Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMPLOYER FLEXIBLE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2012

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)
EMPLOYER FLEXIBLE

7102 N. SAM HOUSTON PKWY W
SUITE 200
HOUSTON, TX 77064

2b Employer Identification Number (EIN) 27-4406361

2c Plan Sponsor's telephone number 866-501-4942

2d Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	JOANNE PALADINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

NPPG FIDUCIARY SERVICES, INC.

494 SYCAMORE AVE.
SHREWSBURY, NJ 07702

3b Administrator's EIN
30-0835405

3c Administrator's telephone number
732-758-1577

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**	13513
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)**	11250
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	10340
b	Retired or separated participants receiving benefits	**6b**	157
c	Other retired or separated participants entitled to future benefits	**6c**	1701
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	12198
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	12198
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)**	4980
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)**	4280
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	45
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
EMPLOYER FLEXIBLE 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EMPLOYER FLEXIBLE

D Employer Identification Number (EIN)
27-4406361

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932468-000		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
510458	367908

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

LPL FINANCIAL CORPORATION
PRODUCER BRANDON B CURTIS
4707 EXECUTIVE DR
SAN DIEGO, CA 92121-3091

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
252198	0		3

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

LPL FINANCIAL CORPORATION
JAMES R TRIOLO
4707 EXECUTIVE DR
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
247536	0		3

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

JAMES R TRIOLO

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10724	0		3

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	306566	FEES	5

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

NPPG PLAN PROFESSIONALS LLC FKA PLA

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	61342	TPA FEES	5

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	205355839

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year			7b	2958724
c	Additions: (1) Contributions deposited during the year	7c(1)	332676		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	50707		
	(4) Transferred from separate account	7c(4)	3187802		
	(5) Other (specify below)	7c(5)	786506		
	▶ CONVERSION ASSETS 61534 EBA AND FORFTRE 678563 LOAN INT AND PRIN 46410				
	(6)Total additions			7c(6)	4357691
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	7316415
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2307193		
	(2) Administration charge made by carrier	7e(2)	22616		
	(3) Transferred to separate account	7e(3)	598295		
	(4) Other (specify below)	7e(4)	652975		
	▶ VARIOUS FEES 3262512 FORFEITURE W/D 244103 LOANS ISSUED 74755				
	(5) Total deductions			7e(5)	3581079
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3735336

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
EMPLOYER FLEXIBLE 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EMPLOYER FLEXIBLE

D Employer Identification Number (EIN)
27-4406361

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).. . . . . [X] Yes [ ] No

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

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

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

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

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

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	1152770	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NATIONAL PROFESSIONAL PLANNING GRP

22-3349752

(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 64	RECORDKEEPER	212110	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

EMPLOYER FLEXIBLE HR LLC

84-4064472

(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?
35	PLAN SPONSOR	130000	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)

NPPG FIDUCIARY SERVICES

30-0835405

(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?
14	PLAN ADMINISTRATOR	122683	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TEMPLETON & CO.

14-1918900

(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	AUDIT	15000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NPPG PLAN PROFESSIONALS

85-3213245

(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 64	RECORDKEEPER	8430	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
EMPLOYER FLEXIBLE 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EMPLOYER FLEXIBLE

D Employer Identification Number (EIN)
27-4406361

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERNATNL INDEX RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-004	P	2750812

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CAP INDX RET AC

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-438	P	2886915

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BD INDEX RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-416	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP VAL IND

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-355	P	1975111

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERGING MRKTS INDEX R

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-169	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LG CAP VAL IND

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-171	P	5001427

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP GR INDE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-172	P	2284147

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LG CAP GR INDE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-173	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8247074

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MRKTS PORTFOLIO RET AC

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-525	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1847235

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SECURITIES

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-526	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1552204

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL RET WITH BLAC

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-833	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20300156

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2025 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-835	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2030 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-836	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17888872

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2035 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-837	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22944130

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2040 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-838	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20740255

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2045 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-839	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20586533

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2050 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-840	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15293339

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2055 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-841	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12450677

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2060 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-842	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7639995

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1660171

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STCK MRKT INDEX R

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-166	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7959945

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BLNCD RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-971	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5953477

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-255	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1360317

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HLTH SCNCS OPPS RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-844	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 838649

