

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 PEOPLELINK, LLC 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 08/01/2014
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) PEOPLELINK, LLC 431 EAST COLFAX AVENUE SUITE 200 SOUTH BEND, IN 46617
2b	Employer Identification Number (EIN) 35-2154753
2c	Plan Sponsor's telephone number 574-232-5400
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.	08/20/2026	ERIN EVERETT
	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 1452
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) 1308 6a(2) 1292 6b 10 6c 127 6d 1429 6e 0 6f 1429 6g(1) 378 6g(2) 378 6h 125
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 2T

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 0
- (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 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 PEOPLELINK, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLELINK, LLC	D Employer Identification Number (EIN) 35-2154753	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	42506	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WELLTH ADVISORY SERVICES LLC

722 ESSINGTON RD STE A
JOLIET, IL 60435

(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?
27	INVESTMENT ADVISOR	36739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	12545	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 PEOPLELINK, LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PEOPLELINK, LLC		D Employer Identification Number (EIN) 35-2154753
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: PUTNAM RETIREMENT ADVANTAGE TRST 20		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT		
c EIN-PN 27-3616920-273	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 346120
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH FUND III CLASS R1		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 38-7275327-001	d Entity code C	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: PUTNAM RETIREMENT ADVANTAGE TRST 20		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0787670-258	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1087407
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE TRST MA		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2800088
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FUND R		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 20-3802168-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1562373
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADVANTAGE TRST 20		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	d Entity code C	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: PUTNAM STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS		
c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 363681
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:		BLACKROCK RUSSELL 2000 INDEX FUND R	
b Name of sponsor of entity listed in (a):		GREAT GRAY	
c EIN-PN	20-3802587-004	d Entity code	C 269101
a Name of MTIA, CCT, PSA, or 103-12 IE:		PUTNAM RETIREMENT ADVANTAGE TRST 20	
b Name of sponsor of entity listed in (a):		PUTNAM INVESTMENTS CIT	
c EIN-PN	26-1208510-259	d Entity code	C 1127005
a Name of MTIA, CCT, PSA, or 103-12 IE:		PUTNAM RETIREMENT ADVANTAGE TRST 20	
b Name of sponsor of entity listed in (a):		PUTNAM INVESTMENTS CIT	
c EIN-PN	26-0787670-272	d Entity code	C 565667
a Name of MTIA, CCT, PSA, or 103-12 IE:		PUTNAM RETIREMENT ADVANTAGE TRST 20	
b Name of sponsor of entity listed in (a):		PUTNAM INVESTMENTS CIT	
c EIN-PN	26-1384398-260	d Entity code	C 1248540
a Name of MTIA, CCT, PSA, or 103-12 IE:		BLACKROCK MID CAP EQUITY INDEX FUND	
b Name of sponsor of entity listed in (a):		GREAT GRAY	
c EIN-PN	20-3802327-003	d Entity code	C 351697
a Name of MTIA, CCT, PSA, or 103-12 IE:		CORE PLUS BOND FUND III CL R1	
b Name of sponsor of entity listed in (a):		GREAT GRAY	
c EIN-PN	99-3045498-001	d Entity code	C 33363
a Name of MTIA, CCT, PSA, or 103-12 IE:		JANUS INTERNATIONAL ALPHA EQ CF CL	
b Name of sponsor of entity listed in (a):		GREAT GRAY	
c EIN-PN	38-7275329-001	d Entity code	C 93276
a Name of MTIA, CCT, PSA, or 103-12 IE:		PUTNAM RETIREMENT ADVANTAGE TRST 20	
b Name of sponsor of entity listed in (a):		PUTNAM INVESTMENTS CIT	
c EIN-PN	26-0788040-262	d Entity code	C 2693333
a Name of MTIA, CCT, PSA, or 103-12 IE:		LARGE CAP VALUE FUND CLASS R1	
b Name of sponsor of entity listed in (a):		GREAT GRAY	
c EIN-PN	38-4065329-426	d Entity code	C 408995
a Name of MTIA, CCT, PSA, or 103-12 IE:		PUTNAM RETIREMENT ADVANTAGE TRST 20	
b Name of sponsor of entity listed in (a):		PUTNAM INVESTMENTS CIT	
c EIN-PN	26-0787945-261	d Entity code	C 2336236

