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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TLC RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/1999

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)
TRANSPORT LABOR CONTRACT/ LEASING, INC.

250 N. ORANGE AVE STE. 1500
ORLANDO, FL 32801

2b Employer Identification Number (EIN) 45-0391154

2c Plan Sponsor's telephone number 763-585-7061

2d Business code (see instructions) 541990

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.	10/15/2026	MONIQUE PARENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	MONIQUE PARENT
	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 **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	6066
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)**	5370
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	7906
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	2195
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	10101
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	10101
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)**	2385
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)**	5651
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	20
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 2V

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [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
TLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSPORT LABOR CONTRACT/ LEASING, INC.

D Employer Identification Number (EIN)
45-0391154

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	603580	Yes [ ] No [X]	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 51	PORTFOLIO MGMT	205683	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LB CARLSON LLP

41-1504933

(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	26250	Yes [ ] No [X]	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)

HILL WARD HENDERSON

59-2678550

(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?
29	SERVICE PROVIDER	16770	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
TLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSPORT LABOR CONTRACT/ LEASING, INC.

D Employer Identification Number (EIN)
45-0391154

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)	171194	206372
(2) Participant contributions	1b(2)	196519	95038
(3) Other	1b(3)	10264	9542
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)	1483593	2476492
(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)	95877940	130757661
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	97739510	133545105
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	137892	236831
1k Total liabilities (add all amounts in lines 1g through1j)	1k	137892	236831
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	97601618	133308274

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)	3297720	
(B) Participants	2a(1)(B)	10098235	
(C) Others (including rollovers)	2a(1)(C)	966924	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		14362879
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)	138425	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		138425
(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)	4841596	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4841596
(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)		10511162
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		29854062
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16010325	
(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)		16010325
f Corrective distributions (see instructions)	2f		11618
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)	603580	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26250	
(5) Investment advisory and investment management fees	2i(5)	205684	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	16770	
(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)		852284
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16874227
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		12979835
l Transfers of assets:			
(1) To this plan	2l(1)		26424521
(2) From this plan	2l(2)		3697700

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: LB CARLSON, LLP **(2)** EIN: 41-1504933

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**			

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)
GULFSTREAM EDGE HOLDINGS, INC. 401(K) PLAN	33-2585985	001
DECISIONHR RETIREMENT SAVINGS PLAN	59-3405686	333
BRONTO SKYLIFT INC 401(K) PROFIT SHARING PLAN AND TRUST	30-0949504	002
EFM TRANSPORTATION 401(K) PLAN	26-4587264	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)
PRO RESOURCES RETIREMENT SAVINGS PLAN	41-1592823	002
RAIN DOGS TRUCKING INC. 401K PLAN	27-2159477	002
THE STANDARD POOLED EMPLOYER PLAN	25-1838406	874

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
TLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSPORT LABOR CONTRACT/ LEASING, INC.

D Employer Identification Number (EIN)
45-0391154

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 27-3169253

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

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 TLC RETIREMENT SAVINGS PLAN	**B** Three-digit Plan number (PN)..... ▶ 333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF TRANSPORT LABOR CONTRACT/ LEASING, INC.	**D** Administrator's EIN 45-0391154

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
TLC COMPANIES	45-0391154	7.13	21323187
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
BANDY TRANSPORT CO.	58-1751207	0.00	11585

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
BENNETT TRUCKING, INC.	41-1368548	0.06	35305
BRENNY SPECIALIZED, INC.	41-1870443	2.06	2628647
TLC PLAN EXPENSE REIMBURSEMENT ACCOUNT	45-0392525	0.00	71033
CHUCK BRADLEY TRUCKING, LLC	47-4114880	0.11	224919
CCS TECHNOLGOY GROUP, LLC	46-1656061	0.00	556474
DEKEYSER EXPRESS, INC. 2	06-1210459	0.00	45450
FREEDOM EXPRESS, INC.	41-1694985	0.00	3
HODGES TRUCKING	58-2213417	0.89	544858
HODGKINS MGMT (FORMERLY NLI DISTRIBUTION)	36-3109067	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
LAKE VALLEY TRUCKING, INC.	41-1480016	0.00	507616
LANGFORD, INC.	41-1570373	0.00	0
LUCO TRUCKING / INTERMODAL CONTAINER LOGISTICS	20-4257296	0.00	53708
RML TRANSPORT, LLC	56-2424324	0.00	31774
MISL TRANSPORT INC.	36-3604385	0.09	266498
SEA-MAR WAREHOUSING AND LOGISTICS, INC.	72-1431965	0.00	26329
SPECIALTY CARRIERS, INC.	22-3069527	0.00	0
SYRING TRUCKING INC.	41-1708652	0.00	398105
ZELLMER TRUCK LINES, INC.	36-2898442	0.02	488867

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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
ZIMMERMAN BROTHERS INC.	41-0753807	0.00	0
ALDO INSURANCE AGENCY	06-1572958	0.00	167398
GLEN BROWN	25-2980696	0.00	91486
ANTHONY CHILLE AGENCY	11-3439509	0.00	16296
THOMAS F. CRAVEN, JR.	22-4217125	0.07	172157
DIANE VILLANO	12-5485567	0.00	337
DRAGON FAMILY MEDICINE	74-2970658	0.00	65760
T.A. PASSERO AGENCY, INC.	20-0462917	0.00	36902
JOHN D PAGAN INSURANCE AGENCY INC.	06-1575391	0.00	0

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRYAN RIPELLINO	16-1589361	0.02	26199
PATRIOT TRANSPORT INC	20-5312386	0.00	24841
GEORGE MARTLAND	03-7365566	0.00	358302
JOHN LEPORE INS AGENCY, INC.	11-3474361	0.92	4843849
DENNY KINKEAD	23-3041927	0.16	950839
MARTIN CARTAGE	36-3663875	0.00	183263
SCORDO AGENCY INC.	11-3400656	0.00	176796
YANNIS SIDAKIS	12-5505742	0.00	76110
RADMACHER INSURANCE	59-3746874	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
MAINSTAY STRATEGIC PARTNERS	86-3943154	6.78	5831487
ROSEBERRY INS.AGCY., INC.	58-2479027	0.12	375803
ALG LEASING	20-3901270	1.92	2959542
TLC SUSPENSE PLAN	45-4545454	0.00	747193
RIVERSIDE EXPRESS, LLC	41-1391346	0.00	33562
CHASTEEN'S TRUCKING	58-2012440	0.00	131878
DAVE COLELLO	04-5585061	0.00	742
SCALES EXPRESS, INC.	58-2565554	0.01	0
PJL TRANSPORTATION	27-0233250	0.00	229247