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOB BD RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-350	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NOMURA SCIENCE AND TECHNOLOGY RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-848	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SHORT DURATION INC RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-821	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 920052

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GR RET A			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2060402
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET PARTNER SERIES W/ TRAN			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-503	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	354007
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET PARTNER SERIES W/ TRAN			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-504	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1033942
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET PARTNER SERIES W/ TRAN			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-502	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1272726
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MATERIALS INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-959	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	603352
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 83-1098532-135	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3951618
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY U.S. BOND INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 83-1098532-161	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2184965
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRA RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 83-1098532-213	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2128208
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INFORMATION TECHNOLOGY IND			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 83-1098532-265	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2016246
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD HIGH-YIELD CORPORATE RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO			
c EIN-PN 36-6071399-683	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1420816

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BOND FUND OF AMERICA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-365	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1709209

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2065 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-403	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 417008

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN GOLD AND PRECIOUS METALS R

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO

c EIN-PN 83-1098532-513	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3118617

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2070 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-600	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3228

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
EMPLOYER FLEXIBLE 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EMPLOYER FLEXIBLE

D Employer Identification Number (EIN)
27-4406361

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)	1274984	719186
(2) Participant contributions	1b(2)	592915	446724
(3) Other	1b(3)	745452	1085064
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)	4104791	3780021
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	205827280	205174968
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2821928	3716332
(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	215367350	214922295
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	381662	440672
1k Total liabilities (add all amounts in lines 1g through1j)	1k	381662	440672
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	214985688	214481623

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)	8091862	
(B) Participants	2a(1)(B)	17280140	
(C) Others (including rollovers)	2a(1)(C)	4359618	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		29731620
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)	284892	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		284892
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		30651846
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1050954
d Total income. Add all **income** amounts in column (b) and enter total	2d		61719312
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24539465	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	273074	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		24812539
f Corrective distributions (see instructions)	2f		207606
g Certain deemed distributions of participant loans (see instructions)	2g		148023
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	15000	
(2) Contract administrator fees	2i(2)	1640069	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	306181	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1961250
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27129418
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		34589894
l Transfers of assets:			
(1) To this plan	2l(1)		16336717
(2) From this plan	2l(2)		51430676

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: TEMPLETON & COMPANY **(2)** EIN: 14-1918990

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		3149123
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		500000
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)
ALDERSON ELECTRICAL SALES 401(K) PLAN	82-1942104	333
SAN ANTONIO STEEL COMPANY, LLC 401(K) PLAN	74-2252602	002
BAY 9 HOLDINGS LLC DBA EDGEMERE 401(K) PLAN	88-4418047	333
THRIVE PEO 401(K) PLAN	84-4818583	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)
INSPERITY 401(K) PLAN	76-0178498	001
SWBC PROFESSIONAL EMPLOYER SERVICES 401(K) PLAN	27-3708085	333
KNIGHTCAP SERVICES INC 401(K) PLAN	85-2890871	002
LARGER THAN AVERAGE 401(K) PLAN	83-1466801	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)
PBS ASO, LLC RETIREMENT PLAN	85-0768284	001
SPIRIT HUMAN RESOURCES, LLC RETIREMENT SAVINGS PLAN	47-4960461	001
SENIOR PSYCHCARE HOLDINGS, LLC 401(K) PLAN	99-0871864	001
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	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)
PHSCBA 401(K) PLAN	45-5120131	002
AMCS GROUP, INC. 401(K) PROFIT SHARING PLAN	23-2940747	001
SPRINGTIME PEDIATRICS PLLLC 401K PROFIT SHARING AND TRUST	47-2947232	333
STRONG AUTOMOTIVE MERCHANDISING, LLC 401(K) PLAN	20-1057095	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)
TECNICS CONSULTING INC 401(K) PLAN	76-0588593	001

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
EMPLOYER FLEXIBLE 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EMPLOYER FLEXIBLE

D Employer Identification Number (EIN)
27-4406361

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): 36-6071399

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702889A .