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
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

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 PEOPLELINK, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLELINK, LLC	D Employer Identification Number (EIN) 35-2154753

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	14678725	15286883
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2049979	2457868
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	16728704	17744751

Liabilities

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

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	16728704	17744751
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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)	622277	
(B) Participants	2a(1)(B)	1338680	
(C) Others (including rollovers)	2a(1)(C)	110205	
(2) Noncash contributions	2a(2)	0	2071162
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	85068
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	85068	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		85068
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(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)		1936729
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		330706
c Other income	2c		1307
d Total income. Add all income amounts in column (b) and enter total	2d		4424972

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3317135	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3317135
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	42506	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	49284	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		91790
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3408925

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1016047
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **INTERNATIONAL ATTEST SOLUTIONS, LLC**

(2) EIN: **27-1432423**

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?	☒		5000000
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)

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 PEOPLELINK, LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLELINK, LLC		D Employer Identification Number (EIN) 35-2154753
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): 84-1455663		
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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

PEOPLELINK, LLC 401(k) PLAN

Independent Auditor's Report and
Financial Statements

Years Ended December 31, 2025 and 2024



IAS

Certified Public Accountants

PEOPLELINK, LLC 401(k) PLAN

Independent Auditor's Report and
Financial Statements

Years Ended December 31, 2025 and 2024

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Independent Auditor's Report

Trustees
Peoplelink, LLC 401(k) Plan

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

We have performed audits of the accompanying financial statements of Peoplelink, LLC 401(k) 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 plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for plan benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Peoplelink, LLC 401 (k) Plan 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 years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 Peoplelink, LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe 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 the Peoplelink, LLC 401(k) 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 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 Peoplelink, LLC 401(k) 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 the Peoplelink, LLC 401(k) 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 Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent participant contributions and assets held at end of year as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. 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).

International Attest Solutions, LLC

Chicago, Illinois
August 10, 2026

PEOPLELINK, LLC 401(k) PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments at fair value (Notes 3 and 4)	<u>\$ 17,744,751</u>	<u>\$ 16,728,704</u>
Receivables		
Other employer contribution receivable (Note 2)	<u>161</u>	<u>6,264</u>
	<u>161</u>	<u>6,264</u>
Total assets	<u>17,744,912</u>	<u>16,734,968</u>
Net assets available for plan benefits	<u><u>\$ 17,744,912</u></u>	<u><u>\$ 16,734,968</u></u>

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

PEOPLELINK, LLC 401(k) PLAN

Statements of Changes in Net Assets Available for Plan Benefits

Years Ended December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions and subtractions to net assets attributed to		
Investment income		
Interest and dividends (Note 3)	\$ 100,996	\$ 114,962
Net appreciation in fair values of investments (Note 3)	<u>2,251,508</u>	<u>2,101,416</u>
	<u>2,352,504</u>	<u>2,216,378</u>
Contributions		
Employer	630,428	628,713
Employees	<u>1,327,320</u>	<u>1,409,131</u>
	<u>1,957,748</u>	<u>2,037,844</u>
Rollovers	<u>110,205</u>	<u>106,202</u>
Total additions	<u>4,420,457</u>	<u>4,360,424</u>
Benefits paid to participants	(3,332,970)	(2,577,014)
Administrative expenses (Note 1)	<u>(77,543)</u>	<u>(72,162)</u>
Total subtractions	<u>(3,410,513)</u>	<u>(2,649,176)</u>
Net increase in net assets	1,009,944	1,711,248
Net assets available for plan benefits		
Beginning of years	<u>16,734,968</u>	<u>15,023,720</u>
End of years	<u>\$ 17,744,912</u>	<u>\$ 16,734,968</u>

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

PEOPLELINK, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Peoplelink, LLC (the “Company”) 401(k) 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 substantially all employees of the Company. All employees are eligible to make contributions to the salary reduction program immediately upon commencement of employment and when they attain the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the applicable provisions of other legislation related to employee benefit plans.

