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

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LEL HOME SERVICES, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2017

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)
LEL HOME SERVICES, LLC

5936 N. KEYSTONE AVE
#101
INDIANAPOLIS, IN 46220

2b Employer Identification Number (EIN) 35-2100743

2c Plan Sponsor's telephone number 317-387-1443

2d Business code (see instructions) 621610

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.	10/04/2026	AVERY WILLIAMS
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	966
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	**6a(1)**	935
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1005
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1025
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1025
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	152
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	192
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LEL HOME SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEL HOME SERVICES, LLC

D Employer Identification Number (EIN)
35-2100743

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.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	529222	1005		

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
37	55

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

FACTS INC
PO BOX 369
CRAWFORDSVILLE, IN 47933

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	55	SERVICE FEE	5

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

S B H U LIFE AGENCY INC
1 NEW YORK
PLZ FL 12
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37			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	

(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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	143206

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 ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
LEL HOME SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEL HOME SERVICES, LLC

D Employer Identification Number (EIN)
35-2100743

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

PRINCIPAL LIFE INSURANCE CO

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	33870	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

FACTS, INC.

35-1278046

(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?
13 50 49 99	CONTRACT ADMINISTRATOR	5100	Yes [X] No [ ]	Yes [ ] No [X]	1224	Yes [ ] No [X]

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

GALLAGHER FIDUCIARY ADVISORS LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	5857	Yes [ ] No [X]

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)

EDWARD JONES

43-0345811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	5632	Yes [ ] No [X]

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

WILSHIRE ADVISORS LLC

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
FACTS INC	13 50 49 99	1224

(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.
PRINCIPAL LIFE INSURANCE CO 42-0127290	SERVICE FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
GALLAGHER FIDUCIARY ADVISORS LLC	27 99	5857

(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.
PRINCIPAL LIFE INSURANCE CO 42-0127290	INVESTMENT ADVISORY (PLAN)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EDWARD JONES	27 99	5632

(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.
PRINCIPAL LIFE INSURANCE CO 42-0127290	INVESTMENT ADVISORY (PLAN)

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
WILSHIRE ADVISORS LLC	27 72	0

(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.
PRINCIPAL LIFE INSURANCE CO 42-0127290	1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO EXECUTE FIDUCIARY SERVICE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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
LEL HOME SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LEL HOME SERVICES, LLC

D Employer Identification Number (EIN)
35-2100743

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: PRIN MIDCAP SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO

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)
42-0127290-020	P	2359

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO

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)
42-0127290-021	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCP S&P 500 INDEX

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO

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)
42-0127290-016	P	56423

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP S&P 600

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO

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)
42-0127290-028	P	2020

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO

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)
42-0127290-023	P	2994

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE FIX INC

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO

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)
42-0127290-118	P	254

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL EQUITY INDEX

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO

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)
42-0127290-121	P	79156

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY

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)
93-6274328-001	C	54643

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)

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 plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of 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
LEL HOME SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEL HOME SERVICES, LLC

D Employer Identification Number (EIN)
35-2100743

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)	33131	37613
(2) Participant contributions	1b(2)	14095	3139
(3) Other	1b(3)		
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)		
(9) Value of interest in common/collective trusts	1c(9)	18484	54643
(10) Value of interest in pooled separate accounts	1c(10)	88215	143206
(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)	2190031	2897851
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	2343956	3136452
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 through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2343956	3136452

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)	317337	
(B) Participants	2a(1)(B)	468873	
(C) Others (including rollovers)	2a(1)(C)	50176	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		836386
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(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)	46152	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		46152
(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)		1142
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		24926
(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)		367051
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1275657
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	444191	
(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)		444191
f Corrective distributions (see instructions)	2f		
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)	38970	
(3) Recordkeeping fees	2i(3)		
(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)		38970
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		483161
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		792496
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: MCKINLEY JONES & ASSOCIATES LLC **(2)** EIN: 35-1735972

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.)	**4a**	X		33748
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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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
LEL HOME SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEL HOME SERVICES, LLC

D Employer Identification Number (EIN)
35-2100743

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290 26-6447574

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 Q703191A .



