

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 EMPLOY SOURCE INC. 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 01/01/2010
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) EMPLOY SOURCE, INC 1770 PARK STREET SUITE 208 NAPERVILLE, IL 60563
2b	Employer Identification Number (EIN) 27-0477134
2c	Plan Sponsor's telephone number 630-554-7305
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.	09/16/2026	JOEL RANDAZZO
	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	5 599
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) 495 6a(2) 515 6b 1 6c 151 6d 667 6e 0 6f 667 6g(1) 271 6g(2) 339 6h 15
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 2V 3D

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 EMPLOY SOURCE INC. 401(K) PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOY SOURCE, INC	D Employer Identification Number (EIN) 27-0477134	

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 INSURANCE COMPANY

(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	932298	339	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 36299	(b) Total amount of fees paid
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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
TBS AGENCY INC
DANIEL E JAGE
1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29270			3

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

OSAIC WEALTH INC.
JOHN P FISHER
20 EAST THOMAS RD., STE 2000
PHOENIX, AZ 85012

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5657			3

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

LPL FINANCIAL CORPORATION

RUSSELL L WARYE
4707 EXECUTIVE DR
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1267			3

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

AUSDAL FINANCIAL PARTNERS INC.

DAVID L FROHLICHSTEIN
5187 UTICA RIDGE RD.
DAVENPORT, IA 52807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
105			3

(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	312922
5 Current value of plan's interest under this contract in separate accounts at year end	5	11533336

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.**6d**

Specify nature of costs ▶

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**

288040

c Additions: (1) Contributions deposited during the year**7c(1)**

34346

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

4913

(4) Transferred from separate account

7c(4)

187

(5) Other (specify below)

7c(5)

54736

▶ LOAN PAYMENTS, FORFS

(6) Total additions

7c(6)

94182

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

382222

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

5200

(3) Transferred to separate account

7e(3)

46153

(4) Other (specify below)

7e(4)

17947

▶ LOANS, ALLOCATED FORFS

(5) Total deductions

7e(5)

69300

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

312922

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.	10b	

Specify nature of costs.

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 EMPLOY SOURCE INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOY SOURCE, INC	D Employer Identification Number (EIN) 27-0477134	

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	64279	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ 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 EMPLOY SOURCE INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EMPLOY SOURCE, INC		D Employer Identification Number (EIN) 27-0477134
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: ALGER HEALTH SCIENCES RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-411	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40414
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING PRECIOUS METALS RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-272	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158402
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS EUROPACIFIC GR RET		
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) 8310
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS FDMNTL INVS RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-232	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20479
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-511	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50650
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS WA MTL INVS RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65746
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS GR FD OF AMER RT ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-246	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44009
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:		AMERICAN FDS NEW PERSP RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-255	d Entity code	P 27269
a Name of MTIA, CCT, PSA, or 103-12 IE:		AMERICAN FDS SMALLCAP WRLD RET	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-077	d Entity code	P 13797
a Name of MTIA, CCT, PSA, or 103-12 IE:		BLACKROCK CAPITAL APPR RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-248	d Entity code	P 5099
a Name of MTIA, CCT, PSA, or 103-12 IE:		BLACKROCK EQ DIVIDEND RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-236	d Entity code	P 284586
a Name of MTIA, CCT, PSA, or 103-12 IE:		BLACKROCK GLBL ALLOC RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-277	d Entity code	P 62122
a Name of MTIA, CCT, PSA, or 103-12 IE:		BLACKROCK HEALTH SCIENCES OPS RET	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-365	d Entity code	P 271417
a Name of MTIA, CCT, PSA, or 103-12 IE:		BLACKROCK STG INC OPP PF ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-626	d Entity code	P 10933
a Name of MTIA, CCT, PSA, or 103-12 IE:		FIRST EAGLE OVERSEAS RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-328	d Entity code	P 3201
a Name of MTIA, CCT, PSA, or 103-12 IE:		INVESCO AMERICAN VAL RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-575	d Entity code	P 18565
a Name of MTIA, CCT, PSA, or 103-12 IE:		INVESCO CHARTER RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-376	d Entity code	P 5946

