

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 08/01/1996
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SOUTHEAST PERSONNEL LEASING, INC. 2739 US HIGHWAY 19 NORTH HOLIDAY, FL 34691
2b	Employer Identification Number (EIN) 59-3298197
2c	Plan Sponsor's telephone number 727-938-5562
2d	Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/04/2026	TABITHA CLARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2770
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 2604 6a(2) 2274 6b 4 6c 278 6d 2556 6e 4 6f 2560 6g(1) 957 6g(2) 1221 6h 38
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 2V 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A Name of plan SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEAST PERSONNEL LEASING, INC.	D Employer Identification Number (EIN) 59-3298197

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

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INS. CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932532	1221	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	6257423
5 Current value of plan's interest under this contract in separate accounts at year end	5	47186309

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	1458823
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c Additions: (1) Contributions deposited during the year	7c(1)	3934061	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	42054	
(4) Transferred from separate account	7c(4)	979606	
(5) Other (specify below)	7c(5)	142343	

▶ FORF & EBA ADDITIONS, LOAN PRINCIPAL & INTEREST PAID

(6) Total additions	7c(6)	5098064
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d Total of balance and additions (add lines 7b and 7c(6))	7d	6556887
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	96211	
(2) Administration charge made by carrier	7e(2)	15325	
(3) Transferred to separate account	7e(3)	49184	
(4) Other (specify below)	7e(4)	138744	

▶ ALLOCATED FORFS, LOANS ISSUED, EXPENSES, & TRANSFERS OUT OF PLAN

(5) Total deductions	7e(5)	299464
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6257423
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEAST PERSONNEL LEASING, INC.	D Employer Identification Number (EIN) 59-3298197	

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

TRANSAMERICA FINANCIAL LIFE INS. CO

36-6071399

(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)

TRANSAMERICA FINANCIAL LIFE INS. CO

36-6071399

(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 52 62 64 67	RECORDKEEPER	215743	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERRILL LYNCH LIFE AGENCY, INC.

13-2808480

(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?
16 23 27 53	ADVISOR	60681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

360 PAYROLL INTEGRATION, CORP

83-3880266

(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?
16 23 27 53	CONSULTANT	14631	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SOUTHEAST PERSONNEL LEASING, INC.		D Employer Identification Number (EIN) 59-3298197
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP IDX		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 571116
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297281
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1214240
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BD IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-416	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 408478
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERG MKT IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-169	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 424495
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS AMERICAN MTL RT ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-751	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2897367
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-971	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 359744
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LG CAP GR RET ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-580	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3436245
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON SMALL COMPANY RET	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-476	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 323074
a Name of MTIA, CCT, PSA, or 103-12 IE: TCW METWEST TOTAL RETURN BOND RET A	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-772	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 582993
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SPECIAL MD CP VAL RT ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-745	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133037
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SPECIAL SM CP VAL RT ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-965	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265968
a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FDS EUROPACIFIC GR RT ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-076	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 820044
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERMES L HIGH YLD BD	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 36-6071399-942	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 407473
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID-CAP GR EQ RET ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-098	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1506720
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX RET ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-135	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3515874
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LP IDX RTMENT RT ACCT	
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN 83-1098532-301	d Entity code P e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4270598

a Name of MTIA, CCT, PSA, or 103-12 IE:		TA BLACKROCK LP INDEX 2030 RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-303	d Entity code	P 5790715
a Name of MTIA, CCT, PSA, or 103-12 IE:		TA BLACKROCK LP INDEX 2035 RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-304	d Entity code	P 6931558
a Name of MTIA, CCT, PSA, or 103-12 IE:		TA BLACKROCK LP INDEX 2040 RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-305	d Entity code	P 2701099
a Name of MTIA, CCT, PSA, or 103-12 IE:		TA BLACKROCK LP INDEX 2045 RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-306	d Entity code	P 3238357
a Name of MTIA, CCT, PSA, or 103-12 IE:		TA BLACKROCK LP INDEX 2050 RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-307	d Entity code	P 3219617
a Name of MTIA, CCT, PSA, or 103-12 IE:		TA BLACKROCK LP INDEX 2055 RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-308	d Entity code	P 1671659
a Name of MTIA, CCT, PSA, or 103-12 IE:		TA BLACKROCK LP INDEX 2060 RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-309	d Entity code	P 1889148
a Name of MTIA, CCT, PSA, or 103-12 IE:		TA VANGUARD LIFESTRATEGY CONSERVATI	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-724	d Entity code	P 47862
a Name of MTIA, CCT, PSA, or 103-12 IE:		TA VANGUARD LIFESTRATEGY GROWTH RET	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-122	d Entity code	P 158392
a Name of MTIA, CCT, PSA, or 103-12 IE:		TA VANGUARD LIFESTRATEGY INCOME RET	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-723	d Entity code	P 23010

