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.)
- ☐ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 338

1c Effective date of plan 07/01/1997

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)
LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC.

219 E. GARDEN STREET, SUITE 500
PENSACOLA, FL 32502

2b Employer Identification Number (EIN)
59-2345956

2c Plan Sponsor's telephone number
800-888-0472

2d Business code (see instructions)
561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	DANIELLE PEART
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	6398
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)**	5623
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4132
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	864
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4996
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	4996
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)**	2936
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)**	3058
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	11
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 2R 2T 2V

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	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	**B** Three-digit plan number (PN) ▶	
LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN		338
C Plan sponsor's name as shown on line 2a of Form 5500 LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC.	**D** Employer Identification Number (EIN) 59-2345956	

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	562334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	243218	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKS

84-1921272

(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?
26 51	ADVISORY CONSULTING	64442	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CARR RIGGS & INGRAM

72-1396621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	23500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

(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 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
LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 338

C Plan sponsor's name as shown on line 2a of Form 5500
LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC.

D Employer Identification Number (EIN)
59-2345956

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)	357623	140448
(2) Participant contributions	1b(2)	427084	206574
(3) Other	1b(3)	29203	24837
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)	2394846	2417318
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	130087789	143159523
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	846970	1258141

		(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	134143515	147206841
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	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	134143515	147206841

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)	6255692	
(B) Participants	2a(1)(B)	12854231	
(C) Others (including rollovers)	2a(1)(C)	1478491	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		20588414
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)	201977	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		201977
(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)	5083522	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5083522
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		14313499
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		40187412
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18974030	
(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)		18974030
f Corrective distributions (see instructions)	2f		70979
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)	562334	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	23500	
(5) Investment advisory and investment management fees	2i(5)	307660	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2393	
(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)		895887
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19940896
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		20246516
l Transfers of assets:			
(1) To this plan	2l(1)		6188433
(2) From this plan	2l(2)		13371623

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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: CARR RIGGS & INGRAM **(2)** EIN: 72-1396621

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	
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		1000000
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**	X		

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)
BULLOCK TICE ASSOCIATES ARCHITECTS, INC. 401(K) SPINOFF PLAN	59-1467913	001
THE SAFE HARBOR 401(K) PLAN	59-3424337	001
TRINET 401(K) PLAN	48-1304650	334
PERSONAL INSURANCE FEDERATION OF FLORIDA 401(K) PROFIT SHARING PLAN AND TRUST	27-3582307	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
SLAVIC SECURE PEP	65-0608221	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
CFP PHYSICIANS GROUP, P.L. 401(K) PLAN	59-3578884	001
FLORIDA OPTOMETRIC ASSOCIATION 401(K) PLAN	59-0836623	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
NICHEFITNESS3, LLC 401(K) PLAN	47-2673694	001
HABITAT FOR HUMANITY OF JACKSONVILLE, INC. 401(K) PLAN	59-2880071	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	34-1707723	001
WORKHORSE SHARED SERVICES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	85-0722703	001
PROCARE HR RETIREMENT SAVINGS PLAN	41-1965469	001
CLARUS VISION PARTNERS 401(K) PLAN	85-2332562	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
POWER PRACTICE CORP 401(K) PLAN	85-2680701	001
ZEREGA CONSULTING SERVICES LLC 401(K) PLAN	32-0096728	001

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

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

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
LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 338

C Plan sponsor's name as shown on line 2a of Form 5500
LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC.

D Employer Identification Number (EIN)
59-2345956

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): 65-0708495

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 Q702352A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PLAN	**B**	Three-digit Plan number (PN)..... ▶ 338
C	Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF LANDRUM PROFESSIONAL EMPLOYER SERVICES, INC.	**D**	Administrator's EIN 59-2345956

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
LANDRUM COMPANIES INC	59-2345956	0.00	0
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
TRANSPORTATION CONSULTING ACCOUNTING INC	59-3155909	0.00	2585597

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MID CAROLINA STEEL RECYCLING INC	47-4785839	0.67	1528375
VAUGHNS INC OF PENSACOLA	59-2166444	0.00	1090
MARKET RESEARCH INSIGHT INC	52-2421607	0.00	0
BULLOCK TICE ASSOCIATES ARCHITECTS INC	59-1467913	0.00	0
MCCALL CAPITAL LLC	36-4510570	0.23	464225
CHILDS FINANCIAL SERVICES	65-1005980	0.03	364110
EASLAN MANAGEMENT CO INC	51-0846158	0.37	1182291
INTEGRITY PROPERTY MANAGEMENT SERVICES INC	20-1860232	0.00	16958
FDC HOLDINGS INC DBA PENSACOLA SHIPYARD	59-0246255	0.00	100169

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOW COUNTRY HOME OXYGEN	57-1057057	0.00	4290
THE FITTS COMPANY	57-1071326	1.05	3425532
JUNIOR LEAGUE OF PENSACOLA	59-6166684	0.00	354506
CITY CENTER PARTNERSHIP INC	57-1116130	0.43	1540045
LANDRUM COMPANIES INC	59-2345956	6.39	13490196
AMERICAN METAL SOLUTIONSINC	26-2866323	0.19	365480
PENSACOLA AREA CHAMBER OF COMMERCE	59-0190330	0.08	446794
PENSACOLA HYPERBARIC CARE CENTER	59-3399210	0.00	2930
SOLUTIA	59-5959599	0.00	153936