a Name of MTIA, CCT, PSA, or 103-12 IE:		INVESCO DEVELOPING MKTS RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-471	d Entity code	P 28359
a Name of MTIA, CCT, PSA, or 103-12 IE:		INVESCO MID CAP CORE EQ RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-241	d Entity code	P 38000
a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA BALANCED RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-227	d Entity code	P 14575
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 218829
a Name of MTIA, CCT, PSA, or 103-12 IE:		LOOMIS SAYLES INV GRD BD RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-094	d Entity code	P 39805
a Name of MTIA, CCT, PSA, or 103-12 IE:		LORD ABBETT FUNDAMENTAL EQ RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-383	d Entity code	P 7615
a Name of MTIA, CCT, PSA, or 103-12 IE:		MFS UTILITIES RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-519	d Entity code	P 345
a Name of MTIA, CCT, PSA, or 103-12 IE:		MORGAN STANLEY GR OPP RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-306	d Entity code	P 114505
a Name of MTIA, CCT, PSA, or 103-12 IE:		MORGAN STANLEY GR RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-305	d Entity code	P 412467
a Name of MTIA, CCT, PSA, or 103-12 IE:		MACQUARIE SCIENCE & TECH RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-267	d Entity code	P 137196

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON GLBL EQ INC RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-596	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28980

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO LOW DURATION RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-472	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	142482

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-473	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12158

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSS LG CP GR IDX RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-173	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61112

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSS LG CP VAL IDX RT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-171	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	111665

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSS SM CAP GR IDX RT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-172	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21760

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST RUSS SM CP VAL IDX RT ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	152058

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP IDX RT			
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)	6044

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)	95992

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)	54196

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17387

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLBL BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5728

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA INTL GR RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-602	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8182

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA INTL STOCK RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-539	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16937

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MD VL RT ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-495	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124457

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANS PARTNERS HI YIELD BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43087

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PRTNR STCK IDX RT ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161487

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA OT 2015 AMER FD		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-685	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 737

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA OT 2020 AMER FD		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-686	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 454183

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA OT 2025 AMER FD		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-687	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 822337

a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA OT 2030 AMER FD	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-688	d Entity code	P 1335903
a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA OT 2035 AMER FD	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-689	d Entity code	P 1215376
a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA OT 2040 AMER FD	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-690	d Entity code	P 530088
a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA OT 2045 AMER FD	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-691	d Entity code	P 731349
a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA OT 2050 AMER FD	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-692	d Entity code	P 1060639
a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA OT 2055 AMER FD	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-693	d Entity code	P 813253
a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA OT 2065 AMER FD	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	83-1098532-402	d Entity code	P 59162
a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA SMALL CAP GR RET ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-254	d Entity code	P 40118
a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA SM/MD CP VAL RT ACCT	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-124	d Entity code	P 22310
a Name of MTIA, CCT, PSA, or 103-12 IE:		TRANSAMERICA OT 2060 AMER FD	
b Name of sponsor of entity listed in (a):		TRANSAMERICA FINANCIAL LIFE INS CO	
c EIN-PN	36-6071399-817	d Entity code	P 475427

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INTL VAL RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO**c** EIN-PN 36-6071399-128**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74118**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP IDX RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO**c** EIN-PN 36-6071399-132**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168211**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TTL STOCK MKT IDX RT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO**c** EIN-PN 36-6071399-166**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 563772**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)**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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 EMPLOY SOURCE INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOY SOURCE, INC	D Employer Identification Number (EIN) 27-0477134

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)	35982	78697
(2) Participant contributions.....	1b(2)	20913	0
(3) Other	1b(3)	152	338
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)	147014	221966
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	9508127	11533336
(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)	288040	312922
(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	10000228	12147259

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	10000228	12147259
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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)	508618	
(B) Participants	2a(1)(B)	1280489	
(C) Others (including rollovers)	2a(1)(C)	160448	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1949555
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)	14260	
(F) Other	2b(1)(F)	4913	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19173
(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)		1720333
(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		3689061

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1589082	
(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)		1589082
f Corrective distributions (see instructions)	2f		16390
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	64279	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		64279
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1669751

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2019310
l Transfers of assets:			
(1) To this plan	2l(1)		127721
(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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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?	☒		300000
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 EMPLOY SOURCE INC. 401(K) PLAN				B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOY SOURCE, INC				D Employer Identification Number (EIN) 27-0477134	
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 EMPLOY SOURCE INC. 401(K) PLAN	B Three-digit Plan number (PN)..... ▶	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF EMPLOY SOURCE, INC	D Administrator's EIN 27-0477134	

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

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

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

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

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

2a Name of Participating Employer ALL AMERICAN NUTS & CANDY CO.	2b EIN 27-5440028	2c Percentage of Total Contributions for the Plan Year 0.27	2d Aggregate Account Balances Attributable to Participating Employer 5043
2a Name of Participating Employer ASSISTING HANDS HOME CARE	2b EIN 47-1318154	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 7082