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
DAWS, INC.	47-0780473	0.00	1637543
THURMOND INSURANCE AGENCY	42-7131616	0.00	21871
METRO FREIGHT, INC.	36-3996694	0.21	757357
COMMERCIAL TRANSPORTATION INC. / CTI NATIONWIDE, INC.	23-0936590	0.00	89491
ALPHA AND OMEGA TRANS, INC.	56-2187092	0.00	66050
ARMADA LOGISTICS LLC	46-3346780	0.00	110861
GALLANO TRUCKING, INC.	36-4269446	0.67	950095
INNOVATIVE MANAGEMENT SERVICES, INC./INNOVATIVE AUTOMOTIVE S	20-4392656	0.00	13248
DEMAR LOGISTICS, INC.	36-3467406	0.05	786382

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Part II Participating Employer Information (Continued).

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BARLOW TRUCK LINES, INC,	43-1156543	0.00	0
CDJ BULK EXPRESS, INC	57-0914271	0.32	218645
JKC TRUCKING INC./SUMMIT COLD STORAGE	36-3361483	2.82	3825767
DASH COURIER SERVICE, LLC	56-2136319	0.52	309148
INTERSTATE TOWING INC.	65-0486005	0.15	665410
MARTLAND INSURANCE AGENCY	84-3687953	0.00	22150
HOWARD LEVY	13-2480300	0.00	86089
BOLTON INSURANCE	03-8302385	0.03	61188
DOUG MARQUARDT, INC.	26-4616119	0.00	0

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CENTRAL ILLINOIS TRANSPORTATION, INC.	36-3794197	0.65	3128842
ROGERS TRUCKING, INC.	61-0863441	1.46	1082209
DRAKE ENTERPRISES OF LINCOLNTON NC	20-3651379	0.12	104016
SEVERTS OF COLUMBIA LLC	45-3797089	0.04	225907
ACTION EXPEDITING INC.	58-2148615	0.00	46252
VISION LOGISTICS, LLC	20-0910115	0.93	1724063
HQ MARINE TRANSPORT, INC.	27-3752811	0.34	744735
NPL DEDICATED LLC	90-0925959	0.15	261528
UNLIMITED TRUCK & AUTO LLC	26-3711075	0.00	61799

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DANS DIESEL INC./DANS TOWING INC.	45-4954211	0.14	59661
SOUTHERN ILLINOIS MOTOR EXPRESS, INC.	37-0896532	0.00	110326
CARDENAS TRUCKING INC	36-4228195	0.04	118242
CYPRESS TRUCK LINES, INC/SUNBELT TRANSPORT LLC	59-2063224	6.93	13043580
JAZ EXPRESS LLC	16-1650560	0.00	37944
MDR TRANSPORT INC	46-2114510	0.00	74779
SERVICE FIRST LOGISTICS	56-1917076	0.30	75871
SA DURBIN TRUCKING, LLC	45-3745030	0.00	1939
ROYCE CAMPBELL & SONS, LLC	20-1859173	0.04	68411

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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
AL HICKS AGENCY	76-0606653	0.00	125
JUSTUS TRUCK LINES, INC.	56-1271265	0.00	38066
SHIELDS INSURANCE GROUP	27-3731444	0.00	0
NPS EXPRESS, INC	46-4573001	0.59	464608
GOOGE EQUIPMENT	65-0056831	0.95	639354
ACTION LOGISTICS GROUP	82-3564184	0.00	320887
FREEDOM TRANS USA	26-2931472	2.37	1798606
MURRAY INS. INC.	82-0532890	0.05	54129
OLSON FARMS CA, LLC	26-2747911	0.00	1467

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MUSIC CITY LOGISTICS EXPRESS, INC.	20-8540667	0.00	46183
S. MCCLAIN STONE	37-1466030	0.03	14584
LISK TRUCKING	56-1160226	0.56	230871
QUICKWAY SERVICES INC.	57-1180471	0.01	20518
HIGHWAYS & SKYWAYS TRANSPORTATION LLC	45-0818106	0.88	689751
DAVE'S TRISTATE TRUCK SERVICES	41-2267082	0.09	31846
INVINCIBLE DELIVERY SERVICES	82-3250054	0.00	3203
SNIDER PROPERTIES OF MT AIRY NC LLC	56-2184905	0.08	11226
BOCA'S BEST AUTO REPAIR / ATLANTIC TOWING + RECOVERY INC.	45-2379808	0.12	184150

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MBT TRANSPORT	20-3031062	0.48	191589
SMOOTH OPERATORS INC.	39-1744627	0.33	354660
JBC TRANSPORT GROUP	20-5611290	0.65	501395
WHEEL-WHEEL'S	26-3870288	0.10	60547
BARRY PETROZIELLO AGENCY	20-5526418	0.01	8934
ROLAND TRUCKING INC.	25-1630112	0.00	205
SUND BIRSTA INC.	38-3985578	0.00	53123
INFINITI EMPLOYMENT	26-3831537	0.34	710682
EVOLVE LOGISTICS GROUP, INC.	81-3786533	4.37	3225318

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CENTURION LOGISTICS INC/ SPARTAN LOGISTICS INC	47-1823002	3.59	2039581
RAIN DOG LOGISTICS/RAIN DOGS TRUCKING INC	27-2159477	0.00	0
GREATER MIAMI CATERERS	59-1209174	1.25	1175012
MECKLENBURG TRANSPORTATION	82-4114837	0.01	40760
BAYBEACH BUILDERS, INC.	81-5480550	0.50	158364
S & S AUTO VENTURES INC.	59-3500153	0.00	12
BRONTO SKYLIFT, INC.	30-0949504	0.00	0
REBUILDING TOGETHER BROWARD COUNTY, INC.	86-1065925	0.26	115235
AZAR AND ASSOCIATES INC	84-4929220	0.18	137974