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHEROKEE KENWORTH INC	57-0898947	0.00	134201
NORTH FLORIDA CENTRAL TITLE	37-1574873	0.00	0
GULF BREEZE UNITED METHODIST CHURCH INC	59-0882915	0.10	469483
SCHMIDTS MUSIC INC	59-3436975	0.04	161940
TIDWELL ASSOCIATES PA	83-4618028	0.16	357265
BIG BROTHERS BIG SISTERS OF NW FL	59-2996893	0.14	434405
WORKFORCE ESCAROSA INC	59-3390564	0.88	2380945
EXECUTIVE LANDSCAPING INC	59-2659799	0.05	175701
SULPHURIC ACID TRADING COMPANY INC	59-3424337	0.00	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARC OF SANTA ROSA INC	59-1862936	0.00	1198
CYPRESS LAKES GOLF CLUB INC	59-2150685	0.15	613733
THE JIM OWEN GROUP	63-0643605	0.00	62958
HEALTH FIRST NETWORK INC	59-2521606	0.00	624901
MEDICAL PROFESSIONAL AGENCY INC	59-2555835	0.00	507
HERBAFEX INC	59-3193316	0.00	77389
GULF BLUE VACATIONS INC	45-2532367	0.00	2154
FIRST PHYSICIANS GROUP PA	59-3759388	0.00	107927
WALTON COUNTY ARC INC	59-1614147	0.00	85685

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GULF COAST COMMUNITY BANK	56-2308972	0.00	205599
AVIATION SYSTEMS OF NORTHWEST FL INC	20-1431561	0.00	154907
PANAMA CITY RESCUE MISSION INC	59-1580961	0.07	128200
UNITED WAY OF NORTHWEST FLORIDA INC	59-0863698	0.10	74873
GULF COAST AUTOPSY PHYSICIANS PA	54-2143487	0.00	56808
WEMO INDUSTRIES INC	47-1276591	0.54	1378732
OKALOOSA PAIN CONSULTANTS	20-0770577	0.00	288043
PHYSICIANS CARE NETWORK	59-3199460	0.00	51302
THE SURGERY CENTER AT SACRED HEART MEDICAL PARK	56-2315052	0.06	0

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KEDRICK CERRY INC	46-2655180	0.69	4387117
UNITED WAY OF FLORIDA INC	59-2104175	0.15	303010
PENSACOLA GUARANTEE MORTGAGE INC	59-3702977	0.00	20065
BENNINKS REFRIGERATION	59-1461046	0.00	69220
BROOKS AND SHOREY RESORTS INC BROOKS SHOREY ASSOCIATES	59-3703529	0.44	1983930
THE NAVAL AVIATION MUSEUM FOUNDATION INC	59-6178237	1.49	2885622
ELC OF NORTHWEST FLORIDA INC	02-0751749	1.14	1129075
REBUILD NW FL	20-1920020	0.00	159050
FLORIDAS GREAT NORTHWEST INC	59-3685250	0.19	241152

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MITSUI BUSSAN LOGISTICS INC	99-0300237	0.00	45954
SEPARATION SYSTEMS INC	59-3035944	0.45	1667252
KNAUER AND SMITHWICK OPHTHALMOLOGY ASSOCIATES	02-0533580	0.00	154252
SURF SPORT INC DBA ISLANDERS	59-2029738	0.07	479160
ASSURECO LLC	71-0896394	0.52	1180809
SURGICAL SPECIALISTS ASC	20-8066586	0.19	0
HAWKINS INSURANCE INVESTMENTS LLC	26-1511849	0.02	0
DESTIN GULF GATE OWNER ASSOC INC	59-3187839	0.00	0
GULF REGION RADIATION CENTERS INC	26-0623827	0.00	24466

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TORRES INSURANCE GROUP LLC	26-3781414	0.00	107618
KERRIGAN ESTESS RANKIN MCLEOD LLP	59-1822583	0.00	35741
COASTAL ASSOCIATION LAW GROUP PL	27-1338291	0.00	95730
WHIBBS STONE BARNETT TURNER PA	59-3326473	0.96	7180704
FLORIDA PROPERTY CASUALTY INSURANCE LLC	27-2753047	0.10	434358
GROWING CHILD PEDIATRICS PA	59-3580965	0.00	14933
CANTONMENT FAMILY MEDICINE PA	26-0548646	0.00	188762
ADSYNC TECHNOLOGIES INC	20-1431567	0.00	202607
LANDRUM PLAN EXPENSE ACCOUNT	80-8080808	0.00	26146