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MODERATE G		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-914	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49050

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2065 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-593	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25450

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2070 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-594	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5645

a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS NFJ MID-CAP VAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEAST PERSONNEL LEASING, INC.	D Employer Identification Number (EIN) 59-3298197	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	70201	85238
(2) Participant contributions.....	1b(2)	144134	126494
(3) Other	1b(3)	3452	1519
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	1084803	1236762
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	43699999	47186309
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1458823	6257423
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	46461412	54893745

Liabilities

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

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	46461412	54893745
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1751827	
(B) Participants	2a(1)(B)	5592031	
(C) Others (including rollovers)	2a(1)(C)	357074	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7700932
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	91239	
(F) Other	2b(1)(F)	42053	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		133292
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		6579450
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		14413674

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6672524	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6672524
f Corrective distributions (see instructions)	2f		86283
g Certain deemed distributions of participant loans (see instructions)	2g		148
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	215743	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	75311	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		291054
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7050009

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7363665
l Transfers of assets:			
(1) To this plan	2l(1)		3752684
(2) From this plan	2l(2)		2684016

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: SKIBBIE CPA, INC.

(2) EIN: 27-0851321

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TLC RETIREMENT SAVINGS PLAN	45-0391154	333
SPIN-OFF TERMINATION PLAN FOR TOCCOA CORPORATION, INC	45-5625623	001
SPIN-OFF TERMINATION PLAN FOR FUSION FINISH LLC	80-0816353	001
ALSPACH CONSTRUCTION & ELECTRIC LLC 401(K) PLAN	85-2665924	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
S. MACDONALD CONTRACTING, LLC 401(K) PLAN	20-5717816	001
DWC EXCHANGE 401(K) PLAN	24-2091417	001
SPIN-OFF TERMINATION PLAN FOR BEAUMONT ELECTRIC COMPANY, INC.	59-1920706	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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEAST PERSONNEL LEASING, INC.		D Employer Identification Number (EIN) 59-3298197
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
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): 13-3689044		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702462A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN)..... ▶	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF SOUTHEAST PERSONNEL LEASING, INC.	D Administrator's EIN 59-3298197	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

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

Part II	Participating Employer Information.
----------------	--

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

2a Name of Participating Employer SOUTHEAST PERSONNEL LEASING, INC.	2b EIN 59-3298198	2c Percentage of Total Contributions for the Plan Year 25.00	2d Aggregate Account Balances Attributable to Participating Employer 16897228
2a Name of Participating Employer AFFORDABLE ELECTRICAL CONTRACTORS OF SOUTH FLORIDA, INC.	2b EIN 59-3328975	2c Percentage of Total Contributions for the Plan Year 0.56	2d Aggregate Account Balances Attributable to Participating Employer 147351

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

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

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

**Schedule MEP (2025)
v. 250312**

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
AL BOSGRAAF & SONS, INC. BUILDING CONTRACTORS	59-2084524	1.14	392395
ALLY TURNKEY COMPANY	20-5610834	0.67	517673
AMERICAN SHUTTER WORKS	42-1531043	0.91	595277
ARTIOS	06-1729243	0.30	252647
BAYSIDE BUILDING SERVICES INC.	26-0220252	0.54	653982
BENNETT GRASSING & HAY FARMS, INC.	59-3493395	0.14	259766
BUG (FREE) BOUNCERS, INC	65-0894539	0.00	38305
CCI CABOT CONSTRUCTION, INC	20-2455269	0.00	248487
CLARK'S ROOFING, INC	83-0376197	0.26	208725

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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
COMMERCIAL MAINTENANCE SYSTEMS, INC	59-3466070	0.86	323605
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMMERCIAL REFRIGERATION CONTRACTORS	59-3206882	0.75	544395
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPETITIVE TREE SERVICE, INC.	20-5588109	0.06	3237
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORNELIUS WELDING INC.	59-3552464	0.80	462207
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COUNTERTOP VISIONS INC	35-2183475	0.17	108307
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRENSHAW ENTERPRISES LLC	03-0536887	0.60	191940
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DALLAS AUTOMOTIVE PAINT & BODY, INC. DBA DALLAS AUTOMOTIVE	59-3488316	0.21	157088
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIVERSIFIED SUBSTATION CONSTRUCTION, LLC	46-2401074	0.93	854468
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DUNLAP CONSTRUCTION COMPANY	59-2072466	0.32	773570