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
BRUMM ENTERPRISES INC. 401K DBA CURRENT ELECTRIC	36-3840068	1.92	165332
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUD'S CONCRETE INC.	36-3455606	0.74	14106
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUDGET BLINDS OF NAPERVILLE	71-0982486	5.14	422565
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CELETTE, INC.	59-2156916	0.61	186897
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREATIVE DESIGNS & PACKAGING INC.	46-2998530	0.00	165
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CTC TELESERVICES, LLC	27-1380375	1.07	451906
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CUSHIONEER, INC.	36-2938880	0.40	328001
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DI MONTE GROUP INC.	36-4084110	13.74	1343002
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EARHOLE STUDIOS, LLC	35-2187659	3.62	682982

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EC STAFFING INC.	47-1732785	0.39	32428
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMPLOY SOURCE, INC.	27-0477135	1.49	672531
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERHART ORTHODONTICS P.C.	20-8135312	0.32	170676
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOX RIVER GAMES, INC.	36-3696266	0.00	1163
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAPPY FOODS, INC.	20-3001306	0.15	11529
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOME PRO TELECOMMUNICATIONS INC.	47-2539193	0.03	4776
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ILINK RESOURCES	45-4348263	3.63	311821
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INKFLI PRINTING	86-1451859	0.61	11854
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INNOVA CONSULTING INC.	93-1371701	0.22	3827

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IRIS CUSTOM SOLUTIONS, LLC	46-2641244	7.63	566652
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JM AUTOWORKS	36-4242167	1.04	77784
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KPW INVESTMENT HOLDINGS, LLC DBA THE MATRIX CLUB	84-4367734	0.09	3410
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LORENZ PLUMBING LLC	83-3400155	0.00	319
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MLH LAW LTD	83-1941839	1.40	31643
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NSG CONSTRUCTION LLC	83-3499557	1.46	47289
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORLAND PARK CYCLERY	36-4215891	0.40	26494
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORTHOPAEDIC SPINE INSTITUTE	83-2499179	3.73	307213
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PREMIER MAILING SERVICES INC.	26-1078575	1.84	346995

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUALITY VOICE + DATA INC.	27-4114179	1.00	35897
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAILSIDE CITRUS INSURANCE AGENCY, INC.	47-4132998	1.04	112496
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCHUSTER METALS LLC	46-4784342	4.15	159391
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SERVICE PLUS MECHANICAL DBA SERVICE PLUS HEATING & COOLING	45-3073180	1.27	35537
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHEFFS MGMT INC.	87-4042781	0.27	6014
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYLINE WEALTH PARTNERS	33-2056694	4.26	71142
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMART GOLF AND FITNESS INSTRUCTION, INC.	45-3823389	5.57	403635
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPANESI AMERICAS	90-0890859	0.91	82781
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPORTFUEL INC.	36-3878848	0.24	40007

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUBURBAN TIRE	36-2881100	0.00	99539
2a Name of Participating Employer SUPERMAX HEALTHCARE INC.	2b EIN 27-2105941	2c Percentage of Total Contributions for the Plan Year 14.35	2d Aggregate Account Balances Attributable to Participating Employer 1925938
2a Name of Participating Employer TIME LOGISTICS GROUP, INC.	2b EIN 27-3380848	2c Percentage of Total Contributions for the Plan Year 1.84	2d Aggregate Account Balances Attributable to Participating Employer 76528
2a Name of Participating Employer TRINITY ELECTRICAL SERVICES, INC.	2b EIN 45-2595040	2c Percentage of Total Contributions for the Plan Year 0.31	2d Aggregate Account Balances Attributable to Participating Employer 163135
2a Name of Participating Employer WEAVER PARTNERS INC.	2b EIN 27-0477134	2c Percentage of Total Contributions for the Plan Year 10.23	2d Aggregate Account Balances Attributable to Participating Employer 1963402
2a Name of Participating Employer WETHAN CORP.	2b EIN 99-3718028	2c Percentage of Total Contributions for the Plan Year 2.43	2d Aggregate Account Balances Attributable to Participating Employer 66710
2a Name of Participating Employer WHITE RIVER TRANSPORTATION, INC.	2b EIN 27-4417268	2c Percentage of Total Contributions for the Plan Year 0.19	2d Aggregate Account Balances Attributable to Participating Employer 334376
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

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 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 _____