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 EMPLOYER FLEXIBLE 401(K) PLAN	**B** Three-digit Plan number (PN)..... ▶ 333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF NPPG FIDUCIARY SERVICES, INC.	**D** Administrator's EIN 30-0835405

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
EFX/AATD, LLC	27-2969202	0.17	233711
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
EFX/ABRAHAMS BAILBONDS	73-1139140	0.00	6797

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
EFX/ACCORD MARKETING AND MANAGEMENT, INC	45-4957417	1.79	3836511
EFX/ACTIVE IRON ENERGY, LLC	84-4351007	0.00	0
EFX/ADVANCED PERSONAL COMPUTING INC., DBA LIQUID NETWORX	74-2820828	2.05	4395214
EFX/AFFILIATES OF FAMILY MEDICINE, P.A.	76-0586252	0.59	1264498
EFX/AGAR CORPORATION, INC.	74-2115860	0.00	0
EFX/AIRTEAM, LTD	76-0267090	1.12	2401128
EFX/ALAMO FIREWORKS, INC.	74-1462147	0.00	0
EFX/ALDERSON ELECTRICAL SALES, LLC	82-1942104	0.00	0
EFX/ALLIANT RIGSERV LLC	47-1081677	0.27	588506

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
EFX/APPLEARN, INC.	37-1827846	0.00	0
EFX/APTOS SOLAR TECHNOLOGY LLC	84-2724465	0.08	163219
EFX/APX PLASTICS, INC.	75-2875751	0.44	939597
EFX/ARC ALABAMA, LLC	26-4285983	0.00	0
EFX/AMERICAN REALTY INVESTORS, LP	76-0597288	1.74	3733471
EFX/AUTISM SERVICE CENTER OF SAN ANTONIO	26-2592058	0.15	323574
EFX/MARANATHA TECHNOLOGIES, LLC DBA AVATAR COMPUTER SOLUTION	88-0676369	0.11	238326
EFX/AVENIDA GUADALUPE ASSOCIATION	74-2148804	0.07	146588
EFX/BAKER KATZ LLC	11-3732245	0.20	437154

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
EFX/BAKKE DEVELOPMENT CORP.	74-2790691	0.95	2049431
EFX/BALLENGEE HOLDINGS, LLC	81-0702315	1.35	2894430
EFX/BARRETT STEEL ENERGY PRODUCTS, INC	27-4000782	0.00	0
EFX/BASS AGRICULTURAL SUPPLY COMPANY, LLC	82-2021679	0.00	0
EFX/BAY 9 HOLDINGS LLC DBA EDGEMERE	88-4418047	0.00	0
EFX/BC&V ADVISORS + CPAS PLLC	46-1771675	0.21	460302
EFX/BEMA INFORMATION TECHNOLOGIES, LLC	27-4701712	1.73	3709700
EFX/BLANCHFORD LANDSCAPE CONTRACTORS, INC.	84-1400042	0.11	242347
EFX/BRAND NEUE COMPANY, LLC	46-3368984	0.00	0

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Part II Participating Employer Information (Continued).

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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
EFX/BRAVE ENERGY, LLC	87-3622594	0.01	16461
EFX/NATIONAL WESTERN ART FOUNDATION	30-0211961	0.37	792020
EFX/GO-BROADBAND LLC	99-3939114	0.07	141924
EFX/BUTTERWORTH SYSTEMS, INC.	76-0174052	0.63	1342520
EFX/CAL-TEX INTERIORS INC	74-2940635	0.00	0
EFX/CANNON COMPRESSION SERVICES LLC	86-2008757	0.72	1550571
EFX/CANONBALL CREATIVE, INC	26-1585407	0.30	641644
EFX/CANTON II, INC DBA THE INN AT LOS PATIOS	36-4591511	0.00	0
EFX/CAPITOL ELECTRIC MOTOR REPAIR, INC.	73-0789136	0.64	1365308

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EFX/CAPSTONE FAMILY PRACTICE	76-0607742	0.00	0
EFX/CARDINAL BAY INC.	35-2440075	0.95	2041987
EFX/CARE CONTINUITY, INC.	05-0524264	1.90	4068258
EFX/CEEJ MANAGEMENT INC DBA MORNINGSIDE CAPITAL LLC	85-1327507	0.34	721561
EFX/CENTERS FOR CANCER CARE DBA HILL COUNTRY CENTER FOR CANC	20-2533320	0.67	1441901
EFX/CHAMPIONS MACHINE TOOL SALES, INC.	74-2149248	3.11	6681552
EFX/CHILD BRIDGE INC.	27-3382066	0.32	681350
EFX/CIRCLE Z CONSTRUCTION, LLC	82-4762417	0.00	7296
EFX/CLEAR SPRINGS CENTER FOR CANCER CARE	04-5152599	0.00	0