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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
EASTERN WASTE SYSTEMS, INC	16-1678370	1.11	356608
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMERGENCY & MOLD SPECIALISTS, LLC DBA EMERGENCY & MOLD SPECIALISTS	46-2030674	0.22	137104
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FABRICATION SOLUTIONS	58-2587387	0.35	237176
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEARNDON CONCRETE & MASONRY	82-2642646	0.03	142002
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEARTLAND EXTERMINATING, INC.	65-0388473	0.22	260365
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J FERGUSON (SERVPRO OF CENTRAL FT MYERS)	20-1034725	1.17	699080
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JC WELTON CONSTRUCTION, INC	65-0542984	1.82	911153
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JET EXPEDITERS, INC	59-3403807	1.02	497904
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JH ACCESS SOLUTION, INC	81-3361245	0.70	106681

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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
JLW PROPERTIES (THE FALLS)	59-3065841	0.00	10372
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOHN JACOBS CONSTRUCTION	20-0841013	0.09	51853
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KATERRA - CONSTRUCT CORP	59-3679490	0.00	12215
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KONING ENTERPRISES, INC.	65-0102690	1.39	1507224
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANCE MAXWELL PLUMBING	59-3385432	0.64	626723
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTHOUSE ELECTRICAL CONTRACTORS, INC.	59-3301302	1.18	727533
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LITTLE EXPLORERS MONTESSORI, INC.	59-3337063	0.07	37617
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOFTON CREEK PAINTING, LLC	47-2881292	0.17	123773
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
M & W TRANSPORT(SC) & (NC), LLC	20-4041253	1.30	525005

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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.

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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
METROPOLITAN DELIVERY CORP	20-0302077	0.00	21932
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MITCHELL G. HANCOCK, INC.	20-0346725	1.16	493557
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
O.B. GARDEN CENTER INC. DBA OB SOD	65-0900086	0.40	248535
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OWENS & SONS MARINE, INC	59-2319039	0.00	1899
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PIONEER CONCRETE PUMPING OF FL, INC	59-3456846	0.00	564248
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POGEY'S INC	65-0204244	0.65	623524
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POPES UTILITY BUILDINGS, INC.	59-3443788	1.13	1196029
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRESTIGE CONSTRUCTION AND DEVELOPMENT, LLC	27-4270975	0.53	582695
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRIMARY ELECTRIC OF SW FLORIDA, INC.	65-0832049	0.00	0

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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
PRO-LINE TILE	43-2034871	0.26	114254
2a Name of Participating Employer RELIANT WELL DRILLING & PUMP CORPORATION, INC.	81-2939778	0.13	42042
2a Name of Participating Employer SEATORQUE CONTROL SYSTEMS, LLC	86-1137795	0.00	318
2a Name of Participating Employer RIVERSIDE BUILDERS DIVERSIFIED, INC.	59-3464787	0.13	145060
2a Name of Participating Employer TEAM FARRELL, INC.	45-4707909	2.66	699296
2a Name of Participating Employer TRAIL LINES, INC	95-4483990	1.06	1483553
2a Name of Participating Employer VOLUSIA GENERAL CONTRACTORS, INC. DBA FORMASTERS CONCRETE	59-2756941	0.80	248394
2a Name of Participating Employer SITE SOLUTIONS OF FLORIDA	83-2051864	0.76	152893
2a Name of Participating Employer WILSON, KEHOE & MILLER CORPORATION DBA WKM RESTORATION GROUP	59-1884466	1.41	801271

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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
XPERT ELEVATOR SERVICES, INC	20-8594727	0.92	577043
PARAMOUNT PLUMBING, INC.	59-2966534	1.83	700038
ADAMS SANITATION HOLDING	82-4256128	0.00	3320
ALL DADE LAWNMOWERS, INC.	65-0193479	0.00	10658
AMERI-FORCE LABOR SERVICES, INC	59-3684324	0.00	41612
CYPRESS RUN GOLF CLUB, INC.	59-3744258	0.00	50336
D. MAXWELL	59-3485644	0.00	144482
DAK CONSTRUCTION	59-3134725	0.00	29253
DEVCON (TCI) LTD. CO.	11-3808441	0.00	598

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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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
DUNFORD COMPANY, INC.	59-3744257	0.00	29070
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLORIDA MULCH EXPRESS	59-2216378	0.00	416
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GULFCO CONSTRUCTION	59-3744256	0.00	356492
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INDEPENDENT NETWORK SERVICES, LLC	26-4035923	0.00	218354
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JACK MORRIS CONSTRUCTION, INC.	20-0955463	0.00	990
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARSIGLIO & MURPHY DESIGN GROUP DBA THINK CREATIVE	59-3342833	0.00	56565
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
M.J. MCCALL COMPANY	59-3744254	0.00	24570
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PILOT STEEL, INC	59-3573922	0.00	378086
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARMINE J. CHIOCCARIELLO P.T., PA DBA SPORTS INJURY & PHYSICAL THERAPY	59-3377895	0.00	66926