Employer Contributions

The Company makes safe harbor matching contributions as defined by the Plan. Plan participants become eligible for safe harbor and non-elective matching contributions after 12 months of continuous service. Matching contributions equal the participant’s salary reduction up to 4% of compensation. The Company may also make an additional discretionary contribution in any amount the Company may deem advisable. The Company has not made any additional discretionary contributions. Contributions are subject to certain limitations.

Participant Accounts and Allocations

Each participant’s account is credited or charged with an allocation of (a) the participant’s voluntary salary reduction contribution, (b) the Company’s matching contribution, and an allocation of the Company’s discretionary contribution, if any, (c) Plan earnings, and (d) an allocation of administrative expenses paid by the Plan.

Investment Options

Upon enrollment in the Plan, participants may elect the way in which contributions are invested in a variety of investment choices within the Plan as more fully described in the Plan’s literature. The investment elections will apply to both participant and employer contributions. Participants may change their investment options at any time. During any period in which there is no participant direction on file with the Trustees as to the investment of a participant’s account, 100 percent of that participant’s account will be invested in the investment option designated from time to time by the Trustees as the default investment. The Plan currently offers various mutual funds, common collective trusts and a stable value fund as investment options for participants.

PEOPLELINK, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Salary Reduction Contribution

A participant may elect to defer a minimum of 1% of his or her eligible compensation subject to limitations under Section 401(k) of the Internal Revenue Service Code. The Plan allows for “catch up” elective deferral contributions under Code Section 414(v) for those who have obtained age 50 by the close of the Plan year.

A participant may withdraw an amount up to his or her salary contribution excluding income earned thereon for reasons of extreme hardship as defined in the Plan. In addition, a participant can elect to make early distributions from the Plan upon attaining the age of 59 ½.

Forfeitures

Forfeitures are used to reduce future employer contributions to participants’ accounts. For the Plan years ended December 31, 2025 and 2024, forfeited non-vested accounts totaled \$33,972 and \$43,613, respectively. In 2025 and 2024, the amount of forfeitures allocated to remaining participants totaled \$22,047 and \$3,656, respectively.

Vesting

Participants are immediately vested in their salary deferral contributions and rollover contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of credited service. Prior matching contributions from the Peoplelink, LLC 401 (k) Profit Sharing Plan vest after one year. Prior matching and non-elective contributions of other merged plans, the EHD Technologies LLC 401(k) Plan and the Teamsoft Inc. 401(k) Plan, vest ratably over six years. Current safe harbor matching contributions are immediately vested. Upon termination of service, because of disability or death of the participant, the account balance becomes fully vested.

Administrative Expenses

The Plan’s recordkeeping and custodian fees are paid by the Plan and are reflected in the financial statements as administrative expense of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and are included in the investment income reported by the Plan. All other expenses of the Plan, if any, are paid by the Company. Administrative expenses of \$77,543 and \$72,162 were expensed to the Plan in 2025 and 2024, respectively.

PEOPLELINK, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on an accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The investment assets of the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or pay to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and investments are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the years.

See Note 4 for discussion of fair value measurements.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions, if any, that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Other Employer Contribution Receivable

Amounts recorded as other employer contributions receivable, if any, are corrective contributions made to the Plan by the Company.

Payment of Benefits

Benefit payments are recorded when paid.

Reclassifications

Certain amounts appearing in the 2024 financial statements have been reclassified to conform with the 2025 presentation. The reclassifications have no effect on the reported amount of total net assets available for plan benefits or changes in total net assets available for plan benefits.

Subsequent Events

For the year ended December 31, 2025, the Company has evaluated subsequent events for potential recognition and disclosure through August 10, 2026, the date when the financial statements were available to be issued.