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PRIMINVEST CORP.	83-1917592	0.33	181604
DURBIN LOGISTICS	47-4403951	0.03	4851
EFM TRANSPORTATION	26-4587264	0.01	0
REFRIGERATED EXPRESS, INC. & PARTICIPATING EMPLOYERS	59-3400394	2.06	1150748
VJA CONSTRUCTION	26-1678720	0.02	5996
BEELINE SERVICES, INC	82-2204940	0.58	294667
THE DUBOW ORGANIZATION, INC.	65-0376725	0.12	37030
CITY TOWING INC	65-0917714	0.00	0
FUNDS2ORGS/CE LOGISTICS	46-1831481	0.93	506453

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MIDMILE SERVICES SERVICES, LLC	85-1918256	0.00	26841
IMPERIAL FREIGHT BROKERS, INC/BROKERS CARTAGE COMPANY, INC	59-1353916	0.71	413314
MAG REAL ESTATE & DEVELOPMENT INC.	38-3891509	0.30	234269
KNAPP BROTHERS TRUCKING, L.L.C.	22-3874374	0.03	16337
ARMEN FREIGHT SERVICES INC.	87-4589515	0.37	148548
KBD CONSTRUCTION INC.	46-2880273	0.05	17910
ZUCCALA WRECKER SERVICE	59-2139933	0.16	43991
BLUE RIBBON DISPATCH	84-3330573	0.00	6182
BLACK DOG FIREWOOD, INC	81-3748354	0.00	1255

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RGM TRANSPORT, LLC	20-2818564	0.29	151436
PREMIUM TRANSPORTATION SERVICES, INC.	10-0003417	3.42	4722814
FL LINEHAUL CO	87-1612965	0.14	57671
ALPHA MAIL CARRIERS INC	41-2067228	0.39	0
RED TRUCKING CORP	20-0923106	1.28	1102259
WOMACK SANITATION, INC.	65-0524645	1.70	5224325
MARITIME DELIVERY SERVICE INC	20-5759043	0.03	3133
SMITH TOOL & DESIGN	58-2214965	0.04	98059
PNP TRANSPORT INC.	85-2499655	0.83	460620

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TRUE TRANSPORT INC.	47-4935515	0.77	563941
TRUE NORTH TRUCKING COMPANY	82-1772178	0.27	127589
PRICE FAMILY HOMES, INC.	47-5376386	0.74	259707
ALL PRO LAND CLEARING & SITEWORK, INC.	86-1250516	0.49	70091
BUDGET PEST CONTROL, INC	02-0540588	0.00	82
SMART COURIER INC	20-3422723	2.80	565784
C&J'S LOGISTICS	86-3445425	0.22	47778
WYNTON MARSALIS ENTERPRISES, INC.	13-3111766	0.24	71628
LIGHTHOUSE GOSPEL MISSION, INC.	59-6173284	0.15	39639

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SIMPATICA AGRICULTURAL MANAGEMENT LLC	37-1830531	0.07	9635
ALL-RITE PAVING CONTRACTORS, INC.	65-0202770	0.31	140835
SHIELDWALL SOLUTIONS GA INC	92-1624131	0.36	54034
DDH TRANSPORT INC	37-1532451	0.09	12048
HUDSON TRUCKING LLC	81-5149018	0.16	39984
BLUE MARLIN LOGISTICS GROUP INC	27-1572547	0.31	61083
FINSTER COURIER INC. DBA ELITE EXPRESS	23-2987918	4.08	4022614
MIAMI FIRST REMODELING CORPORATION	86-1495360	0.30	74068
11V LOGISTICS	87-2201071	0.17	23003

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ASHBROOK ENTERPRISES, INC. DBA AEI EQUIPMENT/AEI TRANSPORT	22-3914036	0.11	149023
MULTI-LOAD TRANSPORT	41-1795729	0.42	133441
LAKER LAND LOGISTICS	81-2236242	0.01	0
TEN 2 SEVEN, INC	47-1862203	0.41	60941
PACIFIC AIRLINE LINEN SERVICES, LLC	86-2018426	0.08	50164
CYCLONE LINEHAUL, INC./CYCLONE AIR FREIGHT, LLC	85-3081133	0.54	252192
ASSURED DELIVERY INC	47-1062696	0.00	93
HEAVY CIVIL INC.	46-5439171	0.52	163177
SANTORO TRANSPORTATION, INC.	32-0287895	0.01	102301

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EGEN SIMON ENTERPRISES, INC.	93-4062719	0.40	80958
AMARO'S RIGGING & MOVING	46-3171023	0.52	260130
ALL SCRAP & PARTICIPATING EMPLOYERS	86-1185221	0.48	85506
AMMOCOM, INC. DBA AMERITECHS	33-0707626	0.01	274719
LINEHAUL MANAGEMENT LLC	99-1680078	0.48	212443
DELTA VALLEY ENTERPRISES, INC.	92-4003706	0.14	22432
A2B ENTERPRISES INC.	92-3241469	0.09	11805
BEE IMAGINE LLC	46-3746592	0.17	175232
CARNES TRUCKING COMPANY INC	61-1123539	0.07	4459

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FANGORN, INC. DBA STORM SOLUTIONS INC	99-3201509	0.10	14193
HC PHX TRANSPORT INC	47-2907602	0.38	53243
DICARLO DISTRIBUTORS, INC.	11-2040782	4.97	8739099
MEDICALISTICS LLC	27-2813445	1.30	905506
BIG DOG INVESTMENTS, LLC DBA SOURCE ONE FLOORING	59-3459937	0.20	28528
KINETIC-LA, INC	99-2972397	0.01	1873
PROFESSIONAL TECHNICIANS LLC	23-2954712	0.74	106755
MKT HOMES LLC	99-0690592	0.07	10672
TEAMQUEST STAFFING SERVICES, INC.	33-0975070	0.20	317691