McKinley Jones
& Associates LLC
Certified Public Accountants & Consultants

LEL HOME SERVICES, LLC
401(k) PLAN | PLAN NUMBER 001

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McKinley Jones
& Associates LLC
Certified Public Accountants & Consultants

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INDEPENDENT AUDITOR'S REPORT

To the Administrator and Trustees
LEL Home Services, LLC 401(k) Plan
5936 North Keystone Avenue, Suite 101
Indianapolis, IN 46220

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

We have performed an audit of the financial statement of the LEL Home Services, LLC 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2025, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements, as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit).

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

Management has obtained certifications from Principal Life Insurance Company and Principal Trust Company, qualified institutions, as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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.

Other Matter, Unaudited 2024 Financial Statement

The accompanying statement of net assets available for benefits as of December 31, 2024 and the related statement of changes in net assets available for benefits for the year then ended are presented for comparative purposes only. The Plan filed its 2024 plan year on Form 5500-SF as a small plan and claimed the waiver of the independent qualified public accountant examination under 29 CFR 2520.104-46. The 2024 financial statements were not audited, reviewed, or compiled, and we do not express an opinion, a conclusion, or any other form of assurance on them. We assume no responsibility for the 2024 financial statements, which are labeled unaudited in the financial statements and the related notes. Our opinion on the 2025 financial statements is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records for each participant to determine the benefits due or that 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 that 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 does not guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than that 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 of a reasonable user based on the financial statements. In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit to design audit procedures that are appropriate in the circumstances, but not to express an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used, the reasonableness of significant accounting estimates made by management, and the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter, Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4a, Schedule of Delinquent Participant Contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and is derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that is agreed to or derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that is agreed to or derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

McKinley Jones & Associates

Indianapolis, Indiana
September 18, 2026

LEL HOME SERVICES, LLC
401(k) PLAN | PLAN NUMBER 001
Statement of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	*(Unaudited)* 2024
Investments at Fair Value		
Common investment trusts	$ 54,643	$ 18,484
Pooled separate accounts	143,206	88,215
Registered investment companies (Mutual funds)	2,897,851	2,190,031
Total investments	3,095,700	2,296,730
Receivables:		
Employer contributions	37,613	33,131
Participant contributions	3,139	14,095
Net assets available for benefits	$ 3,136,452	$ 2,343,956

The 2024 amounts are unaudited. Investments are shown at fund-level fair value from the plan's December 31, 2024 Principal contract holder statement. The 2024 contributions receivable of $47,226 is taken from the beginning of year column of the 2025 Form 5500 Schedule H, being $33,131 employer and $14,095 participant. The 2024 valuation presents the same total assets with $30,155.51 more in investments and less in receivables. The difference is a classification only and does not affect net assets.

See accompanying notes to financial statements.

LEL HOME SERVICES, LLC
401(k) PLAN | PLAN NUMBER 001
Statement of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

		(Unaudited)
Additions to Net Assets	**2025**	**2024**
Investments income		
Net appreciation (depreciation) in fair value of common investment trust	$ 1,142	$ 603
Net appreciation (depreciation) in fair value of pooled separate accounts	24,926	10,153
Net appreciation (depreciation) in fair value of registered investment companies (Mutual funds)	367,051	203,151
Interest and dividend income	46,152	42,454
Net investment income	439,271	256,361
Contributions		
Employer	317,337	246,138
Participants	468,873	360,136
Other including rollovers	50,176	28,798
Total contributions	836,386	635,072
Total additions to net assets	1,275,657	891,433
Deductions from Net Assets		
Benefits paid to participants	444,191	403,221
Administrative fees	38,970	29,888
Total deductions to net assets	483,161	433,109
Net Increase in Net Assets	792,496	458,324
Net Assets Available for Benefits, Beginning of Year (Unaudited)	2,343,956	1,885,632
Net Assets Available for Benefits, End of Year	$ 3,136,452	$ 2,343,956

See accompanying notes to financial statements.

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements 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 plan administrator uses estimates and assumptions in preparing the financial statements in conformity with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of net assets available for benefits, the disclosure of contingencies, and the reported additions to and deductions from net assets available for benefits. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The registered investment companies are valued at quoted market prices in active markets, which represent the net asset value of shares held by the Plan at year-end. The pooled separate accounts and the common investment trust are valued at net asset value as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held, less liabilities, divided by the number of units outstanding. Participant transactions may occur daily. There are no unfunded commitments. See Note 4 for a further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Capital gain distributions are included in net appreciation. Net appreciation includes the Plan's realized gains and losses and the unrealized appreciation and depreciation on those investments.