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EFX/COASTAL BEND COMMUNITY FOUNDATION	74-2190039	0.49	1041632
EFX/COLORADO RIVER LAND TRUST	46-1481647	0.23	500369
EFX/COLT MIDSTREAM, LLC	84-3743358	1.95	4194221
EFX/CONCOURSE COMPANIES LLC	81-0771516	0.00	0
EFX/CONNEXA ENERGY, L.L.C.	26-1917870	0.01	25924
EFX/CONROE AESTHETICS & WELLNESS, P.A.	27-2043298	0.00	0
EFX/CORE BENEFIT SERVICES	76-0669147	0.49	1042438
EFX/CORPORATE FLIGHT MANAGEMENT	88-2193929	0.18	381875
EFX/CS MANAGEMENT, LLC	26-4074597	0.01	13300

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EFX/CLEARWORTH RESIDENTIAL, LLC	85-4164952	0.38	815445
EFX/CYCLE MEDICAL	82-0881399	0.09	183799
EFX/DC CONTRACTING SERVICES, LLC	88-1330005	0.68	1469657
EFX/DDS SOLUTIONS, LLC	82-2924076	0.45	969086
EFX/DEALER SOURCE, LTD	20-3677285	0.15	319379
VERTEX LOGISTICS USA INC	84-1444037	0.65	1396269
EFX/DIGITAL DISCOVERY SOLUTIONS LLP	06-1714383	0.22	475236
EFX/EARTH DAY TEXAS, INC.	27-4029245	0.40	863137
EFX/EDGE REALTY PARTNERS AUSTIN, LLC	80-0426197	0.00	0

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EFX/EDGE REALTY CAPITAL MARKET HOUSTON	81-2141096	0.00	0
EFX/EDGE REALTY CAPITAL MARKETS, LLC	37-1668568	0.00	0
EFX/EDGE REALTY PARTNERS, LLC	80-0382953	0.47	1017313
EFX/EDUCARE PRESCHOOL & CHILD CARE, INC.	81-1305919	0.09	188772
EFX/EDTECH VENTURES LLC	87-3719086	0.00	0
EFX/EDUCATION BASED HOUSING, INC DBA EMPOWER COMMUNITY DEVE	76-0629574	0.04	86395
EFX/EES GP, LLC	85-3467065	3.01	6460935
EFX/EMPLOYER FLEXIBLE HR, LLC	27-4406361	4.88	10479579
EFX/EMPLOYER FLEXIBLE MANAGEMENT, LLC	27-4396996	0.11	230603

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EFX/EMPLOYER FLEXIBLE RECRUITING II LLC DBA EFLEX RECRUITING	84-2079966	0.00	1069
EFX/EDGE REALTY PARTNERS HOUSTON, LLC	80-0691374	0.00	0
EFX/E & JK ENTERPRISES, INC DBA SUNDOWN SECURITY	81-0410173	0.01	24193
EIT HOLDING COMPANY LLC	93-2338480	0.83	1790492
EFX/EMPOWER TITLE, LLC	84-2061949	0.25	532981
EFX/ENCORE LIVE LLC DBA ENCORE LIVE	27-4166216	0.20	418600
EFX/ENDEAVOR CRUDE LLC	83-3675673	0.04	95719
ENER-I.AL, INC.	87-3282550	0.00	0
EFX/ENGINEERED SYSTEMS AND ENERGY SOLUTIONS, INC.	26-2379936	0.00	0

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EFX/EP ENERGY MANAGEMENT LLC	74-1405013	0.05	107518
EFX/ERDIN INSURANCE	81-1188930	0.35	743515
EFX/ERGOS TECHNOLOGY PARTNERS, INC.	76-0538671	5.23	11223185
EFX/ERGYTECH INC.	76-0316265	0.00	0
EFX/ESCONDIDO RESOURCES EMPLOYEECO, LLC	41-1982889	0.72	1536395
EFX/ESPEY & ASSOCIATES, PC	26-4114000	1.96	4216808
EFX/ESPRIT HEALTH & WELLNESS, LLC DBA ESPRIT HEALTH CLINIC	47-1134949	0.02	53048
EFX/EVERIZ MANAGEMENT, LLC	46-5147125	2.41	5174534
EFX/SAN ANTONIO FOUNDATION FOR EXCELLENCE IN EDUCATION, INC.	74-2861587	0.02	35381