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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
GAINESVILLE TARGET RANCE INC DBA SHOOT GTR	59-3661683	0.00	6081
OVERHEAD DOOR OF CLEARWATER	59-3573923	0.00	1284
THE BRIDLEWOOD REAL ESTATE COMPANY LLC	81-1631686	0.00	214
TRANSATLANTIC HEALTHCARE, LLC	20-3999153	0.00	86331
TRI CITY AUTO REPAIR	59-3744267	0.00	31224
VISIOSONIC	59-3499083	0.00	8697
TEAM QUEST STAFFING SERVICES INC	33-0975070	0.02	0
ALL FLORIDA TRANSPORTATION SERVICES, INC.	65-0477413	0.13	47676
TILE & CARPET WORLD, INC.	01-0559222	1.69	121767

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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
MW RELIABLE ENTERPRISES, LLC	26-2645021	1.10	621505
HARD CHROME ENTERPRISES, INC.	59-1367520	0.28	62678
JBL INDUSTRIAL SERVICES, INC	20-4641063	0.52	217510
TRIPLE M BASEBALL, LLC	27-4661168	0.51	245742
FORM COVE ENTERPRISES, INC	84-4547422	0.00	92145
RYNO TRUCKING, INC.	46-3955105	0.12	16982
MILEY'S DIESEL SERVICE, INC.	59-1460569	0.47	194266
22 CORE CONSTRUCTION INC.	26-3806326	2.00	1377915
ALL STAR PROPERTY CARE, LLC	83-2863168	0.04	24134

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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
LANCE MAXWELL PLUMBING JACKSONVILLE, INC	45-1496218	0.33	123911
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
T & D PROPANE, INC.	81-1279783	0.27	106914
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEREZ INDUSTRIES, INC	59-3555623	0.46	157639
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHEASTERN LIMB AND TREE, LLC	81-5431874	1.06	330843
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ISLAND ROOFING & RESTORATION, LLC	82-2928308	0.00	12246
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALSPACH CONSTRUCTION & ELECTRIC LLC	85-2665924	0.40	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHEAST PERSONNEL LEASING	45-0568475	0.47	155393
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHITE SIGN COMPANY LLC	26-1908466	0.97	130600
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STONEROCK SHIPPING CORP	45-3750718	0.39	191782

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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
EPIC ROOFING AND EXTERIORS LLC	81-3346329	0.16	66113
FCJT, INC.	46-5646453	0.60	140262
DEE GRIFFIN EARTHWORKS LLC	59-2149030	3.80	15230
SALTY MERMAID, INC	47-1520428	0.26	55084
ARBOR BAY INC.	26-3230973	0.00	317087
MARSALA PIZZA OF ESTERO, INC.	01-0706665	0.53	143891
ELECTRICAL ENGINEERING ENTERPRISES INC.	59-3554532	0.00	26509
J & J'S LAWN & TREE SERVICE, INC.	56-2378894	1.81	458431
LIFESAVERS, INC.	95-4631906	0.18	39155

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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
J U H INC.	77-0105489	0.91	305102
2a Name of Participating Employer ABC WASTE OF SAVANNAH, INC.	58-1427418	0.36	35116
2a Name of Participating Employer KEHLE PLUMBING INC.	65-0986511	0.78	119487
2a Name of Participating Employer MCH MECHANICAL LLC	47-5333288	0.07	11960
2a Name of Participating Employer MILT'S OF AMELIA INC	59-3137405	2.85	548059
2a Name of Participating Employer RAPID REMOVAL, INC.	20-2866118	0.49	54768
2a Name of Participating Employer ABOVE & BEYOND PEST ENVIRONMENTAL SERVICES & TERMITES, LLC	65-0909517	0.66	107844
2a Name of Participating Employer GARVIN METAL ROOFS LLC	82-3022183	0.58	118941
2a Name of Participating Employer BAY GUARD POOL SERVICES, INC.	20-1206605	0.78	94869

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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
CLEANPAK PRODUCTS, LLC	20-4786778	1.20	201353
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLSTATE EXTERIORS & RESTORATION SERVICES, INC.	26-0735572	0.00	376
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCCANNON GRANITE CO, INC.	58-1026426	0.61	58835
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEORGIA STAR LANDSCAPING SUPPLY LLC	83-4638638	0.33	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SD TRUCK WORLD, INC.	46-3137913	0.03	2137
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STSTONES PB LLC	42-1868415	1.24	138295
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MYERS FREIGHT, INC.	26-2495118	0.08	81342
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROVIDENTIAL ROOFING AND CONSTRUCTION, INC.	86-1199853	2.07	197175
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VOLTAGE ELECTRIC INC	65-0297073	0.11	27298