Risks and Uncertainties

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Expenses of administering the Plan are paid by the Plan unless otherwise paid by the Plan Sponsor, as provided in the plan document. Recordkeeping and administrative fees are charged to participant accounts and are reported as administrative expenses in the statement of changes in net assets available for benefits.

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Certain plan fees that the third-party administrator nets against investment income in its valuation are presented as administrative expenses in these financial statements, consistent with the recordkeeper's classification of those fees, so investment income and administrative expenses are each $5,022 higher in 2025 and $3,505 higher in 2024 than the amounts shown in that valuation. Net assets available for benefits and the net increase in net assets are unaffected.

New Accounting Pronouncements

The plan administrator evaluated recently issued accounting pronouncements and determined that none are expected to have a material effect on the Plan's financial statements.

NOTE 2 – DESCRIPTION OF THE PLAN

The following description of the LEL Home Services, LLC 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, effective January 1, 2017, and is sponsored by LEL Home Services, LLC (the Company or the Plan Sponsor) for the benefit of eligible employees. The Plan was restated in a preapproved Cycle 3 plan document effective January 1, 2021, and has been amended from time to time, including an amendment effective January 1, 2024, executed on November 20, 2023. The Plan is a profit-sharing plan with a cash or deferred arrangement under Section 401(k) of the Internal Revenue Code, is intended to qualify under Section 401(a) of the Internal Revenue Code, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provides retirement, disability, and death benefits to eligible participants. Effective January 1, 2024, the Plan is a traditional safe harbor plan under Section 401(k)(12) of the Internal Revenue Code.

Participating Employers

WKIR, LLC, which does business as Carter's Play Place, and LEL Home Services of New Mexico, LLC are participating employers in the Plan under executed participating employer adoption pages that state an effective date of March 1, 2019. The eligible employees of the participating employers are covered by the Plan and are included in the plan population. The Plan is administered as a single plan covering the eligible employees of the Company and of the participating employers.

Administration

LEL Home Services, LLC is the plan administrator. Carmela Toler and Cindy Carter are the Plan's trustees. Principal Trust Company serves as custodian of all of the Plan's investments. Principal Life Insurance Company serves as recordkeeper and issues the pooled separate accounts under a group annuity contract. Facts, Inc. serves as the Plan's third-party administrator and prepares the Plan's Form 5500.

NOTE 2 – DESCRIPTION OF THE PLAN (CONTINUED)

Eligibility

Effective January 1, 2024, an employee becomes eligible to participate after attaining age 21 and completing 90 days of service, measured by the elapsed time method, and enters the Plan on the first day of the payroll period that coincides with, or next follows, satisfaction of those requirements. Before that amendment, an employee became eligible after attaining age 21 and completing one year of service and entered the Plan on the next January 1 or July 1. The same requirements apply to elective deferrals, matching contributions, and safe harbor matching contributions.

Contributions

Participants may elect to defer a portion of their compensation on a pre-tax or Roth basis, subject to Internal Revenue Code limits. Effective January 1, 2024, the Plan provides an enhanced safe-harbor matching contribution equal to 100 percent of elective deferrals up to 6 percent of plan compensation. The match is determined on a plan year basis, so a true-up contribution is made after the end of the plan year for participants whose deferrals were not level throughout the year. As a safe harbor plan, the Plan is deemed to satisfy the actual deferral percentage and actual contribution percentage nondiscrimination tests for the 2025 plan year. Participants may also make qualifying rollover contributions to the Plan. The plan document also permits a discretionary matching contribution, limited in total to 4 percent of plan compensation, and a discretionary employer contribution. The Company made no discretionary contribution for 2025.

Participant Accounts

A separate account is maintained for each participant. Each account is credited with the participant's contributions, an allocation of the Company's matching contribution, and Plan earnings, and is charged with allocable administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately and fully vested in all contribution sources, being elective deferrals, safe harbor matching contributions, any discretionary matching or employer contributions, and rollover contributions, and in the earnings on those amounts.

