduce future employer contributions. At December 31, 2024 and 2023, there were forfeited nonvested accounts totaling \$303,953 and \$220,444, respectively. During the Plan years ended December 31, 2024 and 2023, the Plan used forfeitures of \$251,990 and \$3,449, respectively to reduce employer contributions and \$20,500 and \$15,000, respectively to pay Plan administrative expenses.

**NOTE 2**      **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Presentation

The accompanying financial statements were prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). The financial statements and related notes are intended to conform with The Department of Labor's rules of Section 103(a)(3)(C) and regulations for reporting and disclosures under The Employee Retirement Income Security Act of 1974. All information required to comply with these laws has been included herein and is in conformity with those laws.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion on fair value measurements. Purchases and sales of investments are recorded on a trade-date basis, net of broker's commissions and investment fees.

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024**

**NOTE 2**      **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued**

Investment Valuation and Income Recognition – Continued

The realized gain or loss on sales of investments is determined based on the average cost of investments sold and are included with unrealized appreciation or depreciation of those investments in net appreciation (depreciation) in fair value of investments on the Statements of Changes in Net Assets Available for Benefits. Dividend income is recorded on the ex-dividend date. Interest is recorded as earned.

Notes Receivable from Participants

Notes receivable from participants are measured at amortized cost which includes 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. The Plan estimates expected credit losses on notes receivable from participants based on historical experience, current conditions, and reasonable and supportable forecasts. The Plan utilizes an aging analysis to determine the allowance for credit losses, considering the length of time the receivables have been outstanding and the likelihood of collection. The Plan's credit quality indicators include the participant's employment status and repayment history. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. The estimate of expected credit losses reflects the Plan's assessment of future economic conditions and their potential impact on participants' ability to repay their loans. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

The Plan is sponsored by Transport Labor/Contract Leasing, Inc. Personnel within the plan sponsor's organization perform various administrative services for the Plan. The payroll and related overhead costs associated with these services are not included as plan expenses.

Administrative fees are shared by the Plan and the plan sponsor. Administrative fees paid by the Plan are recorded in the accompanying Statements of Changes in Net Assets Available for Benefits as deductions from plan assets.

Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative fees. Investment related expenses are included in net appreciation of fair value of investments.

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024**

**NOTE 3 INFORMATION CERTIFIED BY THE PLAN TRUSTEE (UNAUDITED)**

The plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, the Plan has received certifications from the trustee that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investment balances
- Interest and dividend income
- Net appreciation in fair value of investments
- Supplemental Schedule of Assets (Held at End of Year) – December 31, 2024
- Notes receivable from participants and interest income

The Plan’s independent auditors have not audited this information contained in the financial statements and supplemental schedule as it has been certified by the trustee for the applicable periods.

**NOTE 4 FAIR VALUE MEASUREMENTS**

The Fair Value Measurements topic of the FASB Accounting Standards Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none"><li>◆ Quoted prices for similar assets or liabilities in active markets;</li><li>◆ Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>◆ Inputs other than quoted prices that are observable for the asset or liability;</li><li>◆ Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024**

**NOTE 4 FAIR VALUE MEASUREMENTS – Continued**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Mutual Funds:* Consists of mutual funds valued at the net asset value (NAV) of shares held by the Plan at year end. All fixed income and equity mutual fund investments of the Plan are publicly registered and traded on national securities exchanges and are therefore valued based on quoted market prices.

The preceding method 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 believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2024 and 2023:

		December 31, 2024			
		Level 1	Level 2	Level 3	Total
	Mutual Funds	\$ 95,877,940	\$ -	\$ -	\$ 95,877,940
		December 31, 2023			
		Level 1	Level 2	Level 3	Total
	Mutual Funds	\$ 83,556,807	\$ -	\$ -	\$ 83,556,807

The plan administrator determines the fair value measurement policies and procedures subject to oversight by the Plan's investment committee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted as necessary, based on current market conditions and other third-party information.

**NOTE 5 EXCESS EMPLOYEE CONTRIBUTIONS PAYABLE**

Certain employers in the Plan failed the discrimination test for the Plan years ended December 31, 2024 and 2023. Excess contributions amounting to \$137,892 and \$171,285 were recorded as a liability in the accompanying Statements of Net Assets Available for Benefits, as of December 31, 2024 and 2023, respectively, and as a reduction of participant-directed contributions for the Plan years ended December 31, 2024 and 2023. The Plan reimbursed these excess contributions to its participants during 2025 and 2024.

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024**

**NOTE 6 PARTY-IN-INTEREST TRANSACTIONS**

Plan Trustee and Custodian

The custodian is not precluded under contract provisions or by ERISA from executing investment transactions involving assets under the custodian's control. All investment activity and related investment income of the Plan is with the custodian.