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EFX/EXOLUM AMERICA INC. DBA EXOLUM AMERICA INC	36-4919040	0.01	16222
EFX/FEATHERINGILL ASSET MANAGEMENT, LLC	81-4861178	0.29	619699
EFX/FHG FUELING LLC	81-2810863	0.04	77978
EFX/FINANCIAL CONCEPTS MORTGAGE, LLC	73-1611552	1.02	2183658
EFX/FIREPLACE CENTER OF BILLINGS, INC	85-2608917	0.16	353557
EFX/FIREPLACE CENTER OF KALISPELL INC	20-5129512	0.02	37861
EFX/FORBES DISTRIBUTING CO, INC	63-0244395	0.84	1807139
EFX/FRED LAW FIRM & ASSOCIATES, PLLC DBA FRONTIER LAW FIRM	47-4519584	0.03	72281
EFX/FRONTLINE MEDICAL RESOURCES, LLC	88-3697467	0.14	310512

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EFX/FRONTIER TITLE COMPANY-WH, LLC	20-5284703	0.00	0
EFX/GDC MARKETING & IDEATION	74-2940278	0.00	0
EFX/GDC STUDIOS LLC DBA GEOMEDIA	88-2622746	0.00	0
EFX/GENIS HOLDINGS, LLC	37-1779437	0.10	210007
EFX/GIBSON ENTERPRISES, LLC DBA TOP GRADE MILL WORK	46-3611427	0.00	0
EFX/GIL'S HEAVY EQUIPMENT REPAIR, INC	76-0685009	0.33	717115
EFX/GIRLS INCORPORATED OF SAN ANTONIO	20-5468038	0.01	19672
EFX/GKH INC. DBA KINGS PHARMACY-BEAUMONT	42-1739015	0.00	0
EFX/GLACIER POWER SOLUTIONS LLC	84-3917552	0.01	25270

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EFX/GREATAUPAIR, LLC	94-3407085	0.04	89765
EFX/GREEN REVOLUTION COOLING INC	94-3462532	0.88	1893654
EFX/GREATER TEXAS CAPITAL CORPORATION	75-2600054	0.83	1778803
GS SOLAR, LLC	81-2589429	0.00	0
EFX/HAIGHT CONSTRUCTION MANAGEMENT SERVICES, INC	20-5760698	2.76	5924427
EFX/HAMPTON LLC	93-3408649	0.01	24376
EFX/HEALTHPOINTE SOLUTIONS	81-1128476	0.14	310896
EFX/HEAVENLY PAWS, LLC	47-1055972	0.00	0
EFX/HERBST & ASSOCIATES SALES INC. DBA HERBST & ASSOCIATES,	76-0688181	0.41	885556

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EFX/HHH GROUP INC.	26-3496085	0.32	689750
EFX/HIS MECHANICAL	20-2486440	0.01	11182
EFX/EXPRESS CORPORATE HOUSING LLC	81-1037816	0.60	1279689
EFX/HUGHES & SCALISE, PC	20-1076249	0.00	0
EFX/HAYES VENDING CO., INC./HAYES DISTRIBUTION CO., INC.	73-1057641	0.06	122113
EFX/I-90 MOTORS, INC. DBA I-90 MOTORS & RV	81-0540810	0.00	0
EFX/IGEM COMMUNICATIONS LLC DBA GLOBALGIG	81-1981422	0.00	0
EFX/IMAGING 4 PETS, LLC	27-0978715	0.00	0
EFX/INTERNATIONAL ASSOCIATION OF VENUE MANAGERS	62-0671161	0.99	2124587