Forfeitures

Participants are fully vested in all contribution sources, so no amount is forfeited on termination of employment. Contributions deposited to the Plan in excess of the amounts required are removed from participant accounts, held in a suspense account, and used to reduce employer contributions in accordance with the applicable regulations. In 2025, $6,620 of contributions deposited in excess of the amounts required for the 2024 plan year was removed from participant accounts and placed in the suspense account, and $6,578 of the suspense account was used to fund employer matching contributions. The balance of the suspense account as of December 31, 2025, was less than $1.

NOTE 2 – DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits, In-Service Withdrawals and Hardship Distributions

On termination of service due to disability, retirement, or other separation, a participant may elect to receive a distribution of the vested account balance in accordance with the plan document. Upon a participant's death, the vested account balance is paid to the participant's beneficiary. While employed, a participant who has attained age 59 and one-half may withdraw all or part of the vested account. The Plan permits hardship distributions when the applicable conditions are met. The Plan does not permit participant loans.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. On termination, participants would become fully vested in their accounts and the assets would be distributed in accordance with the plan document.

NOTE 3 – TAX STATUS

The Plan uses a preapproved Cycle 3 plan document. The Internal Revenue Service issued an opinion letter dated June 30, 2020 (serial number Q703191a) stating that the form of the preapproved plan is acceptable under the applicable provisions of the Internal Revenue Code. The Plan has been amended since the date of the opinion letter. The plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate the Plan's tax positions and to recognize a liability for any position that, more likely than not, would not be sustained on examination by the taxing authorities. The plan administrator has concluded that there are no uncertain tax positions that require recognition or disclosure. The Plan is subject to routine examinations by taxing authorities, and there are no examinations for any tax periods in progress. See Note 8 regarding an operational matter self-corrected in a prior year.

NOTE 4 – FAIR VALUE MEASUREMENTS

A framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows.

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1. Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets accessible to the Plan.

Level 2. Inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs derived principally from, or corroborated by observable market data. If the asset has a specified term, the Level 2 input must be observable for substantially the full term of the asset.

Level 3. Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following describes the valuation methodologies used for assets measured at fair value.

Registered investment companies. Valued at the quoted net asset value of shares held by the Plan at year-end in active markets. These investments are classified within Level 1 of the fair value hierarchy.

Pooled separate accounts and common investment trust. Valued at the net asset value of units held by the Plan, as a practical expedient to estimate fair value. In accordance with accounting standards, investments measured at net asset value using the practical expedient are not classified within the fair value hierarchy. Participant transactions in these investments may occur daily, and there are no unfunded commitments. Under its declaration of trust, the Principal Stable Value common investment trust may defer plan-initiated withdrawal requests for up to 12 months, and participant transfers from that fund to competing investment options are subject to a 90-day equity wash requirement.

The following table presents the Plan's investments measured at fair value as of December 31, 2025.

Assets at fair value	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 2,897,851	—	—	$ 2,897,851
Total assets in the fair value hierarchy	2,897,851	—	—	2,897,851
Investments measured at net asset value (a)				197,849
Total investments at fair value				**$ 3,095,700**

(a) Consists of pooled separate accounts of $143,206 and a common investment trust of $54,643 measured at net asset value as a practical expedient. In accordance with accounting standards, these amounts are not classified in the fair value hierarchy and are presented to permit reconciliation to total investments.

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following table presents the Plan's investments measured at fair value as of December 31, 2024. The 2024 amounts are unaudited.

Assets at fair value	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 2,190,031	—	—	$ 2,190,031
Total assets in the fair value hierarchy	2,190,031	—	—	2,190,031
Investments measured at net asset value (a)				106,699
Total investments at fair value				**$ 2,296,730**

(a) Consists of pooled separate accounts of $88,215 and a common investment trust of $18,484 measured at net asset value as a practical expedient. The 2024 amounts are unaudited and are presented for comparative purposes only.

NOTE 5 – INFORMATION CERTIFIED BY QUALIFIED INSTITUTIONS

The plan administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the plan administrator instructed the Plan's independent auditor not to perform, and the auditor did not perform, any auditing procedures with respect to the investment information certified by qualified institutions, except for comparing the certified information with the information included in the Plan's financial statements and the supplemental Schedule H, line 4i, Schedule of Assets (Held at End of Year).