Employ Source Inc. 401(k) Plan

EIN 27-0477134 PN 333

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedule**

December 31, 2025 and 2024



Employ Source Inc. 401(k) Plan
Contents
December 31, 2025 and 2024

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Independent Auditor's Report

Plan Administrator
Employ Source Inc. 401(k) Plan
Naperville, Illinois

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

We have performed audits of the financial statements of Employ Source Inc. 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 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 the Employ Source Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 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 Employ Source Inc. 401(k) 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 Employ Source Inc. 401(k) Plan's ability to continue as a going concern within one year after the date that these 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 Employ Source Inc. 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 Employ Source Inc. 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 Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Forvis Mazars, LLP

**Chicago, Illinois
September 9, 2026**

Federal Employer Identification Number: 44-0160260

Employ Source Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
Fair value	\$ 11,533,336	\$ 9,508,127
Contract value	312,922	288,040
Total Investments	11,846,258	9,796,167
Receivables		
Notes receivable from participants	221,966	147,014
Participant contributions	-	20,913
Employer contributions	78,697	35,982
Other	338	152
Total Receivables	301,001	204,061
Total Assets	12,147,259	10,000,228
LIABILITIES		
Excess contributions payable to participants	16,218	16,390
Net Assets Available for Benefits	<u>\$ 12,131,041</u>	<u>\$ 9,983,838</u>

Employ Source Inc. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions

Investment Income

Net appreciation in fair value of investments	\$ 1,725,246
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Interest Income on Notes Receivable from Participants	<u>14,260</u>
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Contributions

Employer	508,618
Participant	1,264,271
Rollover	<u>160,448</u>

Total Contributions	<u>1,933,337</u>
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Total Additions	<u>3,672,843</u>
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Deductions

Benefits paid to participants	1,589,082
Administrative expenses	<u>64,279</u>

Total Deductions	<u>1,653,361</u>
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Net Increase	2,019,482
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Transfers in, Net	127,721
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Net Assets Available for Benefits, Beginning of Year	<u>9,983,838</u>
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Net Assets Available for Benefits, End of Year	<u><u>\$ 12,131,041</u></u>
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Note 1. Description of the Plan

The following description of the Employ Source Inc. 401(k) Plan (Plan) provides only general information. The Plan is sponsored by Employ Source, Inc. and is made available to adopting employers. Interested parties should refer to the Plan Document and Participating Employers' Adoption and Acceptance Agreements (PEAAA) for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution profit-sharing and 401(k) plan covering the employees of Participating Employers (Employer) who have attained the eligibility requirements as set forth by each Employer in their PEA. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended by subsequent legislation.

During 2025, the Plan had transfers in of \$127,721 as a result of certain Employers joining the Plan.

Contributions

The Plan is funded by voluntary pre-tax and post-tax contributions of participants and contributions of an Employer per the PEA. Eligible employees can elect to contribute to the Plan pre-tax and/or Roth after-tax deferrals of their compensation, as defined by the PEA, through regular payroll deductions, subject to limitations imposed by the Internal Revenue Code.

Participants may also roll over amounts representing distributions from other qualified employee benefit plans. Participants who have attained age 50 before the plan year are eligible to make additional pre-tax contributions, also known as "catch-up" contributions.

Investment Options

Participants direct their salary deferral contributions and the Employer's contributions into a variety of investment funds made available and determined by the Plan Administrator. Participants may change their investment options at any time.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's contribution, if any and an allocation of plan earnings. Plan earnings are allocated to participants' accounts in direct proportion to their respective account balances, based on the performance of participants' investment selections. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Notes Receivable from Participants

Participants are permitted to take loans from the Plan for a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The loans are collateralized by the borrowers' respective vested account balances and bear interest at the prime interest rate plus 1%. Interest rates range from 8.00% to 9.50% at December 31, 2025. Principal and interest are paid through payroll deductions over a period not to exceed five years, unless for the purchase of a primary residence.

Vesting

Participants are immediately fully vested in participant and rollover contributions plus actual earnings thereon. Vesting in the Employer's contribution is in accordance with the PEA.

Forfeited Accounts

Forfeitures of nonvested account balances are used to pay plan administrative expenses and then to offset future Employer contributions based upon the PEAAA. There were \$34,245 and \$4,435 of forfeitures at December 31, 2025 and 2024, respectively, available for future use. During 2025, \$3,524 of forfeitures were utilized to pay plan administrative expenses and \$16,881 of forfeitures were used to reduce employer contributions.

Payment of Benefits

On termination of service, a participant may elect to receive a single, lump-sum payment equal to the value of his or her vested account balance.