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EFX/INC NAUTICAL, L.P.	20-3093653	0.05	115914
EFX/INDEPENDENT MEDICAL EXAMINATIONS, LLC	04-3621039	0.07	158875
EFX/INDIVIDUAL INSURANCE SOLUTIONS, LLC	86-2589577	0.00	4107
EFX/INFINITE PROPERTY MANAGEMENT, LLC	82-3218450	0.01	18802
EFX/INGRAM HOMES, LLC	20-0376802	1.05	2244788
EFX/INTERNATIONAL SCHOOL OF LEARNERS AND LEADERS DBA INTERNA	46-2877379	0.25	536031
EFX/IWC SERVICES LLC	93-2665254	0.38	811378
EFX/JAY M HOELSCHER MD PA DBA ALAMO HEIGHTS PRIMARY CARE PHY	68-0496454	0.00	0
EFX/JOINT PAIN AND ORTHOPEDICS PLLC DBA BONE DRS ORTHOPEDIC	85-2090691	0.03	59213

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EFX/JO L. SLAMA PC DBA SLAMA LEGAL GROUP	20-2143147	1.03	2215354
EFX/JORDAN REID LLC DBA RAMSEY LAND SURVEYING	47-4396068	0.20	434077
EFX/J STREET PROPERTY SERVICES DBA J STREET COMPANIES	26-3088061	1.28	2753449
JZ CONTRACTING INC DBA PRO SWEEP PLUS	81-0541214	0.00	10101
EFX/KIMBIA, INC	26-0302523	0.00	0
EFX/KNIGHTCAP SERVICES, INC	85-2890871	0.00	0
EFX/LADERA PARK DERMATOLOGY, PA	82-1602215	1.04	2224769
EFX/LANDMARK GSI	81-4842089	0.24	515546
EFX/LARGER THAN AVERAGE LLC DBA BIG BLANKET CO	83-1466801	0.00	0

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EFX/LAUNCH AGENCY, LP	57-1147232	0.00	0
EFX/LEADERSHIP ALABAMA, INC	63-1007967	0.06	128726
EFX/LOMAD CORP DBA MIGHTY DOG ROOFING	88-1712660	0.13	278312
EFX/LONE STAR PEDIATRICS	84-2758800	0.30	642747
EFX/LM ENERGY OPERATING LLC	83-3437495	0.00	4332
EFX/LUMENSERVE, INC.	47-4170442	0.38	820942
EFX/MARFIELD, INC. DBA MARFIELD CORPORATE STATIONERY	75-1368569	0.21	443571
EFX/MARTIN INGRAM ENTERPRISE, INC.	75-1230528	0.00	0
EFX/MBA ENGINEERS, INC	63-0576330	0.00	0

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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
EFX/MCDANIEL & SON PLUMBING INC	75-2802542	0.12	247185
EFX/MEDICAL COMPUTING SOLUTIONS, INC. DBA HILL COUNTRY TECH	20-5053159	0.00	0
EFX/MEDIPSYCH, LLC	26-1786078	0.00	0
EFX/MEDICATION THERAPY SOLUTIONS I	26-4477258	0.00	0
EFX/MENDEZ ENGINEERING, PLLC	45-4247258	0.00	0
EFX/MEND MEP LLC	92-1325084	0.00	7608
EFX/MERIT ADVISORS, INC.	73-1332049	0.24	516068
EFX/MERIDIAN INFRASTRUCTURE OPERATING LLC	99-3644005	0.29	621813
EFX/MESA EMPLOYEES, LLC	87-0858412	0.62	1329737

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Part II Participating Employer Information (Continued).

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EFX/METRO CUSTOM PLASTICS, INC.	75-1443675	0.37	786694
EFX/MIGHTY CITIZEN PBC	20-0213624	1.91	4093842
EFX/MKG PLLC DBA COMAL PET HOSPITAL	27-3215591	0.00	0
EFX/MOBIUS PARTNERS, INC.	74-2975590	2.33	4992680
EFX/MODA MIDSTREAM OPERATING, LLC	47-3671424	0.59	1265422
EFX/INK CIVIL	27-5023545	0.28	597012
EFX/MOFFITT HOLDINGS, LLC DBA MOFFITT SERVICES	38-3919577	0.00	0
EFX/MOFFITT CASWELL SOUTHERN TRUCKING, LLC	46-4078507	0.03	58745
EFX/MORA ENERGY OPERATING, LLC	33-3962326	0.84	1805032

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Part II Participating Employer Information (Continued).