PEOPLELINK, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

NOTE 3 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Empower Trust Company, LLC, d/b/a “Empower”, the custodian of the Plan, holds investment assets and executes transactions. Substantially all information pertaining to investments in the financial statements has been certified by Empower Trust Company, LLC. This information has not been audited by independent accountants.

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the trustee as of December 31, 2025 and 2024, respectively.

	<u>2025</u>	<u>2024</u>
Mutual funds		
American Funds America Mutual R6	\$ -	\$ 219,090
Blackrock Strategic Income	31,725	189,256
Doubleline Total Return Bond	-	127,888
Fidelity Equity Growth K6	763,338	-
Fidelity Total International Index	966,785	827,710
Massmutual Select Mid Cap Growth	-	156,314
MFS Mid Cap Value	86,908	167,723
Principal Small Cap R-6	176,537	211,805
Putnam Government Money Market A	24,654	4,859
T. Rowe Price Diversified Mid Cap	234,440	-
Victory Pioneer Bond Y	<u>173,481</u>	<u>145,334</u>
 Total mutual funds	 <u>\$ 2,457,868</u>	 <u>\$ 2,049,979</u>

PEOPLELINK, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

NOTE 3 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (Continued)

	<u>2025</u>	<u>2024</u>
Common collective trusts		
Blackrock Equity Index Fund	\$ 1,562,373	\$ 1,525,797
Blackrock Mid Cap Equity Index Fund	351,697	448,202
Blackrock Russel 2000 Index Fund	269,101	359,034
Core Plus Bond Fund III Class R1	33,363	-
Janus International Alpha Eq	93,276	110,944
Large Cap Growth Fund III Class R1	-	773,038
Large Cap Value Fund Class R1	408,995	-
Putnam Retirement Advantage 2025	-	1,666,656
Putnam Retirement Advantage 2030	2,693,333	2,865,312
Putnam Retirement Advantage 2035	2,336,236	1,954,077
Putnam Retirement Advantage 2040	1,248,540	999,529
Putnam Retirement Advantage 2045	1,127,006	892,043
Putnam Retirement Advantage 2050	1,087,407	1,008,809
Putnam Retirement Advantage 2055	565,667	412,404
Putnam Retirement Advantage 2060	346,120	343,575
Putnam Retirement Advantage Maturity X	2,800,088	833,563
Putnam Stable Value Funds	<u>363,681</u>	<u>485,742</u>
 Total common collective trusts	 <u>15,286,883</u>	 <u>14,678,725</u>
 Total assets held for investment purposes	 <u>\$ 17,744,751</u>	 <u>\$ 16,728,704</u>
 Investment earnings		
Mutual funds	\$ 330,707	\$ 26,899
Common collective trusts	1,920,801	2,074,517
Interest and dividends	<u>100,996</u>	<u>114,962</u>
	<u>\$ 2,352,504</u>	<u>\$ 2,216,378</u>

PEOPLELINK, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 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 valuation methodology include: inputs other than quoted prices included within Level 1 that are observable for the asset or liability either directly or indirectly, such as inputs that are derived principally from or corroborated by observable market data by correlation or other means. If an 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.

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds: The fair values of mutual funds are determined by obtaining the net asset value (NAV) of shares held by the Plan at the year-end.

Common collective trust (other than stable value funds): The fair values of participation units held in collective trusts, other than stable value funds, are based on the net asset values reported by fund managers as of the financial statement dates and recent transaction prices (Level 2 inputs). Each collective trust held directly by the Plan provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

PEOPLELINK, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Stable value collective trust fund: A stable value fund is composed primarily of fully benefit-responsive investment contracts 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. There are certain circumstances in which a withdrawal from the fund would be redeemed at fair value rather than contract value. These circumstances may include employer-initiated events as follows: the partial or complete termination of the Participating Trust, the exclusion from coverage of a group of employees by the sponsor of the Participating Trust, the implementation of an early retirement program by the sponsor of the Participating Trust, or a termination of employment. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust 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.