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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
DELGADO ENTERPRISES INC.	86-2008371	0.32	40851
R.H.S. TRUCKING LLC	35-2401281	0.05	7493
LIFESTREAM WATERSYSTEMS, INC.	33-0473146	0.35	794153
CTS XPRESS	81-4203191	0.20	28859
SPECTRA360 INC	46-2935020	0.00	14057
TICON COMMERCIAL, LLC	27-4970940	0.48	66055
EPIC HR LLC	92-2132297	1.25	158214
W.C. STAFFING, INC.	27-3289630	0.19	24506
CREWS MOBILE HOME SET-UP, INC.	92-1151006	0.02	2914

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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
DRIVEN TALENT LLC	87-2330787	0.01	1723
PREMIER MOVING & STORAGE INC.	43-1322344	0.03	11430
JCG TRANSPORTATION, INC.	99-0901930	0.11	41260
DEPENDABLE EMPLOYER SOLUTIONS, INC.	47-4823040	0.18	22612
PTE SYSTEMS INTERNATIONAL, LLC	46-1750470	0.59	210839
WAVE ENTERPRISES CORPORATION	88-3960078	0.06	7365
ESSENTIAL STAFF LLC	99-4275040	0.19	24092
CAROLINA AGGREGATES & SAND HOLDINGS LLC	99-2249219	0.03	10194
CRS HANDYMAN	87-4684405	0.07	102427

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LANNA TRUCKING INC.	81-0578463	0.03	32480
CRYSTAL BALL GROUP INC. DBA TERRACE ON THE PARK	11-3427261	0.41	535726
TROUTMAN AMIN LLP	83-3460104	0.21	112051
GRL MANAGEMENT GROUP, INC.	88-0740691	0.18	105163
CRAFTED HOME IMPROVEMENTS, LLC	86-2114677	0.02	6659
MBM TRANSPORT INC.	26-0772564	0.05	18258
ART LOGISTICS INC.	41-2141077	0.03	167703
DOMINO TRANSPORT, INC.	37-1168360	0.02	174037
EAST WEST LEASING CORPORATION	35-1518424	0.04	55744

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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
FIRST CLASS SERVICE TRUCKING COMPANY	77-0405549	0.03	202726
FRENCH TRUCKING, INC.	62-1328906	0.04	29812
FURROW TRUCKING, INC.	37-1287452	0.00	0
HONEY TRANSPORT, INC.	59-1221451	0.01	206831
INNOVATIVE DRIVER SERVICES COMPANY	56-1969193	0.00	174192
MMX TRANSPORTATION, INC.	81-0703676	0.08	188213
NORMAN FRED TRUCK SERVICE, INC.	37-1246714	0.00	1
PREMIER TRANSPORTATION & WAREHOUSING, INC.	33-0321364	0.03	75813
QUALITY LOGISTICS, INC.	58-2363687	0.11	355849

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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
RJR TRANSPORTATION CO.	37-1283387	0.14	881295
ROOM FOR RENT EQUIPMENT LEASING, INC.	20-4396084	0.04	147921
STEEL TRANSPORT, INC.	36-3074464	0.10	300098
TRANSPORTATION INSURANCE EXPERTS LLC	38-3976769	0.24	276353
RESOURCETEK, LLC	62-1833136	0.34	1655282
MJZ SERVICES, L.L.C. DBA MAXIMUM FIRE ESCAPES	45-3736430	0.09	451517
AMERICAN MOTEL MANAGEMENT, INC	58-2628153	0.04	88545
DI OF NATCHEZ, INC. (DAYS INN NATCHEZ)	20-2001713	0.01	6761
MANHATTAN LOAN COMPANY, INC. FOR SUPER 8	56-2333204	0.02	13159

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CAROLINA MOTEL ASSOCIATES, INC. FOR BEST WESTERN HENDERSON	58-2628152	0.01	17517
ONETIME EXPRESS, INC.	43-1848567	0.35	503779
NC TRANSPORT, LLC.	81-3571254	0.16	122057
MEDXWASTE-NY LLC	46-3870497	0.04	105359
AC TRUCKING	43-1563460	0.03	91072
FREIGHT HORSE EXPRESS, LLC	46-0538895	0.14	264056
SKYWAY HOLDINGS INC.	20-3683928	0.00	10687
ECC INDUSTRIES INC.	13-2600704	0.07	319659
FRUGAL TRANSPORT, INC.	26-1637332	0.02	45512

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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
B&C CHANDLER TRUCKING INC.	77-0535814	0.03	40956
BRIDGES STAFFING AGENCY LLC	47-4113085	0.17	99114
PACE DRIVERS, INC.	47-5380251	0.11	56758
ETCHBERGER TRUCKING, INC.	27-0298240	0.04	131401
CCT LOGISTICS	63-1201981	0.00	0
COASTLINE TRANSPORT	26-2123959	0.00	0
CRESCO LINES, INC.	36-2637463	0.00	124346
HENDRICKSON TRUCK LINES, INC.	47-1616076	0.00	1354
HIGH PLAINS HOLDINGS, LLC DBA INTERLINE LOGISTICS GROUP, LLC	45-3854008	0.00	19950

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JV TRANSPORTATION CONSULTANTS, INC.	75-3200484	0.00	43652
KERR TRUCK LINE, INC.	33-0298425	0.00	0
SHIPPERS EXPRESS, INC.	64-0602698	0.00	204267
SPECIAL DISPATCH OF CALIFORNIA, INC.	95-4171597	0.00	50721
SUN AND SEA ASSISTED LIVING	20-5567148	0.00	17002
SWIFT ENTERPRISES, LLC	41-2235237	0.00	30436
ADAHL TRUCKING LLC	47-1919564	0.00	27336
ESTEEM SECURITY SERVICES, INC.	11-3336171	0.00	56263
GHMR OPERATIONS LLC	90-0723247	0.00	32272

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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
HULEC ENTERPRISES LLC DBA FRAMEWORK STAFFING	81-1179622	0.00	4172
PREMIER LAST MILE LLC	84-4237132	0.34	246930
BESTWAY REFRIGERATED SERVICES, INC.	59-1024267	0.00	101994
CORETRANS, LLC	27-0030213	0.00	276019
LORDS OF PLUMBING	45-4989353	0.09	12019
ROCKSTEADY TRANSPORT LLC	90-0473255	0.01	1370
THE GENERAL CONTRACTORS DESIGN GROUP, INC.	85-1495394	0.05	6579
CONEYBEARE LLC	33-0219493	0.02	71917
AVIV ENTERPRISES INC. DBA COMFORT KEEPERS	84-1631009	0.02	2161

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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 _____

TLC
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2025 AND 2024

LB | CARLSON
Certified Public Accountants Business Consultants

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LB | CARLSON

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
TLC RETIREMENT SAVINGS PLAN

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of TLC Retirement Savings Plan (Plan), an employee benefit plan subject to the Employment 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

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

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit 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 TLC 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 TLC 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.