Principal Trust Company, the custodian of all of the Plan's investments, certified the completeness and accuracy of its trust statement for the year ended December 31, 2025. Principal Life Insurance Company certified the completeness and accuracy of its Employer Fund Statement for the same year for the pooled separate accounts it issues and for the common investment trust issued by Principal Global Investors Trust Company. Both are qualified institutions. The investment amounts below are taken from the Employer Fund Statement, which is used to prepare the Plan's Form 5500, with the common investment trust recorded at fair value. The Plan reported 99 participants with account balances as of January 1, 2024, and filed its 2024 plan year on Form 5500-SF as a small plan claiming the waiver of the independent qualified public accountant examination under 29 CFR 2520.104-46. The 2024 amounts are therefore unaudited and are presented for comparative purposes only. The Plan reported 152 participants with account balances as of December 31, 2024, which places the 2025 plan year above the small plan threshold and triggers the audit requirement for 2025.

Investments	2025	2024 (Unaudited)
Common investment trust	$ 54,643	$ 18,484
Pooled separate accounts	143,206	88,215
Registered investment companies	2,897,851	2,190,031
Total	**$ 3,095,700**	**$ 2,296,730**

NOTE 5 – INFORMATION CERTIFIED BY QUALIFIED INSTITUTIONS (CONTINUED)

The Principal Trust Company trust statement reports total investments of $3,095,684 as of December 31, 2025, and investment income of $438,301 for 2025, being dividends of $46,152, capital gain distributions of $134,821, and net realized and unrealized appreciation of $257,328. The Employer Fund Statement information reports investment income of $438,307. Principal prepares both statements from the same records. The differences of $17.02 in total investments and $6.21 in investment income arise from year-end transaction processing, rounding, and the reporting of the common investment trust at fair value in the Employer Fund Statement information. Net investment income of $439,271 reported in the statement of changes in net assets available for benefits is derived from the third-party administrator valuation, grossed up for the fees described in Note 1. Benefits paid to participants of $444,191 are taken from the same valuation. The certified information reports benefit payments of $443,565 and does not report the remaining $626 as a benefit payment. Because the valuation derives investment income as a balancing amount, that $626 and a $339 difference in the timing basis of contributions together account for the difference of about $964 between investment income in the statement of changes and the Employer Fund Statement information.

The differences offset one another, do not affect net assets available for benefits, and are not material to the financial statements, and the plan administrator has not adjusted them. Net investment income for the unaudited 2024 comparative period was $256,361, presented gross of those fees consistent with the 2025 presentation. The Plan's 2024 Form 5500-SF reported $252,856 on the third-party administrator valuation basis, which nets those fees against income.

NOTE 6 – CONCENTRATIONS OF INVESTMENTS

The following investments each represented 5 percent or more of the Plan's net assets available for benefits as of December 31, 2025.

Investment	Fair value	% of net assets
American Funds 2030 Target Date R6	$ 494,978	15.8
American Funds 2025 Target Date R6	418,970	13.4
American Funds 2045 Target Date R6	395,546	12.6
American Funds 2035 Target Date R6	380,560	12.1
American Funds 2050 Target Date R6	289,209	9.2
American Funds 2040 Target Date R6	253,326	8.1
American Funds 2020 Target Date R6	213,502	6.8

All Plan investments are participant-directed. The concentrations above reflect participants' investment elections among the Plan's target-date and other investment options.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are issued or managed by Principal Life Insurance Company, the Plan's recordkeeper, and by Principal Global Investors Trust Company. Both are affiliates of Principal Trust Company, the custodian of the Plan's investments. Facts, Inc., the Plan's third-party administrator, Wilshire Advisors LLC and Gallagher Fiduciary Advisors, LLC, which provide investment fiduciary services, and Edward Jones, which provides financial professional services, are also service providers to the Plan. These entities are parties in interest to the Plan as defined under ERISA. Investments in the Principal pooled separate accounts and the Principal stable value common investment trust, the payment of recordkeeping and administrative fees to Principal, and the fees paid from Plan assets to the other service providers, including $5,857 to Gallagher Fiduciary Advisors, LLC and $5,632 to Edward Jones through the Plan's ERISA budget account in 2025, qualify as party-in-interest transactions that are exempt from the prohibited transaction provisions of ERISA. The Principal investments are identified with an asterisk on the supplemental Schedule H, line 4i.