PEOPLELINK, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Assets held by the Plan in 2025 and 2024 are classified as either Level 1 or at Net Asset Value (NAV). The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024, respectively:

		<u>2025</u>	<u>2024</u>
Mutual funds	Level 1	<u>\$ 2,457,868</u>	<u>\$ 2,049,979</u>
Investment in common collective trusts valued at NAV		<u>15,286,883</u>	<u>14,678,725</u>
Total assets at fair value		<u><u>\$ 17,744,751</u></u>	<u><u>\$ 16,728,704</u></u>

As discussed in Note 2, ASU 2015-07 allows investments that are measured at NAV per share (or its equivalent) as a practical expedient to be excluded from the fair value hierarchy. The fair value amounts presented herein are intended to permit reconciliation to the Statements of Net Assets Available for Plan Benefits.

The following table summarizes investments measured at fair value based on NAV per share:

	<u>2025</u>	<u>2024</u>
Common collective trusts	\$ 15,286,883	\$ 14,678,725

NOTE 5 – PLAN TERMINATION

The Company has the right to discontinue its contributions to the Plan at any time and may terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become 100% vested.

PEOPLELINK, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

NOTE 6 – TAX STATUS

The Plan obtained its latest determination on June 14, 2022, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken a position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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 that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2022.

NOTE 7 – 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 Statements of Net Assets Available for Plan Benefits.

NOTE 8 – PLAN CHANGES

Effective January 1, 2024, the Plan adopted specific changes allowed by the Setting Every Community Up for Retirement Enhancement ("SECURE 2.0"). The Plan defaulted to the \$7,000 force-out distribution, elected to be in the auto-portability network, and permitted self-certification of hardship withdrawals.

PEOPLELINK, LLC 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2025 and 2024

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024.

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per financial statements	\$ 17,744,912	\$ 16,734,968
Accounts receivable		
Other employer's contribution	<u>(161)</u>	<u>(6,264)</u>
	(161)	(6,264)
Net assets available for benefits per Form 5500	<u>\$ 17,744,751</u>	<u>\$ 16,728,704</u>

The reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 is as follows:

	<u>2025</u>	<u>2024</u>
Changes in net assets available for benefits per financial statements	\$ 1,009,944	\$ 1,711,248
Other employer contribution receivable	(161)	(6,264)
Prior year receivable, reversal	<u>6,264</u>	<u>6,235</u>
	6,103	(29)
Changes in net assets available for benefits per Form 5500	<u>\$ 1,016,047</u>	<u>\$ 1,711,219</u>

PEOPLELINK, LLC 401(k) PLAN

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
at End of Year as of December 31, 2025

PLAN NO. 002
EIN 35-2154753

Participant Contributions Transferred Late to Plan	<u>Total That Constitute Nonexempt Prohibited Transactions</u>				Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
\$ 161	\$ -	\$ 161	\$ -	\$ -	

PEOPLELINK, LLC 401(k) PLAN

Schedule H, Line 4i - Schedule of Assets Held
at End of Year as of December 31, 2025