Supplemental Schedule Required by ERISA
The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Respectfully submitted,

LB Carlson, LLP

LB CARLSON, LLP
Minneapolis, Minnesota

October 14, 2026

TLC RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	December 31, 2025	2024
ASSETS		
Investments, at Fair Value:		
Mutual Funds	$ 130,757,661	$ 95,877,940
Notes Receivable from Participants	2,476,492	1,483,593
Employees' Contributions Receivable	104,580	206,783
Employers' Matching Contributions Receivable	179,586	94,983
Employers' Profit Sharing Contributions Receivable	26,786	76,211
Total Assets	133,545,105	97,739,510
LIABILITIES		
Excess Employee Contributions Payable	236,831	137,892
NET ASSETS AVAILABLE FOR BENEFITS	$ 133,308,274	$ 97,601,618

See accompanying Notes to Financial Statements.

TLC RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	Year Ended December 31, 2025	2024
ADDITIONS TO PLAN ASSETS		
Investment Income:		
Net Appreciation in Fair Value of Investments	$ 10,511,162	$ 9,204,995
Dividends and Interest on Investments	4,841,596	2,977,845
Total Investment Income	15,352,758	12,182,840
Interest Income from Notes Receivable from Participants	138,425	92,922
Contributions:		
Employee Wage Deferrals	10,098,235	7,818,525
Employer	3,297,720	2,614,523
Employee Rollovers	966,924	178,015
Total Contributions	14,362,879	10,611,063
Net Additions	29,854,062	22,886,825
DEDUCTIONS FROM PLAN ASSETS		
Benefits Paid to Plan Participants	16,021,943	14,802,399
Administrative Fees	852,284	745,412
Total Deductions	16,874,227	15,547,811
NET INCREASE	12,979,835	7,339,014
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR	97,601,618	85,218,368
TRANSFERS FROM (TO) OTHER PLANS		
Transfers From Other Plans	26,424,521	6,377,006
Transfers To Other Plans	(3,697,700)	(1,332,770)
Net Transfers From Other Plans	22,726,821	5,044,236
NET ASSETS AVAILABLE FOR BENEFITS – END OF YEAR	$ 133,308,274	$ 97,601,618

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

The following description of the TLC Retirement Savings Plan (the Plan) is intended to provide general information only. Participants should refer to the Plan Agreement and Summary Plan Description for a complete description of the Plan's provisions.

General

The Plan is a multiple employer 401(k) profit sharing defined contribution plan covering substantially all employees of Transport Labor Contract/Leasing, Inc. and Subsidiaries (the plan sponsor and administrator). The Plan was established on January 1, 1999, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all requirements of Section 401(a) and 401(k) of the Internal Revenue Code.

The plan sponsor is a professional employer organization. As such, the plan sponsor leases its employees to customers/clients. In accordance with industry practice, the plan sponsor covers its employees with defined contribution retirement plan benefits. To reflect the co-employment relationship between Transport Labor/Contract Leasing, Inc., its adopting affiliates, other employers/clients, and employees, the Plan has been organized to qualify as a "multiple employer" plan as described in Section 413(c) of the Internal Revenue Code.

Administration

Transport Labor/Contract Leasing, Inc. is the plan administrator for the Plan. Mid Atlantic Trust Company, trustee and custodian of the Plan's investment accounts, pays the distributions and retirement benefits at the direction of the plan administrator, and provides custodial and investment management services with respect to the net assets of the Plan. Slavic Integrated Administration maintains the individual participant account records, advises the plan administrator of compliance with ERISA, is the investment advisor to the Plan, and handles other matters related to the operation of the Plan.

Eligibility

Each employee meeting minimum eligibility requirements is eligible to participate and can become a participant on the first day of the month coinciding with or next following their attainment of age 21. Each adopting employer/client of the multiple employer 401(k) plan can adopt their own eligibility requirements.

Employee Wage Deferrals and Employer Matching

Participants may elect to contribute a percent or a specific amount of their compensation to the Plan via wage deferrals subject to a calendar year dollar limit determined annually by the Internal Revenue Service (IRS). Participants may make two types of contributions to the Plan – a pre-tax 401(k) deferral or a Roth 401(k) deferral.

The Plan also provides for discretionary employer matching contributions. The employer matching contribution percentage is determined individually by each adopting employer/client in the multiple employer plan. Discretionary matching allows each employer to specify the percentage or dollar amount to match.

Employee Rollover Contributions

The Plan provides for participants to roll over contributions from other qualified plans.

NOTE 1 DESCRIPTION OF PLAN – Continued

Profit Sharing Contributions

Employer profit sharing contributions are discretionary and are determined annually by the adopting employer/client. Eligible employees, whether participating or not, receive an allocated share of the contributions if the employee has not been terminated for any reason other than death or disability at the end of the Plan year. The Plan also allows for employer safe harbor contribution alternatives relative to participation and contribution limits of highly compensated employees. Contributions to the Plan are funded within the time prescribed by law.

Participant Accounts

Each participant's account is credited with an amount equal to their wage deferral and rollover contributions. In addition, each participant's account is credited with an allocation of their employer's matching and profit sharing contributions, if any, plan earnings or losses, and charged with plan withdrawals and an allocation of administrative expenses during the year.