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GULF COAST STATE COLLEGE FOUNDATION	59-1682455	0.00	17486
PERSONAL INSURANCE FEDERATION OF FLORIDA	27-3582307	0.07	0
AD MARTIN COMMERCIAL INSURANCE SERVICES	22-3074814	0.00	28993
EMPLOYER SERVICES ASSURANCE CORPORATION ESAC	52-1935343	0.55	2921817
GREEN GROUP HOLDINGS LLC	27-4874188	0.19	702263
ZERION GROUP	20-2991933	0.44	360970
CHIPOLA REGIONAL WORKFORCE DEVELOPMENT BOARD INC	59-3384516	0.06	82382
ARCO	59-2110489	0.00	105723
IMAGE DEVELOPMENT MARKETING GROUP	59-3648353	0.16	505085

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UNIPHARM INC	47-2667546	0.60	454839
JOINT MISSION ESSENTIAL TRAINING SOLUTIONS INC	45-2762479	0.00	1005
WKSJ LAND CO LLC	20-1872061	0.18	236432
VISIT PENSACOLA INC	46-3684826	0.60	869217
PENSACOLA AREA CHAMBER FOUNDATION	59-2297826	0.00	120045
FLORIDA CROWN WORKFORCE BOARD DBA CAREERSOURCE FLORIDA CROWN	59-3531927	0.00	50832
ADVANCED MAILING SYSTEMS INC	56-1772348	0.00	52135
SOFT INTELLIGENCE INC	58-1900980	0.48	911936
MCBC OF FLORIDA INC	20-0207265	0.00	37443

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COMMUNITY ECONOMIC DEVELOPMENT ASSOC OF PENSACOLA ESCAMBIA	47-1954665	0.14	188505
1898 LLC DBA THE ESTABLISHMENT	83-3456248	0.04	9108
ADVANCED MAILING SYSTEMS	35-2516783	0.02	0
ANDREWS RESEARCH EDUCATION FOUNDATION	46-5182138	0.26	167298
MEMBERSHIP SERVICES INC	59-3599370	0.06	0
22ND STATE BANK	63-0071230	3.23	3898692
SYMBOL HEALTH SOLUTIONS LLC	27-4504760	1.57	1588205
PRECISION EYE CARE LLC	45-3200749	0.05	0
EXCELSIOR AMBULANCE SERVICE	45-0600978	0.00	22030

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SHORE TO SHORE INSURANCE AGENCY INC DBA SHORES INSURANCE	81-2912669	0.00	22273
SH CAR WASH INC	81-0677822	0.00	21542
RONALD MCDONALD HOUSE CHARITIES OF NWFL	59-2172279	0.25	350604
ECONOMIC DEVELOPMENT CORPORATION SARASOTA COUNTY	20-1133191	0.37	363224
SUNRISE PLANTS	65-0552396	0.00	65089
CFP PHYSICIANS GROUP PL	59-3578884	0.53	0
COASTAL CARE NURSING ASSOCIATES INC	42-1609443	0.02	159756
AUTUMN BECK BLACKLEDGE PLLC	47-1737243	0.35	481226
ESCAMBIA COUNTY HEALTHY START COALITION	59-3151838	0.24	202094

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EBI MANAGEMENT GROUP INC	59-3732444	0.03	57880
VIRTUERN LLC	36-4813555	0.01	206509
FLORIDA OPTOMETRIC ASSOCIATION	59-0836623	0.03	0
DR MARGARETTE RECALDE OD INC	82-0760284	0.03	65471
FAMILY HEATING AIR	90-0614609	0.36	171787
COASTAL HEALTH AND WELLNESS SOLUTIONS	46-2874951	0.19	507312
LAURA B MCAULEY DDS	59-3737096	0.06	143468
BRYAN BUILDERS LLC	27-3722600	3.19	2665299
REALSTAR DEVELOPMENT GROUP LLC	87-3314901	1.58	1581260

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REALSTAR HOMES	46-5403702	0.00	224932
GULF COAST SPECIALTY PRODUCTS SERVICES INC	45-0956490	0.00	26269
LAFAYETTE STATE BANK	59-0549169	1.46	1254565
CENTRAL PANHANDLE ASSOCIATION OF REALTORS	59-1440029	0.30	219182
DESTEFANO ENGINEERING GROUP PL	20-5783702	0.00	2731
BEHAVIOR QUEST LLC	81-3732403	0.02	55639
KENNY STRANGE ELECTRIC SERVICE COMPANY INC	82-4027307	0.69	914760
G SCOTT WILLIAMSON OD PC	58-2507896	0.21	137484
ADCOMM INC COADOPTING COMPANIES	20-4046911	0.40	667034

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QUALITY URGENT CARE WELLNESS PC QUALITY PRIMARY CARE	46-3272154	0.24	509355
ABHT INC	20-0114506	0.08	97865
LIGHTHOUSE HEALTH PLAN LLC	82-3182832	0.00	125670
GREG PIENTKA OD PA	65-0825869	0.66	1119486
AARON B STEIN MD PLLC DBA THE PAIN MANAGEMENT GROUP	26-4219590	0.04	337327
INTERVENTIONAL REHABILITATION CENTER	59-3673361	0.02	62790
NICHEFITNESS1 LLC	82-3489053	0.00	0
EMERALD COAST TITLE SERVICES	47-1356652	0.01	0
RSM COMMUNITIES LLC	83-3930116	0.00	103657