Third Party Administrator and Investment Advisor

Slavic Integrated Administration maintained individual participant account records (see Note 1) as well as provided investment advisory services and received fees of \$724,912 and \$507,826 in 2024 and 2023, respectively. These transactions qualify as party-in-interest transactions.

All of these party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

**NOTE 7 PLAN TERMINATION**

Although it has not expressed any intent to do so, the plan sponsor has the right to discontinue its contributions or terminate the Plan at any time subject to the provisions of ERISA. All unallocated amounts shall be allocated to the accounts of all participants in accordance with the provisions of the Plan document. Upon such termination, the plan sponsor will either completely distribute all assets in the trust fund to the participants or continue the trust and distribute benefits in such a manner as though the Plan had not been terminated.

**NOTE 8 TRANSFERS FROM (TO) OTHER PLANS**

During the Plan years ended December 31, 2024 and 2023, net transfers into the Plan were \$5,044,236 and \$6,084,493, respectively. Investments transferred to the Plan totaled \$6,221,249 and \$6,530,248, respectively. Other miscellaneous transfers into the Plan totaled \$155,757 and \$109,915, respectively. Investments transferred from the Plan totaled \$1,309,602 and \$547,230, respectively. Other miscellaneous transfers out of the Plan totaled \$23,168 and \$8,440, respectively.

**TLC RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024**

**NOTE 9**      **FEDERAL INCOME TAX STATUS**

The Internal Revenue Service has issued a favorable determination for the TLC Retirement Savings Plan. Subsequent to this determination letter by the Internal Revenue Service, the Plan was restated and amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as restated and amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 10**      **RISKS AND UNCERTAINTIES**

The Plan provides for investment in a variety of mutual funds. These funds hold various securities including U.S. Government securities, corporate debt securities, and equities. 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 the values of investment securities could occur in the near term and that such changes could materially affect the value of investments.

**NOTE 11**      **SUBSEQUENT EVENTS**

Management has evaluated subsequent events, for transactions and events that would require recognition in the financial statements or disclosures, through October 10, 2025, which is the date the financial statements were available to be issued.

Effective June 1, 2025, the Plan changed its trustee and custodian of the Plan from Mid Atlantic Trust Company to Depository Services. There were no material changes made to the Plan as a result of this change.

**SUPPLEMENTARY INFORMATION**

**TLC RETIREMENT SAVINGS PLAN**  
**SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**  
**EIN: 45-0391154 / Plan Number: 333 / Schedule H, Line 4i**

(a)	(b)	(c)	(d)	(e)
Identity	Description of Investment	Cost	Current Value	
Vanguard	Total Stock Market Index Admira	**	\$ 23,220,147	
Vanguard	Intermediate-Term Bond Index Ad	**	12,532,538	
Vanguard	Federal Money Market	**	8,291,906	
JPMorgan	Large Cap Growth Fund Class R6	**	7,970,969	
Dodge & Cox	Stock Fund	**	6,586,268	
Vanguard	Consumer Staples Index	**	5,607,534	
iShares	MSCI EAFE International Index K	**	4,898,644	
Fidelity	500 Index	**	3,636,468	
Vanguard	Small Cap Growth Index Adm	**	2,607,802	
American Funds	New Perspective R6	**	2,388,276	
Delaware	Ivy Mid Cap Growth Fund Class I	**	1,412,228	
Vanguard	Utilities Index Admiral	**	1,330,964	
Fidelity	US Bond Index	**	1,111,244	
JPMorgan	Core Plus Bond Fund R6	**	998,409	
Vanguard	Mid Cap Index Admiral	**	886,230	
Vanguard	Equity Income Admiral	**	872,260	
Vanguard	Information Technology Index Ad	**	784,332	
DFA	US Targeted Value I	**	700,719	
Vanguard	Total Bond Market Index Admiral	**	670,007	
Vanguard	Target Retirement 2020	**	660,807	
Vanguard	Target Retirement 2030	**	657,698	
Vanguard	Target Retirement 2025	**	647,504	
Victory	Short Term Bond Fund R6 Shares	**	608,644	
Vanguard	Target Retirement 2040	**	583,532	
Vanguard	Target Retirement 2035	**	583,004	
Vanguard	Target Retirement 2050	**	561,867	
Fidelity	Small Cap Index	**	546,783	
Vanguard	Treasury Money Market	**	426,659	
Dodge & Cox	International Stock	**	379,434	
Vanguard	Real Estate Index Admiral	**	351,005	
Vanguard	Target Retirement 2045	**	344,417	
Franklin	Gold & Precious Metals R6	**	320,686	
Vanguard	Energy Index Admiral	**	313,190	
Dreyfus	Treasury Securities Cash Management	**	299,868	
Franklin	Utilities R6	**	264,548	
DFA	US Vector Equity	**	253,317	
Vanguard	Target Retirement 2055	**	196,288	
DFA	Int'l Small Company	**	180,761	
Vanguard	Materials Index Adm	**	177,002	
Fidelity	Emerging Markets Index	**	167,437	
Invesco	EQV Asia Pacific Equity Fund	**	164,786	
Vanguard	Inflation Protected Securities	**	138,289	
DFA	International Small Cap Value Portfo	**	129,931	
Vanguard	Target Retirement 2065 Inv	**	106,295	
Vanguard	Target Retirement 2060	**	93,494	
Vanguard	Short-Term Federal Admiral	**	84,041	
Vanguard	Target Retirement Income	**	73,020	
Vanguard	Short-Term Inf Prot Index Admir	**	53,553	
Fidelity	Treasury Only Money Market	**	2,289	
Vanguard	Cash Reserve Fed Money Mkt	**	755	
Vanguard	Target Retirement 2070	**	87	
American	Funds EuroPacifc R6	**	2	
Vanguard	Industrial Index Admiral	**	2	
*	Notes Receivable	Due from January 2025 through May 2039		
	from Participants	Interest ranging from 4.25% to 10.5%		1,483,593
		Total		<u>\$ 97,361,533</u>