The allocation of the employer's matching contribution, if any, is based on a percentage of each participant's elected wage deferral up to a maximum percentage of gross compensation deferred by the employee. For most clients, any profit sharing contribution is allocated to eligible participants employed on the last day of the Plan year based on a ratio of each participant's compensation to all participants' compensation within that employer's plan. Allocation of plan earnings or losses is based on the share of each participant's account to the total of all participants' accounts.

Participants direct the investment of their wage deferrals and all employer contributions at their own discretion into various investment options offered by the Plan. The Plan currently offers its participants 55 diversified funds as investment options.

Vesting

Participants are immediately 100% vested in their wage deferrals and earnings or losses on these deferrals. The employer/client of the plan sponsor can elect from the following three vesting options for employer's contributions:

1. Immediate vesting option – employee is fully vested at all times in any discretionary employer contributions made to the Plan.

2. Six-year vesting option – vesting occurs according to the following schedule:

Years of Service	Vested %
Less Than Two Years	0%
Two Years	20%
Three Years	40%
Four Years	60%
Five Years	80%
Six or More Years	100%

NOTE 1 DESCRIPTION OF PLAN – Continued

Vesting – Continued

3. Three-year cliff vesting option – vesting occurs according to the following schedule:

Years of Service	Vested %
Less Than Three Years	0%
Three Years or More	100%

Notes Receivable from Participants

Participant loans are permitted in accordance with the Plan's written loan policy. Participants may borrow from their account up to the lesser of $50,000 or 50% of the participant's vested account balance. Participants are entitled to two loans outstanding at any given time. Loans bear interest at a reasonable rate. Payments are made through payroll deductions over the loan term, not to exceed five years. Primary residence loans are an exception where terms are not to exceed 15 years.

Payment of Benefits

Upon termination of employment, participants are entitled to receive an amount equal to their vested account balance, determined as of the valuation date. The participants may elect to receive their benefits in a lump sum payment or defer some or all of the distribution within the provisions set forth in the Plan document. The Plan allows in-service withdrawals after age 59½ for any reason and financial hardship withdrawals, as defined, before age 59½.

Forfeited Accounts

Forfeitures of non-vested amounts for terminated participants can be used first to reduce Plan administrative expenses and then to reduce future employer contributions. At December 31, 2025 and 2024, there were forfeited nonvested accounts totaling $391,985 and $303,953, respectively. During the Plan years ended December 31, 2025 and 2024, the Plan used forfeitures of $119,829 and $251,990, respectively, to reduce employer contributions and $26,250 and $20,500, respectively, to pay Plan administrative expenses.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements were prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

The financial statements and related notes are intended to conform with The Department of Labor's rules of Section 103(a)(3)(C) and regulations for reporting and disclosures under The Employee Retirement Income Security Act of 1974. All information required to comply with these laws has been included herein and is in conformity with those laws.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

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. See Note 4 for discussion on fair value measurements. Purchases and sales of investments are recorded on a trade-date basis, net of broker's commissions and investment fees.

Investment Valuation and Income Recognition – Continued
The realized gain or loss on sales of investments is determined based on the average cost of investments sold and are included with unrealized appreciation or depreciation of those investments in net appreciation (depreciation) in fair value of investments on the Statements of Changes in Net Assets Available for Benefits. Dividend income is recorded on the ex-dividend date. Interest is recorded as earned.

Notes Receivable from Participants and Allowance for Credit Losses
Notes receivable from participants are measured at amortized cost which includes 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 when they are incurred. The Plan estimates expected credit losses on notes receivable from participants based on historical experience, current conditions, and reasonable and supportable forecasts. The Plan utilizes an aging analysis to determine the allowance for credit losses, considering the length of time the receivables have been outstanding and the likelihood of collection. The Plan's credit quality indicators include the participant's employment status and repayment history. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. The estimate of expected credit losses reflects the Plan's assessment of future economic conditions and their potential impact on participants' ability to repay their loans. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits
Benefits are recorded when paid.

Plan Expenses
The Plan is sponsored by Transport Labor/Contract Leasing, Inc. Personnel within the plan sponsor's organization perform various administrative services for the Plan. The payroll and related overhead costs associated with these services are not included as plan expenses.

Administrative fees are shared by the Plan and the plan sponsor. Administrative fees paid by the Plan are recorded in the accompanying Statements of Changes in Net Assets Available for Benefits as deductions from plan assets.

Fees related to the administration of notes receivable from participants are charged directly to the participant’s account and are included in administrative fees. Investment related expenses are included in net appreciation in fair value of investments.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Pending Accounting Pronouncements

From time to time new accounting pronouncements are issued by the FASB that are adopted by the Plan as of the specified effective date. If not discussed, the plan administrator believes that the impact of recently issued standards, which are not yet effective, will not have a material impact on the Plan's financial statements upon adoption.

NOTE 3 INFORMATION CERTIFIED BY THE PLAN TRUSTEE (UNAUDITED)

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan has received certifications from the trustee that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

- Investment balances
- Interest and dividend income
- Net appreciation in fair value of investments
- Supplemental Schedule of Assets (Held at End of Year) – December 31, 2025
- Notes receivable from participants and interest income

The Plan's independent auditors have not audited this information contained in the financial statements and supplemental schedule as it has been certified by the trustee for the applicable periods.

NOTE 4 FAIR VALUE MEASUREMENTS

The Fair Value Measurements topic of the FASB Accounting Standards Codification establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: ◆ Quoted prices for similar assets or liabilities in active markets; ◆ Quoted prices for identical or similar assets or liabilities in inactive markets; ◆ Inputs other than quoted prices that are observable for the asset or liability; ◆ Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE 4 FAIR VALUE MEASUREMENTS – Continued

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

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

Mutual Funds: Consists of mutual funds valued at the net asset value (NAV) of shares held by the Plan at year end. All fixed income and equity mutual fund investments of the Plan are publicly registered and traded on national securities exchanges and are therefore valued based on quoted market prices.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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:

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 130,757,661	$ -	$ -	$ 130,757,661

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 95,877,940	$ -	$ -	$ 95,877,940

The plan administrator determines the fair value measurement policies and procedures subject to oversight by the Plan’s investment committee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted as necessary, based on current market conditions and other third-party information.