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LANDRUM TALENT SOLUTIONS INC	20-4366734	0.73	1008509
TIMBERWOLF INC DBA WINDOWS PLUS OF PENSACOLA	59-3386183	0.15	80516
NHE INC	57-0524509	6.40	5357198
HABITAT FOR HUMANITY OF JACKSONVILLE INC	59-2880071	0.56	68
MARINA MANAGEMENT CORP	59-3416408	0.07	372705
MODALITY SYSTEMS INC	45-3833630	0.00	183190
PAISLEY PARK OPERATIONS INC	84-2700901	0.27	153231
AMBULATORY STRATEGIES INC	59-3053634	0.45	0
CMM REALTY INC	57-0823240	0.34	461702

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QUINTESSENTIAL BRANDS NORTH AMERICA LLC	83-3665252	0.37	723808
SOUTHERN VENTURES OF OKALOOSA COUNTY LLC	59-3348361	0.28	513470
SGT SIGNS INC DBA FASTSIGNS	59-3037200	0.00	79641
COMPONENT ESTIMATOR	46-2650125	0.18	225967
LANDRUMHR WORKFORCE SOLUTIONS INC	59-1508876	0.32	314718
VIRTUE TECHNOLOGIES INC	83-0578280	0.25	544918
PATHWAYS FOR CHANGE	90-0591724	0.00	1466
RAXIS LLC	20-2752999	0.94	1081559
THE SURGERY CENTER AT WOODLANDS	83-3500010	0.23	149052

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ATLANTICAE LLC	85-0850109	1.76	1156887
THE CONTROLS COMPANY	85-2530241	0.00	163371
GARDEN STREET INSURANCE INC	46-4483070	0.15	114064
SPEARS ENVIRONMENTAL INC	20-2898619	0.45	202185
LIBERTY ELECTRIC CONTRACTORS	20-2562638	0.06	74132
CABLE TIE EXPRESS LLC	47-5582684	0.74	900622
BUTLER AUTO RECYCLING INC	59-1766765	0.38	638130
BIRDSALL MARINE DESIGN INC	65-0996449	0.00	0
EMERALD COAST TITLE INC	59-3739345	0.53	1797728

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COAST 2 COAST FINANCIAL CU INC	59-0594973	0.14	265839
LANDRUMHR WORKFORCE SOLUTIONS INC III	85-4196665	0.16	16099
KUDULIS REISINGER AND PRICE LLC	46-1068820	0.02	0
GENE JA TERREZZA OD ASSOCIATES PA	59-2989621	0.19	192937
COBB TERREZZA OD PC	82-4246647	0.12	34194
BELL TERREZZA OD PA	82-4280638	0.26	120356
BEST PRICE DIGITAL LENSES	46-3259666	0.04	15323
PALMETTO CONSULTING OF COLUMBIA LLC	32-0568310	1.11	452157
J RHODES ENTERPRISES	81-0885524	0.45	406302

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JASPER EYE CARE INC	59-2419553	0.39	573451
PET CARE HOSPITAL COADOPTING COMPANIES	59-3564350	1.44	2025510
DELLA VITE	87-1379968	0.00	13242
CBHS IPA LLC	47-1254788	0.07	148798
VENTURE OUT AT PCB INC	58-1260154	0.23	142682
ROB ROY INVESTMENTS INC DBA DIXIELECTRICAR	59-3253251	0.25	259063
ADCOMM TV	61-1811675	0.04	25421
PIVOT DEVELOPMENT GROUP LLCWELL PETS TR II LLC	87-3135070	0.01	36607
PR SPORTS INC DBA RUNNING WILD	20-0667395	0.24	358838

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRUSST BUILDER GROUP LLC	45-4506513	0.74	629424
NWF PARTNERSHIP FOR BETTER COMMUNITIES INC	82-2705311	0.00	9012
BIG BEND COMMUNITY BASED CARE INC	03-0423156	7.22	10190545
BARNABAS FUND	16-1711227	0.11	71319
BAY EYE CENTER PC	02-0598226	0.65	952538
SOUTHERN CARBIDE TECHNOLOGIES INC	63-1134973	0.00	0
WORKROOM SERVICES	20-4330721	0.19	167492
FLORIDA AM UNIVERSITY FEDERAL CREDIT UNION	59-0696281	0.23	204804
TENNESSEE EMPLOYEES CREDIT UNION	62-0804169	0.15	86057

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WORKHORSE SHARED SERVICES	85-0722703	0.05	3782
FSA ADVISORY GROUP	87-1119387	2.03	1291819
FSA INVESTMENT GROUP	46-4936670	0.56	274775
FSA TPA	45-2541173	0.40	315367
LAKEWOOD RANCH COMMUNITY ACTIVITIES	65-1060278	0.06	0
PRIORITYONE CREDIT UNION OF FL	59-0787574	1.04	3693361
EXPLORERS FEDERAL CREDIT UNION	46-6013017	1.13	913425
PEACHTREE MANAGEMENT GROUP LLC	87-1830904	1.51	645812
EVERGLADES FEDERAL CREDIT UNION	59-0762604	0.19	560063