Administrative Expenses

Certain administrative expenses of the Plan, such as trustee, recordkeeping, accounting, and legal services are paid by Employ Source, Inc. Administrative expenses incurred by the Plan include investment management service fees and are charged directly to participant accounts. Administrative expenses may be paid by Employ Source, Inc., or the Plan.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). The pooled separate accounts held are valued at net asset value (NAV) of units held as a practical expedient to estimate fair value. The NAV of pooled separate accounts of \$11,533,336 and \$9,508,127 at December 31, 2025 and 2024, respectively, is based on the fair value of the underlying investments held by each fund less its liability. There are no participant redemption restrictions for these investments, and participant redemptions are allowed daily. A redemption notice period is applicable only at the plan level. There were no unfunded commitments at December 31, 2025 and 2024.

The Plan's investment in a guaranteed interest contract is fully benefit-responsive and is reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

**Employ Source Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains or losses on investments bought and sold as well as held during the year.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2025 excess contributions to the applicable participants before March 15, 2026. The Plan distributed the 2024 excess contributions to the applicable participants before March 15, 2025.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received ratably through weekly payroll deductions. Determination as to when participant loans are considered in default and reclassified as distributions is based on the terms of the Plan Document.

Benefit Payments

Benefit payments are recorded when paid.

Note 3. Financial Data Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company (Transamerica), a qualified institution, has certified the following information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024
- Investment income and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2025
- Investment information and notes receivable from participants included in the accompanying supplemental schedule of assets (held at year end) as of December 31, 2025

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related information included in the financial statements and ERISA-required supplemental schedule.

Note 4. Risks and Uncertainties

The Plan invests in various investment options. These investment options are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment options and the level of uncertainty related to changes in the value of the investment options, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Note 5. Party-in-Interest Transactions

Certain plan investments are managed by Transamerica Financial Life Insurance Company, the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for these investment management services are included in the net appreciation in the fair value of the investments. During 2025, the Plan also made direct payments for administrative expenses of \$64,420. The Employer provides certain administrative services at no cost to the Plan.

The terms of the Plan permit loans to participants under certain conditions. These loans, which are party-in-interest transactions, are permitted under ERISA.

Note 6. Income Tax Status

The Plan operates under a non-standardized pre-approved profit-sharing plan sponsored by Transamerica Retirement Solutions, LLC. The plan has been filed with the appropriate agency and the sponsor has obtained an opinion letter dated June 30, 2020, from the IRS stating that the volume submitter plan constitutes a qualified plan under Section 401 of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt as of the financial statement date.

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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Plan Termination

Although it has not expressed any intention to do so, each adopting employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of plan termination, participants become fully vested in their entire account balance.

Note 8. Investment Contract with Insurance Company

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Employ Source Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

The investment in the general account, the Transamerica Stable Value Option Fund, is considered fully benefit-responsive with a contract value equal to its fair value. Transamerica maintains the contributions in a general account. It invests primarily in guaranteed instruments contracts, money market investments and other cash equivalents. The investments are credited with earnings on underlying investments and charged for plan withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The value of the investment is not guaranteed and is subject to the claims paying ability of Transamerica. There are no reserves against the contract for credit risk of the contract issuer or otherwise.

Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six-month period. The guaranteed rate of interest shall not change during the six-month period for which it is effective. There is no stated minimum or maximum interest rate for the Stable Value Option Fund.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 12,131,041	\$ 9,983,838
Current year excess contributions payable	<u>16,218</u>	<u>16,390</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 12,147,259</u></u>	<u><u>\$ 10,000,228</u></u>

The following is a reconciliation of participant contributions per the financial statements to the Form 5500 for the year ended December 31, 2025:

Participant contributions per the financial statements	\$ 1,264,271
Current year excess contributions payable	<u>16,218</u>
Participant contributions per the Form 5500	<u><u>\$ 1,280,489</u></u>

Employ Source Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2025:

Net increase in net assets available for benefits per the financial statements	\$ 2,019,482
Current year excess contributions payable	16,218
Prior year excess contributions payable	<u>(16,390)</u>
Net increase in net assets available for benefits per the Form 5500	<u>\$ 2,019,310</u>

Note 10. Subsequent Events

Subsequent events have been evaluated September 9, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedule

Employ Source 401(k) Plan

EIN 27-0477134 PN 333

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

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
		Pooled separate accounts		
*	Transamerica Financial Life Insurance Company	Alger Health Sciences Retirement Fund	**	\$ 40,414
*	Transamerica Financial Life Insurance Company	American Funds EuroPacific Growth Fund	**	8,310
*	Transamerica Financial Life Insurance Company	American Funds Smallcap World Retirement Fund	**	13,797
*	Transamerica Financial Life Insurance Company	American Funds Fundamental Investors Fund	**	20,479
*	Transamerica Financial Life Insurance Company	American Funds Growth Fund of America	**	44,009
*	Transamerica Financial Life Insurance Company	American Funds New Perspective Retirement Account	**	27,269
*	Transamerica Financial Life Insurance Company	American Funds Washington Mutual Investors Retirement Account	**	65,746
*	Transamerica Financial Life Insurance Company	American Century Value Fund	**	50,650
*	Transamerica Financial Life Insurance Company	Blackrock Equity Dividend Fund	**	284,586
*	Transamerica Financial Life Insurance Company	Blackrock Global Allocation Fund	**	62,122
*	Transamerica Financial Life Insurance Company	Blackrock Health Sciences Fund	**	271,417
*	Transamerica Financial Life Insurance Company	Blackrock Strategic Opportunity Retirement Fund	**	10,933
*	Transamerica Financial Life Insurance Company	Blackrock Capital Appreciation Retirement Account	**	5,099
*	Transamerica Financial Life Insurance Company	Fidelity Small Cap Fund	**	40,118
*	Transamerica Financial Life Insurance Company	First Eagle Overseas Fund	**	3,201
*	Transamerica Financial Life Insurance Company	Invesco Charter Retirement Fund	**	5,946
*	Transamerica Financial Life Insurance Company	Invesco Mid Cap Core Equity Fund	**	38,000
*	Transamerica Financial Life Insurance Company	Invesco American Value Retirement Fund	**	18,565
*	Transamerica Financial Life Insurance Company	Macquarie Science and Technology Fund	**	137,196
*	Transamerica Financial Life Insurance Company	JP Morgan Large Cap Growth Fund	**	218,829
*	Transamerica Financial Life Insurance Company	Loomis Sayles Investment Grade Bond Fund	**	39,805
*	Transamerica Financial Life Insurance Company	Lord Abbett Fundamental Equity Fund	**	7,615
*	Transamerica Financial Life Insurance Company	MFS Utilities Retirement Fund	**	345
*	Transamerica Financial Life Insurance Company	Morgan Stanley Growth Opportunities Fund	**	114,505
*	Transamerica Financial Life Insurance Company	Morgan Stanley Growth Retirement Fund	**	412,467
*	Transamerica Financial Life Insurance Company	Transamerica International Stock Retirement Account	**	16,937
*	Transamerica Financial Life Insurance Company	Invesco Developing Markets Retirement Account	**	28,359
*	Transamerica Financial Life Insurance Company	PIMCO Low Duration Fund	**	142,482
*	Transamerica Financial Life Insurance Company	PIMCO Real Return Fund	**	12,158
*	Transamerica Financial Life Insurance Company	Prudential Jennsion Equity Income Fund	**	28,980
*	Transamerica Financial Life Insurance Company	State Street Russell Large Cap Growth Fund	**	61,112
*	Transamerica Financial Life Insurance Company	State Street Russell Large Cap Value Fund	**	111,665
*	Transamerica Financial Life Insurance Company	State Street Russell Small Cap Growth Fund	**	21,760
*	Transamerica Financial Life Insurance Company	State Street Russell Small Cap Index Fund	**	6,044
*	Transamerica Financial Life Insurance Company	State Street Russell Small Cap Value Index Fund	**	152,058
*	Transamerica Financial Life Insurance Company	State Street S&P Mid Cap Index Fund	**	95,992
*	Transamerica Financial Life Insurance Company	State Street U.S. Bond Index Fund	**	54,196
*	Transamerica Financial Life Insurance Company	Templeton Global Bond Retirement Fund	**	5,728
*	Transamerica Financial Life Insurance Company	Transamerica International Focus Retirement Account	**	8,182
*	Transamerica Financial Life Insurance Company	Transamerica Partners High Yield Bond Fund	**	43,087
*	Transamerica Financial Life Insurance Company	Transamerica Partners Mid Value Fund	**	124,457
*	Transamerica Financial Life Insurance Company	Transamerica Partners Small/Mid Cap Value Fund	**	22,310
*	Transamerica Financial Life Insurance Company	Transamerica Balanced Retirement Account	**	14,575
*	Transamerica Financial Life Insurance Company	Vanguard International Value Fund	**	74,118
*	Transamerica Financial Life Insurance Company	Vanguard REIT Index Fund	**	17,387
*	Transamerica Financial Life Insurance Company	TA Vanguard Small-Cap Index Retirement Account	**	168,211
*	Transamerica Financial Life Insurance Company	Transamerica Partners Stock Index Retirement Account	**	161,487
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2015 with Amer Fds RetAct	**	737
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2020 with Amer Fds RetAct	**	454,183
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2025 with Amer Fds RetAct	**	822,337
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2030 with Amer Fds RetAct	**	1,335,903
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2035 with Amer Fds RetAct	**	1,215,376
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2040 with Amer Fds RetAct	**	530,088
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2045 with Amer Fds RetAct	**	731,349
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2050 with Amer Fds RetAct	**	1,060,639
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2055 with Amer Fds RetAct	**	813,253
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2060 with Amer Fds RetAct	**	475,427
*	Transamerica Financial Life Insurance Company	Transamerica RetireOnTrk 2065 with Amer Fds RetAct	**	59,162