NOTE 5 EXCESS EMPLOYEE CONTRIBUTIONS PAYABLE

Certain employers in the Plan failed the discrimination test for the Plan years ended December 31, 2025 and 2024. Excess contributions amounting to $236,831 and $137,892 were recorded as a liability in the accompanying Statements of Net Assets Available for Benefits, as of December 31, 2025 and 2024, respectively, and as a reduction of employee wage deferrals for the Plan years ended December 31, 2025 and 2024. The Plan reimbursed these excess contributions to its participants during 2026 and 2025.

NOTE 6 PARTY-IN-INTEREST TRANSACTIONS

Plan Trustee and Custodian
The custodian is not precluded under contract provisions or by ERISA from executing investment transactions involving assets under the custodian's control. All investment activity and related investment income of the Plan is with the custodian.

Third Party Administrator and Investment Advisor
Slavic Integrated Administration maintained individual participant account records (see Note 1) as well as provided investment advisory services and received fees of $852,284 and $724,412 in 2025 and 2024, respectively. These transactions qualify as party-in-interest transactions.

All of these party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the plan sponsor has the right to discontinue its contributions or terminate the Plan at any time subject to the provisions of ERISA. All unallocated amounts shall be allocated to the accounts of all participants in accordance with the provisions of the Plan document. Upon such termination, the plan sponsor will either completely distribute all assets in the trust fund to the participants or continue the trust and distribute benefits in such a manner as though the Plan had not been terminated.

NOTE 8 TRANSFERS FROM (TO) OTHER PLANS

During the Plan years ended December 31, 2025 and 2024, net transfers into the Plan were $22,726,821 and $5,044,236, respectively. Investments transferred to the Plan totaled $25,401,609 and $6,221,249, respectively. Other miscellaneous transfers into the Plan totaled $1,022,912 and $155,757, respectively. Investments transferred from the Plan totaled $3,617,092 and $1,309,602, respectively. Other miscellaneous transfers out of the Plan totaled $80,608 and $23,168, respectively.

NOTE 9 FEDERAL INCOME TAX STATUS

The Internal Revenue Service has issued a favorable determination for the TLC Retirement Savings Plan. Subsequent to this determination letter by the Internal Revenue Service, the Plan was restated and amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as restated and amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

NOTE 9 FEDERAL INCOME TAX STATUS – Continued

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10 RISKS AND UNCERTAINTIES

The Plan provides for investment in a variety of mutual funds. These funds hold various securities including U.S. Government securities, corporate debt securities, and equities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities could occur in the near term and that such changes could materially affect the value of investments. At December 31, 2025 and 2024, the Plan had investments totaling $41,659,523 and $35,752,685, respectively, concentrated in two investment funds.

NOTE 11 SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events, for transactions and events that would require recognition in the financial statements or disclosures, through October 14, 2026, which is the date the financial statements were available to be issued.

Effective January 1, 2026, the Plan changed its name from TLC Retirement Savings Plan to Peoplease Retirement Plan. There were no material changes made to the Plan as a result of this change.

SUPPLEMENTARY INFORMATION

TLC RETIREMENT SAVINGS PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025
EIN: 45-0391154 / Plan Number: 333 / Schedule H, Line 4i

(a)	(b) Identity	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard	Total Stock Market Index Admira	**	$ 25,371,131
	Vanguard	Intermediate-Term Bond Index Ad	**	16,288,392
	Vanguard	Federal Money Market	**	11,541,516
	JPMorgan	Large Cap Growth Fund Class R6	**	9,102,447
	Dodge & Cox	Stock Fund	**	6,883,376
	iShares	MSCI EAFE International Index K	**	6,562,152
	Fidelity	500 Index	**	6,265,682
	Vanguard	Consumer Staples Index	**	4,782,376
	Vanguard	Target Retirement 2035	**	3,124,824
	American Funds	New Perspective R6	**	2,942,852
	Vanguard	Target Retirement 2050	**	2,884,426
	Vanguard	Target Retirement 2030	**	2,807,921
	Vanguard	Small Cap Growth Index Adm	**	2,617,903
	Vanguard	Target Retirement 2040	**	2,516,948
	Vanguard	Target Retirement 2045	**	1,829,788
	Vanguard	Target Retirement 2025	**	1,801,053
	Vanguard	Global Capital Cycles Fund Investor Shares	**	1,783,536
	Vanguard	Mid-Cap Growth Index Fund Admiral Shares	**	1,541,312
	Vanguard	Utilities Index Admiral	**	1,445,956
	Fidelity	US Bond Index	**	1,378,250
	Vanguard	Mid Cap Index Admiral	**	1,249,798
	Vanguard	Target Retirement 2020	**	1,216,774
	Vanguard	Target Retirement 2055	**	1,206,946
	Vanguard	Equity Income Admiral	**	1,168,070
	Vanguard	Information Technology Index Ad	**	1,067,428
	JPMorgan	Core Plus Bond Fund R6	**	1,025,754
	Vanguard	Total Bond Market Index Admiral	**	932,336
	Fidelity	Small Cap Index	**	890,312
	Vanguard	Target Retirement 2060	**	863,062
	Vanguard	Treasury Money Market	**	856,932
	Franklin	Gold & Precious Metals R6	**	754,958
	Vanguard	Target Retirement Income	**	675,584
	DFA	US Targeted Value I	**	631,768
	Victory	Short Term Bond Fund R6 Shares	**	618,447
	Dodge & Cox	International Stock	**	475,666
	Vanguard	Target Retirement 2065 Inv	**	454,852
	DFA	US Vector Equity	**	392,219
	Fidelity	Emerging Markets Index	**	387,523
	Dreyfus	Treasury Securities Cash Management	**	366,885
	DFA	Real Estate Securities Portfolio Institutional Class	**	345,981
	Franklin	Utilities R6	**	313,635
	Vanguard	Inflation Protected Securities	**	271,338
	Vanguard	Energy Index Admiral	**	223,749
	Invesco	EQV Asia Pacific Equity Fund	**	181,821
	Vanguard	Short-Term Federal Admiral	**	140,478
	Vanguard	Materials Index Adm	**	136,499
	DFA	International Small Cap Value Portfolio	**	136,360
	DFA	Int'l Small Company	**	131,317
	Vanguard	Target Retirement 2070	**	84,541
	Vanguard	Short-Term Inf Prot Index Admir	**	59,847
	American Funds	Multi-Sector Income Fund R6	**	21,769
	Fidelity	Treasury Only Money Market	**	2,378
	Vanguard	Cash Reserve Fed Money Mkt	**	787
	American	Funds EuroPacifc R6	**	3
	Vanguard	Industrial Index Admiral	**	3
*	Notes Receivable from Participants	Due from January 2026 through May 2039 Interest ranging from 4.25% to 10.5%		2,476,492
		Total		$ 133,234,153

* Indicates a party-in-interest to the Plan.