The Plan Sponsor pays the Plan's audit fees and the administrative fees that are not charged to participant accounts. Certain officers and employees of the Plan Sponsor perform administrative functions for the Plan and are also participants in the Plan. No such officer or employee receives compensation from the Plan.

The delayed remittance of participant contributions described in Note 8 is a nonexempt transaction with a party in interest under ERISA Section 406(a)(1)(B) and Section 406(a)(1)(D). It is reported on the supplemental Schedule H, Line 4a, Schedule of Delinquent Participant Contributions.

NOTE 8 – PLAN COMPLIANCE AND OPERATIONAL CORRECTION

During 2021, the Plan permitted 15 participants to make elective deferrals before they had satisfied the Plan's eligibility service requirement. The Plan Sponsor treated this early inclusion as an operational failure and self-corrected it by plan amendment under the Employee Plans Compliance Resolution System established by the Internal Revenue Service. The amendment, prepared by the Plan's third-party administrator and executed by the Plan Sponsor on November 20, 2023, provides that the affected participants are eligible for elective deferrals and matching contributions as of the date of their first deferral. This is a prior period operational matter that does not have a material effect on the 2025 financial statements.

NOTE 8 – PLAN COMPLIANCE AND OPERATIONAL CORRECTION (CONTINUED)

Delinquent Participant Contributions

Participant contributions withheld from the January 10, 2025, February 7, 2025, and September 19, 2025, payrolls, totaling $33,748.02, were not remitted to the trust as soon as they could reasonably have been segregated from the Company's general assets as required by 29 CFR 2510.3-102. The contributions were deposited into the trust on January 22, 2025, February 21, 2025, and September 26, 2025, within the maximum period permitted by that regulation but later than the Company demonstrated during the year that it was able to remit. The September 19, 2025 amount is the contribution of one participant and was remitted four business days after the rest of that payroll was remitted.

The delayed remittance is a nonexempt prohibited transaction under ERISA Section 406(a)(1)(B) and Section 406(a)(1)(D). The Plan Sponsor is correcting the transaction outside the Department of Labor Voluntary Fiduciary Correction Program. Lost earnings computed using the Department of Labor Online Calculator will be contributed to the accounts of the affected participants, and the Plan Sponsor will file Form 5330 and pay the excise tax imposed by Internal Revenue Code Section 4975.

The delinquent contributions are reported on the supplemental Schedule H, Line 4a, Schedule of Delinquent Participant Contributions and are to be reported on the Plan's 2025 Form 5500, Schedule H, line 4a.

NOTE 9 – SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through September 18, 2026, the date the financial statements were available for issuance. Participant and employer contributions of $5,578 that were in transit at December 31, 2025, and included in the receivables reported in the statement of net assets available for benefits were deposited into the trust on January 6, 2026. The remaining employer contributions receivable of $35,174 is the 2025 safe harbor matching contribution true-up. As of September 18, 2026, that amount had not been deposited into the trust. The Plan Sponsor is required to deposit it within 12 months after the end of the 2025 plan year, on or before December 31, 2026, and has represented that it intends to do so and has the ability to do so. The Plan Sponsor will deposit lost earnings on the delinquent participant contributions described in Note 8 and will file Form 5330. That correction is a nonrecognized subsequent event and is disclosed in Note 8. No other event has occurred that requires recognition or disclosure in the financial statements.