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRUSTWELL MANAGEMENT ROCKFORD LLC	93-1417622	3.43	0
REBECCA J SIMS OD PA	92-0950762	0.00	0
ANIMAL EMERGENCY PLLC	27-3610856	1.41	2468716
CU*SOUTH INC	20-8224379	1.96	1679182
TEKGO INC	92-3340587	1.73	430679
RIVER BROOK LLC	82-1325868	0.46	206954
LAMZ RETAIL LLC	87-1444686	0.29	189533
SCOTT ELECTRIC SIGN COMPANY INC	63-1179965	0.35	399450
REENTRY ALLIANCE PENSACOLA	38-3908383	0.16	43627

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMPOWERED SOLUTIONS PARTNERS LLC	88-1258370	0.29	1348688
NORTHWEST FLORIDA DEFENSE COALITION	93-3848856	0.04	39
KR MECHANICAL LLC	83-3841334	0.00	249449
MERCADAGRO INTERNATIONAL CORPORATION	65-0062465	1.64	4208891
POWER PRACTICE CORP	85-2680701	0.11	0
COX POOLS COMMERICAL LLC	99-0947830	0.24	76748
ZEREGA CONSULTING SERVICES LLC	32-0096728	0.01	0
TRS CAPITAL LLC	20-8419878	0.04	13428
DENNIS EAGLE INC	81-0783732	0.28	190376

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PROPER DERMATOLOGY STAFFING INC	84-2303146	0.68	684030
ADVANCED CYLINDER TANK LLC PARTICIPATING EMPLOYERS	27-2342377	0.49	156027
CEDARVILLE EYE PC	99-2142824	0.11	28639
MANNA FOOD BANK	59-2181031	0.22	51336
NORTHWEST FLORIDA PROFESSIONAL BASEBALL LLC	27-3834962	0.43	411550
HEALTHCARE INFORMATION MANAGEMENT INC	68-0467063	0.77	913792
FACILITY RESOURCE PARTNERS LLC	88-3636447	0.12	26808
HEALTHCARE PLUS SOLUTIONS GROUP LLC	87-4070018	0.41	188813
YIPCPA LLC	26-3384170	1.43	1836217

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRUSTWELL LIVING LLC	85-4358317	1.01	0
ORTHOPAEDIC MANAGEMENT CONSULTANTS LLC	88-1430349	0.03	6501
FAIRHOPE TERREZZA GROUP OD PC	99-2553843	0.02	3107
DIVERSIFIED STRUCTURAL COMPOSITES INC	26-2393562	1.42	471621
COLORCRAFT3D LLC	59-3649129	0.88	168287
KOCH LIMITED PARTNERSHIP	58-1703066	0.54	2621800
TRINOVA HEALTHCARE LLC	99-4571990	0.68	139797
BAPTIST TERREZZA GROUP OD PA	99-0604542	0.12	16207
UNITED WAY OF ST JOHNS COUNTY INC	59-6018986	0.23	297139

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RICKY PLUMBING LLC	81-4846893	0.08	14269
NAVARRE TERREZZA OPTICAL GROUP OD PA	99-4693434	0.01	1364
AELON GROUP LLC	84-2810169	0.20	39483
GULL POINT ANIMAL HOSPITAL INC	59-3594414	0.07	14360
CHECKPROOF US INC	32-0796982	0.05	9988
RAUSCH ADVISORY SERVICES LLC	46-4053379	0.20	364711
GLOBAL BLOCKCHAIN BUSINESS COUNCIL USA	83-1417845	0.12	132594
HOMER HOME SERVICE TN LLC	33-3047450	1.00	300006
BUCKSTONE DIGITAL GROUP LLC	99-1395150	0.03	5271

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRIDGEWATER EYE PC	85-3656613	0.03	5984
JWL PARTNERS LLC	33-4634896	0.11	21860
CELERITY FIBER LLC	33-4983528	0.01	63085
PIEDMONT BEVERAGE LLC	39-2506186	0.10	20136
NATIONAL CART SERVICES LLC	85-1204072	0.08	19994
PROFESSIONAL PHARMACY RESOURCES	82-4648919	0.06	42207
DIESEL POWER SOLUTIONS LLC	81-3675228	0.11	112853
ERGOSCIENCE INC	63-1065458	0.14	732254
CHEROKEE CHILD CASKETS INC	93-3701689	0.03	71275

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JESSE ISRAEL SONS NURSERY GARDEN CENTER INC	56-1441898	0.08	14702
CUTTING EDGE SIGNS AND LIGHTING INC	33-3230681	0.06	16453
DAVID S GED PA	20-8355329	0.03	120328
HEIGHTS TITLE SERVICES LLC	20-1484593	0.05	10641
90WORKS INC	59-2299573	0.00	769
THOMPSON GRADING INC	58-1973369	0.06	440366
HIGH SEC LABS INC	35-2539909	0.05	9250

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Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

ACK ID _____

Landrum Professional Employer Services Retirement Savings Plan

Financial Statements and Supplemental Schedule

Including Independent Auditor's Report
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025