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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
SOUTHBOUND CONSTRUCTION GROUP, LLC	85-1683232	0.31	182349
AFFORDABLE WINDOW CLEANING CO.	65-0624880	0.56	82046
SOUTHERN COMMERCIAL ROOF TECH, LLC	46-4935127	0.62	58708
SOUTHERN AIR CONDITIONING CO	05-0551218	0.76	106731
TRANS FLORIDA DEVELOPMENT CORP.	65-0635186	4.00	351534
TRAC REFRIGERATION INC	20-5398545	0.14	23635
WOXFORCE INC	38-4140257	0.78	61234
AMERI-GREEN ENVIRONMENTAL RECYCLING, LLC	27-2441423	0.63	43474
BLAZE TREE SERVICE INC	47-4237929	0.81	62866

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2a Name of Participating Employer RE IMAGE GROUP INC.	2b EIN 81-4291178	2c Percentage of Total Contributions for the Plan Year 0.14	2d Aggregate Account Balances Attributable to Participating Employer 9577
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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Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

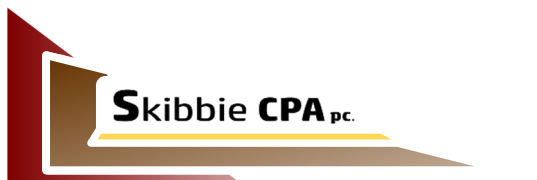
3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

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



Southeast Personnel Leasing **Retirement Savings Plan**

FINANCIAL STATEMENTS
DECEMBER 31, 2025



SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

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504 Ragan St
Tullahoma, TN 37388
www.skibbiecpa.com
(931) 434-6157



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator, Plan Management and Participants
SouthEast Personnel Leasing Retirement Savings Plan

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

We have performed audits of the financial statements of SouthEast Personnel Leasing Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025, and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025, and 2024, and for the year ended December 31, 2025, 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 accompanying financial statements, 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 accompanying financial statements 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 (GAAS). 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 SouthEast Personnel Leasing Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 SouthEast Personnel Leasing Retirement Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the SouthEast Personnel Leasing 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 SouthEast Personnel Leasing 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.

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule: Schedule H, line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, 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 GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).

Skibbie CPA pc.

July 29, 2026

SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2025, AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments at fair value	\$ 53,443,732	\$ 45,158,822
RECEIVABLES		
Employer contributions	85,238	70,201
Employee contributions	126,494	144,134
Other	1,519	3,452
Participant notes receivable	1,236,762	1,084,803
TOTAL RECEIVABLES	<u>1,450,013</u>	<u>1,302,590</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 54,893,745</u>	<u>\$ 46,461,412</u>

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS	
Additions to net assets attributable to:	
Participant contributions	\$ 5,592,031
Employer contributions	1,751,827
Rollover contributions	357,074
Net appreciation in fair value of investments	6,579,450
Investment Interest	42,053
Interest income on notes receivable from participants	91,239
TOTAL ADDITIONS	<u>14,413,674</u>
DEDUCTIONS	
Deductions to net assets attributable to:	
Benefits paid to participants	6,672,524
Administrative expenses	291,054
Corrective distributions	86,283
Certain deemed distributions of participant loans	148
TOTAL DEDUCTIONS	<u>7,050,009</u>
NET INCREASE (DECREASE)	7,363,665
TRANSFERS To (From) the PLAN	1,068,668
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>46,461,412</u>
End of year	<u>\$ 54,893,745</u>

See accompanying notes to the financial statements

SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

1. Description of Plan

The following description of the SouthEast Personnel Leasing Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all eligible employees, with the exclusion of non-resident aliens and self-employed individuals, of SouthEast Personnel Leasing, Inc. and its wholly owned subsidiaries (hereafter, collectively referred to as the “Company”) and the employer organizations who have adopted the Plan (see “Participating Employer” as described below), who have 2 months of service and are age 18 or older and have met the eligibility requirements established by their respective Participating Employer. Entry dates are the first day of each month. The Plan was established on August 1, 1996 and is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA) as amended.

The Plan is a “multiple employer” plan as described in Section 413(c) of the Internal Revenue Code (the “Code”). The Company is a Professional Employer Organization (PEO) and provides payroll processing and human resource services to its clients. Each client of the Company has the option of adopting this plan for the benefit of its employees. A client that adopts this plan is known as a “Participating Employer”. Each Participating Employer establishes its eligibility requirements relating to age and length of service for its employees in accordance with the provisions of the Plan and the Code.