Employ Source 401(k) Plan**EIN 27-0477134 PN 333****Schedule H, Line 4i – Schedule of Assets (Held at End of Year)****(Continued)****December 31, 2025**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Transamerica Financial Life Insurance Company	Vanguard Total Stock Index Fund	**	\$ 563,772
*	Transamerica Financial Life Insurance Company	Allspring Precious Metals Retirement Fund	**	<u>158,402</u>
				11,533,336
*	Transamerica Partners	General account Transamerica Stable Value Option Fund	**	312,922
*	Participant loans	8.00 - 9.50% interest, maturing through September 2030	-0-	<u>221,966</u>
				<u><u>\$ 12,068,224</u></u>

*Denotes a party-in-interest as defined by ERISA.

**Cost information not required for participant-directed investments.

Employ Source, Inc. 401(k) Plan
EIN No.: 27-0477134, 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	\$ 312,922
		General Insurance Account Total	\$ 312,922
*	Transamerica Financial Life Ins Co	Alger Health Sciences Ret Acct	\$ 40,414
*	Transamerica Financial Life Ins Co	AllSpring Precious Metals Ret	\$ 158,402
*	Transamerica Financial Life Ins Co	American Fds EuroPacific Gr Ret	\$ 8,310
*	Transamerica Financial Life Ins Co	American Fds Fdmntl Invs Ret Acct	\$ 20,479
*	Transamerica Financial Life Ins Co	American Century Val Ret Acct	\$ 50,650
*	Transamerica Financial Life Ins Co	American Fds WA Mtl Invs Ret Acct	\$ 65,746
*	Transamerica Financial Life Ins Co	American Fds Gr Fd of Amer Rt Acct	\$ 44,009
*	Transamerica Financial Life Ins Co	American Fds New Persp Ret Acct	\$ 27,269
*	Transamerica Financial Life Ins Co	American Fds SMALLCAP Wrld Ret	\$ 13,797
*	Transamerica Financial Life Ins Co	BlackRock Capital Appr Ret Acct	\$ 5,099
*	Transamerica Financial Life Ins Co	BlackRock Eq Dividend Ret Acct	\$ 284,586
*	Transamerica Financial Life Ins Co	BlackRock Gbl Alloc Ret Acct	\$ 62,122
*	Transamerica Financial Life Ins Co	BlackRock Health Sciences Ops Ret	\$ 271,417
*	Transamerica Financial Life Ins Co	BlackRock Stg Inc Opp Pf Acct	\$ 10,933
*	Transamerica Financial Life Ins Co	First Eagle Overseas Ret Acct	\$ 3,201
*	Transamerica Financial Life Ins Co	Invesco American Val Ret Acct	\$ 18,565
*	Transamerica Financial Life Ins Co	Invesco Charter Ret Acct	\$ 5,946
*	Transamerica Financial Life Ins Co	Invesco Developing Mkts Ret Acct	\$ 28,359
*	Transamerica Financial Life Ins Co	Invesco Mid Cap Core Eq Ret Acct	\$ 38,000
*	Transamerica Financial Life Ins Co	Transamerica Balanced Ret Acct	\$ 14,575
*	Transamerica Financial Life Ins Co	JPMorgan Lg Cap Gr Ret Acct	\$ 218,829
*	Transamerica Financial Life Ins Co	Loomis Sayles Inv Grd Bd Ret Acct	\$ 39,805
*	Transamerica Financial Life Ins Co	Lord Abbett Fundamental Eq Ret Acct	\$ 7,615
*	Transamerica Financial Life Ins Co	MFS Utilities Ret Acct	\$ 345
*	Transamerica Financial Life Ins Co	Morgan Stanley Gr Opp Ret Acct	\$ 114,505
*	Transamerica Financial Life Ins Co	Morgan Stanley Gr Ret Acct	\$ 412,467