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REPORT

Independent Auditor's Report

To the Participants and Administrator of Landrum Professional Employer Services Retirement Savings Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Landrum Professional Employer Services Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

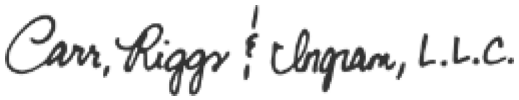
Other Matter - Supplemental Schedule Required by ERISA

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

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

In our opinion:

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



CARR, RIGGS & INGRAM, L.L.C.
Enterprise, Alabama
October 13, 2026

FINANCIAL STATEMENTS

Landrum Professional Employer Services Retirement Savings Plan

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$ 144,417,664	$ 130,934,759
Receivables		
Participant contributions	231,411	456,287
Employer contributions	140,448	357,623
Notes receivable from participants	2,417,318	2,394,846
Total receivables	2,789,177	3,208,756
Total assets	147,206,841	134,143,515
Net assets available for benefits	$ 147,206,841	$ 134,143,515

See accompanying notes to the financial statements.

Landrum Professional Employer Services Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

	2025
Additions	
Investment income	
Interest and dividends	$ 5,083,522
Net appreciation in fair value of investments	14,313,499
Total investment income	19,397,021
Interest income on notes receivable from participants	201,977
Contributions	
Participant contributions	12,854,231
Employer contributions	6,255,692
Rollovers	1,478,491
Total contributions	20,588,414
Total additions	40,187,412
Deductions	
Benefits paid to participants	19,045,009
Administrative expenses	895,887
Total deductions	19,940,896
Net increase (decrease)	20,246,516
Transfers (to) another plan	(13,371,623)
Transfers from another plan	6,188,433
Net assets available for benefits	
Beginning of year	134,143,515
End of year	$ 147,206,841

See accompanying notes to the financial statements.

1. Description of Plan

The following description of the Landrum Professional Employer Services Retirement Savings Plan (the Plan) provides only general information. The Plan allows for employer-specific provisions that each participating employer can select. Participants should refer to their respective plan documents for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan as defined under Section 413(c) of the Internal Revenue Code, administered by Landrum Professional Employer Services, Inc. (the Sponsor and Company), covering eligible participants of the employers subscribing to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Directors is responsible for oversight of the Plan. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Directors.

Slavic Integrated Administration (Slavic) acts as the third-party administrator for the Plan, which performs certain administration and annual ERISA compliance testing.

Plan Mergers

During 2025, Northwest Florida Professional Baseball, LLC; Healthcare Plus Solutions Group, LLC; YIPCPA, LLC; Koch, Limited Partnership; United Way of St. Johns County, Inc.; Ricky Plumbing, LLC; Rausch Advisory Services LLC; Global Blockchain Business Council - USA; Diesel Power Solutions LLC; Ergo Science, Inc.; Cherokee Child Caskets, Inc.; David S. Ged, P.A.; and Thompson Grading, Inc. became participating employers in the Plan, and their respective plans were merged into this Plan. Net assets of approximately $6,188,433 were transferred into the Plan in connection with the mergers as reported on the Statement of Changes in Net Assets Available for Benefits.

Also during 2025, Bullock Tice Associates Architects, Inc.; Sulphuric Acid Trading Company, Inc.; The Surgery Center at Sacred Heart Medical Park; Surgical Specialists ASC; Personal Insurance Federation of Florida; Membership Services, Inc.; Precision Eye Care, LLC; CFP Physicians Group, PL; Florida Optometric Association; Nichfitness1 LLC; Habitat for Humanity of Jacksonville, Inc.; Ambulatory Strategies, Inc.; Birdsall Marine Design, Inc.; Kudulis, Reisinger, and Price LLC; Southern Carbide Technologies, Inc.; Workhorse Shared Services; Lakewood Ranch Community Activities; Trustwell Management Rockford LLC, Rebecca J Sims OD PA; Power Practice Corp; Zerega Consulting Services, LLC; Trustwell Living, LLC; and Ricky Plumbing, LLC terminated their participation in the Plan, and their respective plans were transferred out of this Plan. Net assets of approximately $13,371,623 were transferred out of the Plan in connection with the terminations as reported on the Statement of Changes in Net Assets Available for Benefits.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants also may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan includes an automatic enrollment provision whereby, if elected within a participating employers' plan agreement, all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatic enrollment provisions vary among participating employers' plan agreements and include, but are not limited to, initial deferral rates, investment direction, and annual increases.

The participating employers contribute as defined under their respective plan agreements. The participating employers may contribute a discretionary match or profit sharing contribution based on the eligible compensation up to the amount that a participant contributes to the Plan. They participating employers may also contribute a safe harbor contribution based on participant eligibility. There were no significant additional discretionary contributions to the Plan for the year then ended.

Employees are eligible for an allocation of the participating employers' contribution, if any, as specified in the participating employers' agreement. The Plan requires a participant to be employed as of year end to be eligible to receive certain discretionary employer contributions or profit sharing contributions, as specified in the participating employers' agreement. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company matching contributions, allocations of the Company's discretionary contributions and an allocation of the Plan’s earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 20 percent vested after two years of credited service and continues to vest in increments of 20 percent until 100 percent vested after six years of credited service. A year of service is defined as a Plan year in which a participant is credited with 1,000 hours of service. A participant is fully vested in all of his or her account under the Plan upon reaching the Plan's normal retirement age, disability, or death.