SUPPLEMENTARY INFORMATION

LEL HOME SERVICES, LLC
401(k) PLAN | PLAN NUMBER 001
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS HELD
(HELD AT END OF YEAR) - DECEMBER 31, 2025

(a)*	(b) and (c) Identity of issue and Description of Investment	(d) Cost	(e) Current Value
	Registered Investment Companies (Mutual funds)		
	American Funds Service Company Am Fds 2010 Trgt Dte Rtm R6 Fd	**	$ 22,916
	American Funds Service Company Am Fds 2015 Trgt Dte Rtm R6 Fd	**	6,926
	American Funds Service Company Am Fds 2020 Trgt Dte Rtm R6 Fd	**	213,502
	American Funds Service Company Am Fds 2025 Trgt Dte Rtm R6 Fd	**	418,970
	American Funds Service Company Am Fds 2030 Trgt Dte Rtm R6 Fd	**	494,978
	American Funds Service Company Am Fds 2035 Trgt Dte Rtm R6 Fd	**	380,560
	American Funds Service Company Am Fds 2040 Trgt Dte Rtm R6 Fd	**	253,326
	American Funds Service Company Am Fds 2045 Trgt Dte Rtm R6 Fd	**	395,546
	American Funds Service Company Am Fds 2050 Trgt Dte Rtm R6 Fd	**	289,209
	American Funds Service Company Am Fds 2055 Trgt Dte Rtm R6 Fd	**	145,080
	American Funds Service Company Am Fds 2060 Trgt Dte Rtm R6 Fd	**	8,994
	American Funds Service Company Am Fds 2065 Trgt Dte Rtm R6 Fd	**	45,548
	BlackRock BlackRock HY Portfolio K Fund	**	306
	Cohen & Steers Cohen & Steers Re Est Sec Z Fd	**	836
	Dimensional Fund Advisors DFA Intl Core Equity 2 I Fd	**	65,354
	Dimensional Fund Advisors DFA US Targeted Value I Fund	**	5,368
	JP Morgan Funds JP Morgan Large Cap Gr R6 Fd	**	146,767
	MFS Investment Management MFS Mid Cap Value R6 Fund	**	54
	Neuberger Berman Management Neuberger Lrg Cap Val R6 Fd	**	60
	PGIM Investments PGIM Total Ret Bond R6 Fd	**	299
	T. Rowe Price Funds T Rowe Price Int US SC Gr Eq I	**	3,252
	Subtotal Registered Investment Companies (Mutual funds)		**2,897,851**
	Pooled Separate Accounts		
*	Principal Life Insurance Company Prin Intl Equity Index SA-Z	**	$ 79,156
*	Principal Life Insurance Company Prin LgCp S&P 500 Index SA-Z	**	56,423
*	Principal Life Insurance Company Prin MidCap S&P 400 Idx SA-Z	**	2,994
*	Principal Life Insurance Company Prin SmCap S&P 600 Index SA-Z	**	2,020
*	Principal Life Insurance Company PRIN CORE FIX INC SEP ACCT-Z	**	254
*	Principal Life Insurance Company PRIN MIDCAP SEP ACCT-Z	**	2,359
	Subtotal Pooled Separate Accounts		**143,206**
	Common/Collective Trust		
*	Principal Global Investors Trust Co Principal Stable Value Z Fund	**	$ 54,643
	Subtotal Common/Collective Trust		**54,643**
	Total Investments		**$ 3,095,700**

* A party-in-interest as defined under ERISA
** Cost information not required for participant-directed investments

Current values are the Principal Life Employer Fund Statement information used for Form 5500, with the common investment trust at fair value. Principal Trust Company, custodian of all Plan investments, and Principal Life Insurance Company certified the investment information. See Note 5.

This supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements. It is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

LEL HOME SERVICES, LLC
401(k) PLAN | PLAN NUMBER 001
SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$33,748.02	-	**$33,748.02**	-	-

Check here if Late Participant Loan Repayments are included: [ ] No late participant loan repayments. The plan held no participant loans during 2025.

Detail of delinquent remittances

Payroll date	Participant contributions	Date deposited to trust	Business days after the payroll date	Lost earnings
01/10/2025	15,694.89	01/22/2025	7	24.10
02/07/2025	16,803.13	02/21/2025	9	32.25
09/19/2025	1,250.00	09/26/2025	5	0.72
Total	**33,748.02**			**57.07**

Note 1. Basis of the exception. The plan had 966 participants at January 1, 2025 and is a large plan, so the seven business day safe harbor at 29 CFR 2510.3-102(a)(2) does not apply. Participant contributions become plan assets on the earliest date on which they can reasonably be segregated from the employer's general assets. Every 2025 remittance met the fifteenth business day outer limit, which is a maximum and not a safe harbor. The three remittances above were not made as early as the plan sponsor could reasonably have made them. The sponsor remitted the January 24, 2025 payroll in five business days and the February 21, 2025 payroll in two, and segregated same day on three later payrolls. The September 19, 2025 amount is one participant's contribution, remitted five business days after the payroll date and four business days after the rest of the same payroll, which was remitted on September 22, 2025.