*	Transamerica Financial Life Ins Co	Macquarie Science & Tech Ret Acct	\$ 137,196
*	Transamerica Financial Life Ins Co	PGIM Jennison Gbl Eq Inc Ret Acct	\$ 28,980
*	Transamerica Financial Life Ins Co	PIMCO Low Duration Ret Acct	\$ 142,482
*	Transamerica Financial Life Ins Co	PIMCO Real Return Ret Acct	\$ 12,158
*	Transamerica Financial Life Ins Co	State Street Russ Lg Cp Gr Idx Ret	\$ 61,112
*	Transamerica Financial Life Ins Co	State Street Russ Lg Cp Val Idx Rt	\$ 111,665
*	Transamerica Financial Life Ins Co	State Street Russ Sm Cap Gr Idx Rt	\$ 21,760
*	Transamerica Financial Life Ins Co	State St Russ Sm Cp Val Idx Rt Acct	\$ 152,058
*	Transamerica Financial Life Ins Co	State Street Russell Sm Cp Idx Rt	\$ 6,044
*	Transamerica Financial Life Ins Co	State Street S&P Md Cp Idx Ret Acct	\$ 95,992
*	Transamerica Financial Life Ins Co	State Street U.S. Bd Idx Ret Acct	\$ 54,196
*	Transamerica Financial Life Ins Co	TA Vanguard REIT Index Ret Acct	\$ 17,387
*	Transamerica Financial Life Ins Co	Templeton Gbl Bd Ret Acct	\$ 5,728
*	Transamerica Financial Life Ins Co	Transamerica Intl Gr Ret Acct	\$ 8,182
*	Transamerica Financial Life Ins Co	Transamerica Intl Stock Ret Acct	\$ 16,937
*	Transamerica Financial Life Ins Co	Transamerica Partners Md VI Rt Acct	\$ 124,457
*	Transamerica Financial Life Ins Co	Trans Partners Hi Yield Bd Ret Acct	\$ 43,087
*	Transamerica Financial Life Ins Co	Transamerica Prtnr Stck Idx Rt Acct	\$ 161,487
*	Transamerica Financial Life Ins Co	Transamerica OT 2015 Amer Fd	\$ 737
*	Transamerica Financial Life Ins Co	Transamerica OT 2020 Amer Fd	\$ 454,183
*	Transamerica Financial Life Ins Co	Transamerica OT 2025 Amer Fd	\$ 822,337
*	Transamerica Financial Life Ins Co	Transamerica OT 2030 Amer Fd	\$ 1,335,903
*	Transamerica Financial Life Ins Co	Transamerica OT 2035 Amer Fd	\$ 1,215,376
*	Transamerica Financial Life Ins Co	Transamerica OT 2040 Amer Fd	\$ 530,088

Employ Source, Inc. 401(k) Plan
EIN No.: 27-0477134, 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 OT 2045 Amer Fd	\$ 731,349
*	Transamerica Financial Life Ins Co	Transamerica OT 2050 Amer Fd	\$ 1,060,639
*	Transamerica Financial Life Ins Co	Transamerica OT 2055 Amer Fd	\$ 813,253
*	Transamerica Financial Life Ins Co	Transamerica OT 2065 Amer Fd	\$ 59,162
*	Transamerica Financial Life Ins Co	Transamerica Small Cap Gr Ret Acct	\$ 40,118
*	Transamerica Financial Life Ins Co	Transamerica Sm/Md Cp Val Rt Acct	\$ 22,310
*	Transamerica Financial Life Ins Co	Transamerica OT 2060 Amer Fd	\$ 475,427
*	Transamerica Financial Life Ins Co	TA Vanguard Intl Val Ret Acct	\$ 74,118
*	Transamerica Financial Life Ins Co	TA Vanguard Small-Cap Idx Ret Acct	\$ 168,211
*	Transamerica Financial Life Ins Co	TA Vanguard Ttl Stock Mkt Idx Rt	\$ 563,772
			Separate Accounts Total
			\$ 11,533,336
*	Participants	Notes Receivable with interest rates of 8.00% to 9.50%	\$ 221,966
			TOTAL PLAN ASSETS
			\$ 12,068,224

* Indicates Party-In-Interest to the Plan