Based upon the agreements of mergers with other plans, the vesting schedule may vary among participating employers. Participants associated with employers with safe harbor provisions have immediate vesting.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined at least quarterly, is set at 1 percent above the prime rate, as defined. Principal and interest are paid ratably through payroll deductions. Terms range up to five years or up to 15 years for the purchase of a primary residence.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, as provided in the plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. If a terminated participant's vested balance is less than or equal to $5,000, the amount may be automatically distributed in the form of lump sum payment. In addition, the Plan allows for hardship distributions if certain criteria are met. The financial hardship withdrawal may not exceed the amount of the financial hardship or the value of the vested portion of the participant's balance, whichever is less.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $31,904 and $4,761, respectively. These accounts will be used to reduce future employer contributions or to pay plan administrative expenses. During 2025, employer contributions were reduced by $50,333 and plan administrative expenses were reduced by $90,572, from forfeited nonvested accounts, in accordance with plan provisions.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 3 for 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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from participants and the matching contributions from the employer are recorded in the year in which the related participant contributions are withheld from compensation. Employer contributions are recorded in the period in which they become obligations of the Employers, as determined by the terms of the Plan and each employers' participation agreement.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events

Subsequent events were evaluated through October 13, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation technique are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation technique include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: These accounts include mutual funds, common stocks and exchange-traded products. They are valued at the daily closing price reported on the active market on which each individual security is traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 143,159,523	$ -	$ -	$ 143,159,523
Self-directed brokerage accounts	1,258,141	-	-	1,258,141
Total assets in the fair value hierarchy	144,417,664	-	-	144,417,664
Total investments at fair value	$ 144,417,664	$ -	$ -	$ 144,417,664

Assets at Fair Value as of December 31, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 130,087,789	$ -	$ -	$ 130,087,789
Self-directed brokerage accounts	846,970	-	-	846,970
Total assets in the fair value hierarchy	130,934,759	-	-	130,934,759
Total investments at fair value	$ 130,934,759	$ -	$ -	$ 130,934,759

4. Information Certified by Custodian

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedule was agreed to or derived from information certified as complete and accurate by Mid Atlantic Trust Company (MATC), the Plan's Custodian and a qualified institution. The certified information includes the Plan's investments of $143,159,523 and $130,087,789 and notes receivable from participants of $2,417,318 and $2,394,846 reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, respectively, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation of $14,313,499, interest and dividends of $4,838,813) and interest income on notes receivable from participants of $201,977 reported in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025, other than as indicated below.

The Plan allows participants to direct their investments using a separate brokerage account. These participant accounts are outside of the custodian arrangement with MATC; therefore, the balances and activities are not included in the certification above. Specifically, the certified information excludes $1,258,141 and $846,970 of participant self-directed brokerage accounts at December 31, 2025 and 2024, respectively, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation of $0, interest and dividends of $244,709) reported in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025.

5. Tax Status

The Sponsor has adopted a pre-approved plan document offered by Slavic Integrated Administration that has received an IRS Opinion Letter dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the IRS Opinion Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Related-Party and Party In Interest Transactions

Certain Plan investments are managed by the Custodian, and therefore, these transactions qualify as party in interest transactions.

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. During the year ended December 31, 2025, Slavic received approximately $896,000 from the Plan for administrative services and investment management.

Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. MATC retains ten percent of revenue sharing, which is outlined in the Plan agreements. This revenue is used to offset certain amounts owed to MATC for its administrative services to the Plan. If the revenue received by MATC from such investment fund service providers exceeds the amount owed for its services, MATC remits the excess to the Plan's trust on a quarterly basis. The Plan or Plan Sponsor may make a payment to MATC for administrative expenses not covered by revenue sharing.

Additionally, the Plan issues loans to participants, which are secured by the participant’s account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

7. Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

8. Risks and Uncertainties

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

SUPPLEMENTARY INFORMATION

Landrum Professional Employer Services Retirement Savings Plan

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

EIN: 59-2345956 Plan Number: 338

As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	American Funds Capital World Bond R6	Mutual funds	**	$ 65,999
	American Funds Capital World G & I R6	Mutual funds	**	1,429,283
	American Funds EuroPacific R6	Mutual funds	**	780,287
	Dimensional Fund Advisors US Targeted Port	Mutual funds	**	337,524
	Fidelity SDBA	Self-directed brokerage account	**	1,258,141
	Fidelity Select Health Care	Mutual funds	**	942,935
	Fidelity Select Technology	Mutual funds	**	5,765,616
	Franklin Utilities Advisor Class	Mutual funds	**	538,028
	Gabelli US Treasury Money market	Mutual funds	**	1,729,114
	MSCI EAFE International Index Fund	Mutual funds	**	7,305,239
	MFS Growth Fund R6	Mutual funds	**	5,900,452
	Principal Investors High Yield II	Mutual funds	**	475,524
	Principal Mid Cap R6	Mutual funds	**	1,952,206
	Vanguard Consumer Staples Index Admiral	Mutual funds	**	6,544,186
	Vanguard Energy Index Admiral	Mutual funds	**	801,866
	Vanguard European Stock Index Admiral	Mutual funds	**	253,263
	Vanguard Federal Money Market	Mutual funds	**	8,842,822
	Vanguard Inflation Protected Securities	Mutual funds	**	243,144
	Vanguard Intermediate-Term Bond Index Ad	Mutual funds	**	18,761,366
	Vanguard Global Capital Cycles Fund Investment	Mutual funds	**	2,205,218
	Vanguard Mid Cap Index Admiral	Mutual funds	**	2,051,273
	Vanguard REIT Index Admiral	Mutual funds	**	352,662
	Vanguard Short-Term Federal Admiral	Mutual funds	**	259,130
	Vanguard Small Cap Growth Index Adm	Mutual funds	**	539,605
	Vanguard Small Cap Index Admiral	Mutual funds	**	2,837,297
	Vanguard Target Retirement 2020	Mutual funds	**	529,807
	Vanguard Target Retirement 2025	Mutual funds	**	2,411,947
	Vanguard Target Retirement 2030	Mutual funds	**	5,065,050
	Vanguard Target Retirement 2035	Mutual funds	**	3,749,250

	Vanguard Target Retirement 2040	Mutual funds	**	2,855,008
	Vanguard Target Retirement 2045	Mutual funds	**	2,926,392
	Vanguard Target Retirement 2050	Mutual funds	**	3,649,513
	Vanguard Target Retirement 2055	Mutual funds	**	1,955,897
	Vanguard Target Retirement 2060	Mutual funds	**	907,059
	Vanguard Target Retirement 2065	Mutual funds	**	348,432
	Vanguard Target Retirement Income	Mutual funds	**	677,640
	Vanguard Institutional Target Retirement 2070	Mutual funds	**	358,646
	Vanguard Total Int'l Stock Index Admiral	Mutual funds	**	1,263,319
	Vanguard Total Stock Market Index Admiral	Mutual funds	**	42,937,502
	Vanguard Utilities Index Admiral	Mutual funds	**	1,764,611
	Vanguard Windsor Fund Admiral	Mutual funds	**	469,481
	Victory Sycamore Established Value I	Mutual funds	**	375,930
*	Notes receivable from participants	Interest rates from 4.25% to 10.50%		2,417,318
		Total		$146,834,982

*Denotes a party-in-interest.

** Cost not required for participant directed investments.

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

LANDRUM PROFESSIONAL EMPLOYER SERVICES RETIREMENT SAVINGS PL **PLAN # 338** **EIN # 59-2345956**

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	VITSX - Vanguard Total Stock Market Index Inst.		42,937,503
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		18,761,366
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		8,842,821
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		7,305,239
	Vanguard	VCSAX - Vanguard Consumer Staples Index		6,544,187
	MFS	MFEHX - MFS Growth R3		5,900,451
	Fidelity	FSPTX - Fidelity Select Technology		5,765,615
	Vanguard	VTHRX - Vanguard Target Retirement 2030		5,065,050
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		3,749,250
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		3,649,514
	Vanguard	VTIVX - Vanguard Target Retirement 2045		2,926,392
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		2,855,010
	Vanguard	VTTVX - Vanguard Target Retirement 2025		2,411,947
	Vanguard	VGPMX - Vanguard Precious Metals		2,205,218
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		2,051,274
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		1,955,897
	Principal	PMAQX - Principal MidCap R6		1,952,206
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		1,804,235
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		1,764,613
	Gabelli Funds/Ssga	GABXX - Gabelli Us Treasury Money Market		1,729,114
	American Funds	RWIGX - American Funds Capital World G & I R6		1,429,283
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		1,263,320
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		1,258,141
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		1,033,063
	Fidelity	FSPHX - Fidelity Select Health Care		942,935
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		907,058
	Vanguard	VENAX - Vanguard Energy Index Admiral		801,865
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		780,286
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		677,640
	Vanguard	VMIAX - Vanguard Materials Index Adm		539,604
	Franklin/Templeton	FRUAX - Franklin Utilities Advisor Class		538,027
	Vanguard	VTWNX - Vanguard Target Retirement 2020		529,807
	Principal	PHYFX - Principal High Yield R6		475,529
	Vanguard	VWNEX - Vanguard Windsor Fund Admiral Shares		469,481
	Victory Capital	VEVYX - Victory Sycamore Established Value Y		375,925
	Vanguard	VSVNX - Vanguard Target Retirement 2070		358,645
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		352,663
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		348,431
	Dimensional Fund Advisors	DFFVX - DFA US Targeted Port		337,524
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		259,130
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		253,262
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		243,144
	American Funds	RCWGX - American Funds Capital World Bond R6		65,999
	Vanguard	VMRXX - Vanguard Money Mkt Reserve-Prime		0
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Participant Loans	4.25% - 10.00%		2,417,318

//classification/confidential