\* Indicates a party-in-interest to the Plan.

\*\* Column (d) cost information is not applicable for participant directed investments.

Note: The above data is based upon or developed from information certified as complete and accurate by Mid Atlantic Trust Company, the trustee.

See accompanying Independent Auditor's Report.

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

TLC RETIREMENT SAVINGS PLAN

PLAN # 333

EIN # 45-0391154

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	American Century	ACMVX - American Century Mid Cap Value Fund Investor Class		-
	Invesco	ASISX - Invesco EQV Asia Pacific Equity Fund CI		164,786
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		4,898,645
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		-
	Dimensional Fund Advisors	DFVFX - DFA US Targeted Port		700,718
	Dimensional Fund Advisors	DFISX - DFA Int'L Small Company		180,761
	Dimensional Fund Advisors	DFVEX - DFA US Vector Equity		253,317
	Dimensional Fund Advisors	DISVX - DFA International Small Cap Value Portfo		129,931
	Dodge & Cox	DODFX - Dodge & Cox International Stock		379,434
	Dodge & Cox	DODGX - Dodge & Cox Stock		6,586,269
	Dreyfus Treasury	DTJXX - Dreyfus Treasury Securities Cash Mgmt		299,868
	Fidelity	FDLXX - Fidelity Treasury Only Money Market		2,289
	Franklin/Templeton	FGPMX - Franklin Gold & Precious Metals R6		320,686
	Fidelity Advisor	FIKMX - Fidelity Advisor Real Estate Income Fund		351,005
	Fidelity	FPADX - Fidelity Emerging Markets Index		167,437
	Fidelity	FSSNX - Fidelity Small Cap Index		546,783
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		264,548
	Fidelity	FXAIX - Fidelity 500 Index Fund		3,636,468
	Fidelity	FXNAX - Fidelity US Bond Index Fund		1,111,244
	Dreyfus	GTFXX - Dreyfus 100% Treasury Money Market		0
	Delaware	IYMIK - Delaware Ivy Mid Cap Growth Fund Class I		1,412,228
	JPMorgan	JCPUX - JPMorgan Core Plus Bond Fund R6		998,408
	JPMorgan	JLGMX - JPMorgan Large Cap Growth Fund Class R6		7,970,969
	T. Rowe Price	PRASX - T. Rowe Price New Asia		-
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		2
	American Funds	RNPGX - American Funds New Perspective R6		2,388,276
	Victory	URSBX - Victory Short Term Bond Fund R6 Shares		608,644
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		138,288
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		12,532,539
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		-
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		670,007
	Vanguard	VCSAX - Vanguard Consumer Staples Index		5,607,534
	Vanguard	VEIRX - Vanguard Equity Income Admiral		872,260
	Vanguard	VENAX - Vanguard Energy Index Admiral		313,190
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		196,288
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		561,867
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		583,531
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		-
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		886,231
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		2
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		784,331
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		106,295
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		8,291,907
	Vanguard	VMIAX - Vanguard Materials Index Adm		177,002
	Vanguard	VMRXX - Vanguard Money Mkt Reserve-Prime		755
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		2,607,801
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		84,041
	Vanguard	VSVNX - Vanguard Target Retirement 2070		87
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		53,552
	Vanguard	VTHRX - Vanguard Target Retirement 2030		657,698
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		73,020
	Vanguard	VTIVX - Vanguard Target Retirement 2045		344,417
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		23,220,148
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		583,005
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		93,494
	Vanguard	VTTVX - Vanguard Target Retirement 2025		647,504
	Vanguard	VTWNX - Vanguard Target Retirement 2020		660,807
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		1,330,964
	Vanguard	VUSXX - Vanguard Treasury Money Market		426,659
	Loan	LOAN - Loan 4.25% - 10.50%		1,483,593