** Column (d) cost information is not applicable for participant directed investments.

Note: The above data is based upon or developed from information certified as complete and accurate by Mid Atlantic Trust Company, the trustee.

See accompanying Independent Auditor's Report.

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

TLC RETIREMENT SAVINGS PLAN **PLAN # 333** **EIN # 45-0391154**

(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
	Invesco	ASISX -Invesco EQV Asia Pacific Equity Fund Cl		181,821
	BlackRock	BTMKX -iShares MSCI EAFE International Index K		6,562,152
	Dimensional Fund Advisors	DFFVX -DFA US Targeted Value I		631,768
	Dimensional Fund Advisors	DFISX -DFA Int'l Small Company		131,317
	Dimensional Fund Advisors	DFREX -DFA Real Estate Securities		345,981
	Dimensional Fund Advisors	DFVEX -DFA US Vector Equity		392,220
	Dimensional Fund Advisors	DISVX -DFA International Small Cap Value Portfo		136,360
	Dodge & Cox	DODFX -Dodge & Cox International Stock		475,666
	Dodge & Cox	DODGX -Dodge & Cox Stock		6,883,376
	Dreyfus Treasury	DTJXX -Dreyfus Treasury Securities Cash Mgmt		366,885
	Fidelity	FDLXX -Fidelity Treasury Only Money Market		2,378
	Franklin/Templeton	FGPMX -Franklin Gold & Precious Metals R6		754,958
	Fidelity	FIKMX -Fidelity Advisor Real Estate Income Fund		-
	Fidelity	FPADX -Fidelity Emerging Markets Index		387,523
	Fidelity	FSSNX -Fidelity Small Cap Index		890,312
	Franklin/Templeton	FUFRX -Franklin Utilities R6		313,636
	Fidelity	FXAIX -Fidelity 500 Index		6,265,682
	Fidelity	FXNAX -Fidelity US Bond Index		1,378,250
	Dreyfus	GTFXX -Dreyfus 100% Treasury Money Market		0
	Delaware	IYMIX -Macquarie Mid Cap Growth I		-
	JPMorgan	JCPUX -JPMorgan Core Plus Bond Fund R6		1,025,754
	JPMorgan	JLGMX -JPMorgan Large Cap Growth Fund Class R6		9,102,447
	T. Rowe Price	PRASX -T. Rowe Price New Asia		-
	American Funds	RERGX -American Funds EuroPacifc R6		3
	American Funds	RMDUX -American Funds Multi-Sector Income R-6		21,769
	American Funds	RNPGX -American Funds New Perspective R6		2,942,852
	Victory	URSBX -Victory Short Term Bond Fund R6 Shares		618,446
	Vanguard	VAIPX -Vanguard Inflation Protected Securities		271,338
	Vanguard	VBILX -Vanguard Intermediate-Term Bond Index Ad		16,288,392
	Vanguard	VBTLX -Vanguard Total Bond Market Index Admiral		932,336
	Vanguard	VCSAX -Vanguard Consumer Staples Index		4,782,376
	Vanguard	VEIRX -Vanguard Equity Income Admiral		1,168,070
	Vanguard	VENAX -Vanguard Energy Index Admiral		223,749
	Vanguard	VFFVX -Vanguard Target Retirement 2055		1,206,946
	Vanguard	VFIFX -Vanguard Target Retirement 2050		2,884,426
	Vanguard	VFORX -Vanguard Target Retirement 2040		2,516,948
	Vanguard	VGPMX -Vanguard Global Capital Cycles Fund Inve		1,783,536
	Vanguard	VIMAX -Vanguard Mid Cap Index Admiral		1,249,798
	Vanguard	VINAX -Vanguard Industrial Index Admiral		3
	Vanguard	VITAX -Vanguard Information Technology Index Ad		1,067,429
	Vanguard	VLXVX -Vanguard Target Retirement 2065 Inv		454,852
	Vanguard	VMFXX -Vanguard Federal Money Market		11,541,516
	Vanguard	VMGMX -Vanguard Mid Cap Growth Index Admiral		1,541,312
	Vanguard	VMIAX -Vanguard Materials Index Adm		136,499
	Vanguard	VMRXX -Vanguard Cash Reserves Federal Adm		787
	Vanguard	VSGAX -Vanguard Small Cap Growth Index Adm		2,617,903
	Vanguard	VSGDX -Vanguard Short-Term Federal Admiral		140,478
	Vanguard	VSVNX -Vanguard Target Retirement 2070		84,541
	Vanguard	VTAPX -Vanguard Short-Term Inf Prot Index Admir		59,847
	Vanguard	VTHRX -Vanguard Target Retirement 2030		2,807,921
	Vanguard	VTINX -Vanguard Target Retirement Income		675,584
	Vanguard	VTIVX -Vanguard Target Retirement 2045		1,829,788
	Vanguard	VTSAX -Vanguard Total Stock Market Index Admira		25,371,131
	Vanguard	VTTHX -Vanguard Target Retirement 2035		3,124,824
	Vanguard	VTTSX -Vanguard Target Retirement 2060		863,062
	Vanguard	VTTVX -Vanguard Target Retirement 2025		1,801,053
	Vanguard	VTWNX -Vanguard Target Retirement 2020		1,216,774
	Vanguard	VUIAX -Vanguard Utilities Index Admiral		1,445,956
	Vanguard	VUSXX -Vanguard Treasury Money Market		856,932
	Loan	LOAN - Loan 4.25% - 10.50%		2,476,492

//classification/confidential