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EFX/MYWORKDOC TECHNOLOGIES LLC	47-3653292	0.00	0
EFX/NATOWATCHBANDS.COM, LLC DBA BARTON WATCH BANDS	47-3870708	0.09	196559
EFX/NERXD LLC DBA CYPRESS COMPOUNDING PHARMACY	27-5465561	0.00	0
EFX/NORTH HOUSTON FAMILY MEDICINE PLLC	46-2598558	0.01	18729
EFX/NORTHWEST HARDWARE LLC	20-4148540	0.43	930710
EFX/NUEVA VIDA BEHAVIORAL HEALTH ASSOCIATES, INC.	52-2403742	0.21	441598
EFX/NVYA TECHNOLOGY, LLC	47-5126186	0.00	0
EFX/OSC HOLDINGS, LLC. DBA O'DONNELL/SNIDER CONSTRUCTION, LL	20-3992772	0.00	0
EFX/OPTIMAS MANUFACTURING SOLUTIONS II, LLC	26-4543644	0.26	564905

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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
EFX/OUR FATHER'S CHILDREN, INC.	20-0647744	0.31	666475
EFX/OXLEY ENERGY, LLC	35-2416732	0.00	0
EFX/PC3 TECHNOLOGIES, LLC	82-1072960	0.04	76463
EFX/PETRO SOURCE PARTNERS, LLC	27-0778753	0.03	73429
EFX/PILGRIM MORTGAGE, LLC	30-0382471	1.92	4121716
EFX/POLYCON LLC	88-4128031	0.04	95330
EFX/PREMIER HEALTH SOLUTIONS, LLC	76-0455244	0.00	0
EFX/PRIME FRESH FOODS, LLC DBA CAPRA FOODS	45-1271042	0.02	50191
EFX/PRINT GLOBE, LLC	83-2918087	0.00	0

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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
EFX/ROUTE 66 PROJECT DBA PROJECT 66	80-0465514	0.01	13047
EFX/PROFESSIONAL RADIOLOGY	47-2177210	0.35	749629
EFX/PROTOPIA AI, INC	84-4611813	0.31	659829
EFX/PROVIDENCE ENERGY LTD. DBA PROVIDENCE ENERGY CORP.	75-2493397	0.00	0
EFX/QUALITY CARE ER	81-3447150	0.00	0
EFX/QUINTANILLA MANAGEMENT COMPANY	31-1554896	0.58	1251690
EFX/QV21 TECHNOLOGIES, INC	45-4205090	0.00	0
EFX/RAINTREE HOLDINGS, LLC	45-3227635	0.00	0
EFX/RAZOR US HOLDCO II, INC.	86-2575776	0.00	0

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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
EFX/RDB SERVICES LLC	46-3679452	0.00	7121
EFX/REALITY BASED GROUP INC	76-0455244	0.00	0
EFX/REAL ESTATE ACCOUNTING AND LEARNING MANAGEMENT SERVICES,	92-1618607	0.03	61823
EFX/REAL VALUE LLC DBA SIMPLE MODERN	47-5135105	0.00	0
EFX/RECON DIGITAL MEDIA, LLC DBA RECON DIGITAL MEDIA	84-4665577	0.00	0
EFX/REDBUD E&P INC.	98-0465447	1.04	2234797
EFX/RELIANCE AIRCRAFT INTERNATIONAL, LLC	84-3918252	0.23	497545
EFX/R.O.C.K., RIDE ON CENTER FOR KIDS	74-2917659	0.07	149783
EFX/RISE COMMERCIAL PARTNERS	85-3226775	0.01	32165

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EFX/RITE INSPECTION SERVICES, INC	20-4135801	0.79	1690766
EFX/ROCKWELL MANAGEMENT CORPORATION	76-0449858	1.73	3716394
EFX/LOS ROBLE ROTO RANCH, LLC	82-4234193	0.07	142874
EFX/ROCK SURGERY CENTER LLC	81-4591057	0.00	0
EFX/RSI & ASSOCIATES INC.	74-2903075	0.09	197650
EFX/SA2020	45-5409693	0.06	135897
EFX/SABRE COMMERCIAL, INC.	26-2705040	0.93	1989255
EFX/SANTA MARIA HOSTEL, INC.	74-1669131	0.07	151808
EFX/SAN ANTONIO STEEL COMPANY, LLC	74-2252602	0.00	0