A client that does not adopt this plan may adopt its own retirement plan. Any client adopting its own retirement plan is subject to its plan’s regulations and not those of this Plan. Therefore, their plan information is not included in these financial statements.

Contributions

Each year eligible participants may contribute pre-tax deferrals or Roth (after-tax) deferrals from 1% to 90% (must be in multiples of 1%) of a participant’s compensation. Participants may also make a separate election to contribute an amount up to 100% of a bonus payroll amount. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover contributions).

The Plan allows the Company and each participating employer to determine if its employees will be automatically enrolled upon eligibility or if eligible employees must enroll if they wish to participate in the Plan.

The Company and each participating employer may elect to make matching, safe harbor, profit sharing, or other discretionary contributions to the Plan.

Participant and Company contributions are invested as directed by the participant in investment options offered by the Plan.

SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

1. Description of Plan (continued...)

Plan termination

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

Participant accounts

Participant accounts are credited with the participant's contributions, the Participating Employer's contributions, if any, and investment earnings and/or losses and charged with the participant's benefit payments and applicable transactions charges, which are considered administrative expenses. Allocations are based on participant compensation, deferrals, or the earnings and losses of the participant's account balances, as defined. Income is allocated daily based on the number of shares or units in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and the Company's or participating employer's safe harbor contributions plus actual earnings on the contributions. Vesting in the Company's or participating employer's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after meeting the service requirement established by the participating employer not to exceed the ERISA maximum of 6 years or attaining the retirement age of 65, or upon death or disability.

Notes receivable from participants

Participants may borrow from the vested portion of their account balance a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50 percent of their account balance. Loan terms are fixed up to five years, except in the case of a loan used to acquire a principal residence, in which case the loan term may exceed five years. The loans are secured by the vested balance in the participant's account and bear interest at a reasonable rate at the time of the loan, generally 1% above the prime rate. Principal and interest are paid ratably through payroll deductions.

Payment of benefits

On termination of service, death, disability or retirement, a participant, or their beneficiary, may elect to receive distributions up to the value of the participant's vested interest in his or her account. In-service withdrawals may be taken after attaining age 59-1/2. Withdrawals may also be made in conjunction with IRS hardship distribution regulations.

Forfeited accounts

In the event that funds are forfeited, participating employers direct the Plan administrator to use forfeitures to reinstate previously forfeited account balances, or to satisfy required contributions, or to pay Plan expenses. Forfeited account balances were \$48,356 and \$16,922 as of December 31, 2025, and 2024, respectively.

SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

2. Summary of Accounting Policies

Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared on the accrual basis of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2025, or 2024. Delinquent participant loans are recorded as distributions based upon the terms of the Plan documents.

Payment of Benefits

Benefits are recorded when paid, except for material corrective distributions which are accrued during the year in which the originating contributions were made. The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan.

Expenses.

Plan expenses paid directly by the Company are excluded from these financial statements. Fees charged directly to participant accounts are included in administrative expenses. Investment-related expenses are included in net appreciation of the fair value of investments.

Subsequent Events

Plan management has evaluated events and transactions that occurred between December 31, 2025, and July 29, 2026, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

3. Information Certified by the Plan Custodian

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025 has been reported to the Plan and certified as complete and accurate by the Plan's custodian, Transamerica Financial Life Insurance Company.

4. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described 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 quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, inputs that are derived principally from or corroborated by observable market data by correlation or other means. 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.

SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

4. Fair Value Measurements (continued...)

The 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, 2025, and 2024.

Pooled separate accounts. The Plan invests in pooled separate accounts for which quoted prices are not available in active markets for identical instruments. The Plan utilizes the net asset value (“NAV”) per share, as determined by Principal Financial Group, as estimated fair value. Because quoted prices in active markets for identical assets are not available, these prices are determined using observable market information such as quotes from less active markets and/or quoted prices of securities with similar characteristics.

Transamerica Stable Value Core Account. A stable value fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months’ notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

4. Fair Value Measurements (continued...)

The fair value of the Plan's participant-directed investments as of December 31, 2025, and 2024 are set forth by level within the fair value hierarchy in the table below. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

<u>12/31/2025</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	47,186,309		-	47,186,309
Total assets in the fair value hierarchy	47,186,309	-	-	47,186,309
Investments measured at net asset value*				6,257,423
Investments at fair value	47,186,309	-	-	53,443,732

<u>12/31/2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	43,699,999			43,699,999
Total assets in the fair value hierarchy	43,699,999	-	-	43,699,999
Investments measured at net asset value*				1,458,823
Investments at fair value	43,699,999	-	-	45,158,822

Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025.