PLAN NO. 002
EIN 35-2154753

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment	Cost	Fair Value
		Mutual Funds		
	Blackrock	Blackrock Strategic Income	**	\$ 31,725
	Fidelity	Fidelity Equity Growth	**	763,338
	Fidelity	Fidelity Total International Index	**	966,785
	MFS	MFS Mid Cap Value	**	86,908
	Pioneer	Victory Pioneer Bond Y	**	173,481
	Principal	Principal Small Cap	**	176,537
	Putnam	Putnam Government Money Market A	**	24,654
	T Rowe Price	T Rowe Price Diversified Mid Cap	**	234,440
		Total mutual funds		<u>2,457,868</u>
		Common Collective Trusts		
	Great Grey Trust	Blackrock Equity Index Fund	**	1,562,373
	Great Grey Trust	Blackrock Mid Cap Equity Index Fund	**	351,697
	Great Grey Trust	Blackrock Russell 2000 Index Fund	**	269,101
	Great Grey Trust	Core Plus Bond Fund	**	33,363
	Great Grey Trust	Janus International Alpha Eq	**	93,276
	Great Grey Trust	Large Cap Value Fund	**	408,995
	Putnam	Putnam Retirement Advantage 2030	**	2,693,333
	Putnam	Putnam Retirement Advantage 2035	**	2,336,236
	Putnam	Putnam Retirement Advantage 2040	**	1,248,540
	Putnam	Putnam Retirement Advantage 2045	**	1,127,006
	Putnam	Putnam Retirement Advantage 2050	**	1,087,407
	Putnam	Putnam Retirement Advantage 2055	**	565,667
	Putnam	Putnam Retirement Advantage 2060	**	346,120
	Putnam	Putnam Retirement Advantage Maturity X	**	2,800,088
	Putnam	Putnam Stable Value Fund	**	363,681
		Total common collective trusts		<u>15,286,883</u>
		Total assets held for investment purposes		<u>\$ 17,744,751</u>

** Not applicable for participant directed funds

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Peoplelink, LLC 401(k) Plan

01-JAN-25 to 31-DEC-25

17-JAN-26 22:16:02

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PTRX30			1,756,660.23	2,693,333.02
1PTRX35			1,503,976.82	2,336,235.74
1PTRX40			807,105.35	1,248,540.07
1PTRX45			664,658.22	1,127,005.46
1PTRX50			665,642.44	1,087,407.45
1PTRX55			370,911.74	565,667.11
1PTRX60			250,529.72	346,120.10
1PTRXMT			2,491,839.54	2,800,087.70
1FTIHX			765,768.48	966,784.72
1JIAECU			66,546.68	93,276.35
1WTSCER			202,417.19	269,100.79
1PSMLX			150,431.68	176,537.39
1WTMCER			275,230.56	351,697.27
1MVCHX			84,516.81	86,907.96
1RPTTX			251,020.77	234,439.69
1WTEQR			959,849.56	1,562,372.77
1FEGKX			695,153.64	763,338.54
1ASTLV1			365,317.06	408,994.96
1BSIIX			31,908.13	31,724.65
1CPBIR1			32,166.16	33,362.74
1PICYX			171,671.80	173,480.87
1PGDXX			24,653.82	24,653.82
1PCSV25			329,707.17	329,709.47
			12,917,683.57	17,710,778.64
FORFEITURES			33,971.78	33,971.78

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Peoplelink, LLC 401(k) Plan

01-JAN-25 to 31-DEC-25

17-JAN-26 22:16:02

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1PTRX30 Putnam Retirement Advantage Trst 2030 X
 1PTRX40 Putnam Retirement Advantage Trst 2040 X
 1PTRX50 Putnam Retirement Advantage Trst 2050 X
 1PTRX60 Putnam Retirement Advantage Trst 2060 X
 1FTIHX Fidelity Total International Index
 1WTSCER BlackRock Russell 2000 Index Fund R
 1WTMCER BlackRock Mid Cap Equity Index Fund R
 1RPTTX T. Rowe Price Diversified Mid Cap Gr I
 1FEGKX Fidelity Equity Growth K6
 1BSIIX BlackRock Strategic Income Opps Instl
 1PICYX Victory Pioneer Bond Y
 1PCSV25 Putnam Stable Value Fund

1PTRX35 Putnam Retirement Advantage Trst 2035 X
 1PTRX45 Putnam Retirement Advantage Trst 2045 X
 1PTRX55 Putnam Retirement Advantage Trst 2055 X
 1PTRXMT Putnam Retirement Advantage Trst Mat X
 1JIAECU Janus International Alpha Eq CF CL U
 1PSMLX Principal SmallCap R-6
 1MVCHX MFS Mid Cap Value R3
 1WTEQR BlackRock Equity Index Fund R
 1ASTLV1 Large Cap Value Fund Class R1
 1CPBIR1 Core Plus Bond Fund III Cl R1
 1PGDXX Putnam Government Money Market

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year