Note 2. Correction. The delinquent participant contributions were transferred to the trust on the dates shown. The plan sponsor is correcting outside the Voluntary Fiduciary Correction Program. Lost earnings are computed using the Department of Labor Online Calculator and deposited to the accounts of the affected participants. The plan sponsor files Form 5330 and pays the section 4975 excise tax. Prohibited transaction exemption 2002-51 relief is not available because the correction is outside the program.

Note 3. Lost earnings shown above are the auditor's computation at the IRC 6621 underpayment rate of seven percent for the quarters beginning January 1, 2025 and July 1, 2025, compounded daily, from the second business day after each payroll date to the date the trustee received the deposit. The amount is subject to replacement at completion with the amount produced by the Department of Labor Online Calculator, which governs where it is greater, together with the date the correcting deposit is made.

Note 4. Nonexempt prohibited transaction. The delayed transfer of participant contributions is a nonexempt prohibited transaction under ERISA section 406(a)(1)(B) and a use of plan assets by a party in interest under section 406(a)(1)(D).

This supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements. It is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

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.)
- [x] 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:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information– enter all requested information

1a Name of plan
LEL Home Services, LLC 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2017

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)
LEL Home Services, LLC

5936 N. Keystone Ave
#101
Indianapolis, IN 46220

2b Employer Identification Number (EIN) 35-2100743

2c Plan Sponsor's telephone number (317) 387-1443

2d Business code (see instructions) 621610

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	[signature]	10/5/26	Avery Williams
	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



LEL HOME SERVICES, LLC
401(k) PLAN | PLAN NUMBER 001
SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2025

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	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
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Total	**33,748.02**			**57.07**

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LEL HOME SERVICES, LLC
401(k) PLAN | PLAN NUMBER 001
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS HELD
(HELD AT END OF YEAR) - DECEMBER 31, 2025

(a)*	(b) and (c) Identity of issue and Description of Investment	(d) Cost	(e) Current Value
	Registered Investment Companies (Mutual funds)		
	American Funds Service Company Am Fds 2010 Trgt Dte Rtm R6 Fd	**	$ 22,916
	American Funds Service Company Am Fds 2015 Trgt Dte Rtm R6 Fd	**	6,926
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	BlackRock BlackRock HY Portfolio K Fund	**	306
	Cohen & Steers Cohen & Steers Re Est Sec Z Fd	**	836
	Dimensional Fund Advisors DFA Intl Core Equity 2 I Fd	**	65,354
	Dimensional Fund Advisors DFA US Targeted Value I Fund	**	5,368
	JP Morgan Funds JP Morgan Large Cap Gr R6 Fd	**	146,767
	MFS Investment Management MFS Mid Cap Value R6 Fund	**	54
	Neuberger Berman Management Neuberger Lrg Cap Val R6 Fd	**	60
	PGIM Investments PGIM Total Ret Bond R6 Fd	**	299
	T. Rowe Price Funds T Rowe Price Int US SC Gr Eq I	**	3,252
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*	Principal Life Insurance Company Prin LgCp S&P 500 Index SA-Z	**	56,423
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*	Principal Life Insurance Company PRIN MIDCAP SEP ACCT-Z	**	2,359
	Subtotal Pooled Separate Accounts		**143,206**
	Common/Collective Trust		
*	Principal Global Investors Trust Co Principal Stable Value Z Fund	**	$ 54,643
	Subtotal Common/Collective Trust		**54,643**
	Total Investments		**$ 3,095,700**

* A party-in-interest as defined under ERISA
** Cost information not required for participant-directed investments

Current values are the Principal Life Employer Fund Statement information used for Form 5500, with the common investment trust at fair value. Principal Trust Company, custodian of all Plan investments, and Principal Life Insurance Company certified the investment information. See Note 5.

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