<u>Fund</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Transamerica Stable Value Core Acct	6,257,423	N/A	Daily	N/A

There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

5. Investments Recorded at Contract Value

The Plan did not hold any investments recorded at contract value as of December 31, 2025, and 2024.

SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

6. Rollover Contributions

The Plan may accept a rollover, provided the rollover will not jeopardize the tax-exempt status of the Plan or create adverse tax consequences for the Employer. The amounts rolled over shall be separately accounted for in a "Participant's Rollover Account." For purposes of this Section, the term Participant shall include any Eligible Employee who is not yet a Participant.

7. Related-Party Transactions and Party-in-Interest Transactions

Certain Plan investments are shares of pooled separate accounts or collective trust funds managed by Transamerica Financial Life Insurance Company; the custodian as defined by the Plan. Fees incurred within these investments qualify as party-in-interest transactions. Investment fees paid to parties-in-interest are netted against investment returns.

During 2025, fees were also paid to Merrill Lynch Life Agency, Inc., and 360 Payroll Integration Corp for their advisory and administrative services to the Plan. These fees included investment fees, third party administrative fees, and other professional service fees, and are based on customary charges as agreed upon by the Plan. These transactions qualify as party-in-interest transactions for which there is a statutory exemption. Certain administrative functions are performed by officers or employees of the Plan's sponsor. No such officer or employee receives compensation from the Plan.

8. Tax Status

Although the Plan has not received a determination letter from the Internal Revenue Service, it has adopted a pre-approved Prototype Plan. The Plan has been amended, and the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable provisions of the Internal Revenue Code and, therefore, believes that the Plan is qualified, and is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS/DOL. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions.

SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

Notes to Financial Statements

9. Risks and Uncertainties

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

10. Reconciliation of Financial Statements to Form 5500

Certain differences may exist between the recording of accruals for financial reporting purposes and IRS/Department of Labor's (DOL) Form 5500 purposes. There were no such differences as of December 31, 2025, and 2024, or for the year ended December 31, 2025.

11. Transfers to/from other plans

New participating employers transferring from other plans and employers terminating participation in the Plan are reflected as net transfers to other plans in the statement of changes in net assets available for benefits. An entity can become a participating employer in the Plan under certain terms and conditions as permitted by the Plan. A participating employer may at any time elect to terminate its participation in the Plan as set forth in the Plan document. For the year ended December 31, 2025, total transfers into the Plan were \$3,752,684 and total transfers out of the Plan were \$2,684,016.

SUPPLEMENTAL INFORMATION

SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of the Period)

December 31, 2025

59-3298197

PN 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
*	Transamerica Financial Life Ins Co	Allspring Special Md Cap Val Ret Acct	**	133,037
*	Transamerica Financial Life Ins Co	Allspring Special Small Cap Value Ret Acct	**	265,968
*	Transamerica Financial Life Ins Co	American Funds American Mutual Ret Acct	**	2,897,367
*	Transamerica Financial Life Ins Co	American Funds Balanced Ret Acct	**	359,744
*	Transamerica Financial Life Ins Co	American Funds Europacific Group Ret Acct	**	820,044
*	Transamerica Financial Life Ins Co	Blackrock Mid-Cap Growth Equity Ret Acct	**	1,506,720
*	Transamerica Financial Life Ins Co	Federated Hermes Instl High Yield Bd Ret Acct	**	407,473
*	Transamerica Financial Life Ins Co	Fidelity 500 Index Ret Acct	**	3,515,874
*	Transamerica Financial Life Ins Co	JPMorgan Large Cap Growth Ret Acct	**	3,436,245
*	Transamerica Financial Life Ins Co	Prudential Jennison Small Comp Ret Acct	**	323,074
*	Transamerica Financial Life Ins Co	State Street Emerg Mkts Idx Ret Acct	**	424,495
*	Transamerica Financial Life Ins Co	State Street International Index Ret Acct	**	297,281
*	Transamerica Financial Life Ins Co	State Street Russell Small Cap Index Ret Acct	**	571,116
*	Transamerica Financial Life Ins Co	State Street S&P Mid Cap Index Ret Acct	**	1,214,240
*	Transamerica Financial Life Ins Co	State Street U.S. Bd Index Ret Acct	**	408,478
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2030 Ret Acct	**	5,790,715
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2035 Ret Acct	**	6,931,558
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2040 Ret Acct	**	2,701,099
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2045 Ret Acct	**	3,238,357
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2050 Ret Acct	**	3,219,617
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2055 Ret Acct	**	1,671,659
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2060 Ret Acct	**	1,889,148
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2065 Ret Acct	**	25,450
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2070 Ret Acct	**	5,645
*	Transamerica Financial Life Ins Co	TA Blackrock Lifepath Index Ret Acct	**	4,270,598
*	Transamerica Financial Life Ins Co	TA Vanguard Lifestrategy Cons Gr Ret Acct	**	47,862
*	Transamerica Financial Life Ins Co	TA Vanguard Lifestrategy Growth Ret Acct	**	158,392
*	Transamerica Financial Life Ins Co	TA Vanguard Lifestrategy Income Ret Acct	**	23,010
*	Transamerica Financial Life Ins Co	TA Vanguard Lifestrategy Mod Growth Ret Acct	**	49,050
*	Transamerica Financial Life Ins Co	TCW MetWest Total Return Bnd Ret Acct	**	582,993
*	Transamerica Financial Life Ins Co	Transamerica Stable Value Core Acct	**	6,257,423
*	Participant Loans	Interest Rates 4.25% to 9.5%		1,236,762
	Total Assets Held			<u>\$ 54,680,494</u>

*Party-in-interest

**Historical cost is not required for participant directed investments

SouthEast Personnel Leasing Retirement Savings Plan
EIN No.: 59-3298197, Plan No. 333
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Financial Life Ins Co	Transamerica Stbl Val Core Account	\$ 6,257,423
		General Account Total:	\$ 6,257,423
*	Transamerica Financial Life Ins Co	AllSpring Special Md cp Val Rt Acct	\$ 133,037
*	Transamerica Financial Life Ins Co	AllSpring Special Sm cp Val Rt Acct	\$ 265,968
*	Transamerica Financial Life Ins Co	Amer Fds EuroPacific Gr Rt Acct	\$ 820,044
*	Transamerica Financial Life Ins Co	American Fds American Mtl Rt Acct	\$ 2,897,367
*	Transamerica Financial Life Ins Co	American Funds Balanced Ret Acct	\$ 359,744
*	Transamerica Financial Life Ins Co	BlackRock Mid-Cap Gr Eq Ret Acct	\$ 1,506,720
*	Transamerica Financial Life Ins Co	Federated Hermes I High Yld Bd	\$ 407,473
*	Transamerica Financial Life Ins Co	Fidelity 500 Index Ret Acct	\$ 3,515,874
*	Transamerica Financial Life Ins Co	JPMorgan Lg Cap Gr Ret Acct	\$ 3,436,245
*	Transamerica Financial Life Ins Co	PGIM Jennison Small Company Ret	\$ 323,074
*	Transamerica Financial Life Ins Co	State Street Emerg Mkt Idx Ret Acct	\$ 424,495
*	Transamerica Financial Life Ins Co	State Street Intl Index Ret Acct	\$ 297,281
*	Transamerica Financial Life Ins Co	State Street Russell Sm cp Idx	\$ 571,116
*	Transamerica Financial Life Ins Co	State Street S&P Md cp Idx Ret Acct	\$ 1,214,240
*	Transamerica Financial Life Ins Co	State Street U.S. Bd Idx Ret Acct	\$ 408,478
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2065 Ret Acct	\$ 25,450
*	Transamerica Financial Life Ins Co	TA BlackRock Lifepath Index 2070 Ret Acct	\$ 5,645
*	Transamerica Financial Life Ins Co	TA BlackRock LP Idx Rtment Rt Acct	\$ 4,270,598
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2030 Ret Acct	\$ 5,790,715
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2035 Ret Acct	\$ 6,931,558
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2040 Ret Acct	\$ 2,701,099
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2045 Ret Acct	\$ 3,238,357
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2050 Ret Acct	\$ 3,219,617
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2055 Ret Acct	\$ 1,671,659
*	Transamerica Financial Life Ins Co	TA BlackRock LP Index 2060 Ret Acct	\$ 1,889,148
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Conservative Growth Ret Acct	\$ 47,862
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Growth Ret Acct	\$ 158,392
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Income Ret Acct	\$ 23,010
*	Transamerica Financial Life Ins Co	TA Vanguard LifeStrategy Moderate Growth Ret Acct	\$ 49,050
*	Transamerica Financial Life Ins Co	TCW MetWest Total Return Bond Ret Acct	\$ 582,993
		Separate Accounts Total:	\$ 47,186,309
*	Participants	Notes Receivable with interest rates of 4.25% to 9.50%	\$ 1,236,762
		TOTAL PLAN ASSETS	\$ 54,680,494

* Indicates Party-In-Interest to the Plan