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EFX/SAWYER SOLUTIONS, LLC	45-3810336	0.00	1790
EFX/SCHRIVER, CARMONA & COMPANY, PLLC	27-3473554	0.00	0
EFX/SCRIPTO INC. DBA SCRIPTO PHARMACY	84-1747411	0.08	172047
EFX/SELRICO SERVICES, INC	74-2688702	0.26	553272
EFX/THE SERVICE CENTER, LTD	76-0051678	0.84	1808275
EFX/SHERIDAN CUSTOM STONE, LLC	46-3086567	0.15	317731
EFX/SHERMAN ROTO TANK, LLC	46-3757568	0.31	659548
EFX/ABSOLUTE COMMUNICATIONS AND NETWORK SOLUTIONS, INC	74-2677636	0.05	108480
EFX/SILVERPOINT MANAGEMENT LLC	84-3799990	0.00	7006

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EFX/SILVERPOINT SENIOR LIVING	84-2013472	0.04	91998
EFX/SIMPLESHIP HOLDINGS, LLC	81-1187161	1.65	3551550
EFX/SMH CAPITAL ADVISORS	75-2681494	0.13	289544
EFX/SOCIETY HOLDINGS, LLC	81-0984533	0.00	0
EFX/SOLAR FOR U LLC DBA TEJAS SOLAR	85-0576646	0.00	0
EFX/SPRINGTIME PEDIATRICS PLLC	47-2947232	0.00	0
EFX/STANDARD BEAGLE STUDIO, LLC DBA STANDARD BEAGLE	61-1692164	0.00	9007
EFX/STEEL SOLUTIONS LLC	45-3123357	0.08	166282
EFX/STERLING ASSOCIATION SERVICES, INC.	20-0158612	0.61	1303881

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EFX/STERLING MANAGEMENT GROUP, LLC	16-1709718	0.52	1123434
EFX/ST. MICHAELS ELITE HOSPITAL	84-2589283	0.27	581290
EFX/STRONG AUTOMOTIVE MERCHANDISING, LLC	20-1057095	0.00	0
EFX/SUMMIT NEXT GEN, LLC	92-2611806	0.02	53308
EFX/SUPREME PLANT SERVICES, LLC.	84-4256570	0.08	166142
EFX/SWAU, LLC	83-4047690	0.03	53941
EFX/TELECOM AMERICA SERVICES, INC.	74-2895614	0.95	2049305
EFX/TECNICS CONSULTING INC	76-0588593	0.00	0
EFX/TEXAS LIBATIONS LLC	83-2900454	0.00	0

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EFX/THEO EXECUTIVE GROUP, LLC	45-0489354	0.24	513402
EFX/THE SALES COLLECTIVE, INC.	87-4480313	0.27	584422
EFX/THRU PROJECT	46-3961089	0.06	138824
EFX/TIA GROUP, LLC	27-1368344	0.12	256519
EFX/TIGERFLOW SYSTEMS, LLC	82-1029189	0.85	1831648
EFX/TEXAS MEDICAL LEGAL CONSULTANTS, LLC	27-4438149	1.24	2668761
EFX/TRAFFIC SOLUTIONS, INC	63-1210581	0.30	635855
EFX/TRAVERSA SOLUTIONS, INC	77-0717208	0.21	456020
EFX/TRIGGERPOINT MEDIA, INC.	47-3667640	0.04	90712

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EFX/TRUE LEE LOUDSPEAKERS, LLC	27-4814742	0.00	0
EFX/TAS TECHNOLOGIES, INC. DBA LONESTAR SYNERGISTX	76-0543520	0.34	727049
EFX/TWC ARCHITECTURAL MOULDINGS, LTD	74-3002001	0.19	408490
EFX/TXAM PUMPS, LLC	20-8772534	0.00	0
EFX/TEXAS COMMUNITY PROPANE, LTD.	11-3661210	0.03	63128
EFX/USA DATAFAX, INC.	76-0189618	0.52	1120734
EFX/VANT MARKETING, LLC	81-4158610	0.00	5281
EFX/VENTI USA INC.	75-3257048	0.06	121331
EFX/VERTEX DOWNHOLE, INC.	46-3584806	0.13	276545

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EFX/VISUAL SOLUTIONS, INC	63-1150733	0.32	686675
EFX/VOPAK EXOLUM HOUSTON, LLC	46-2568658	0.44	940351
EFX/VRL SHARED SERVICES LLC	46-4182848	0.00	0
EFX/VUDU CONSULTING LP	26-4784942	0.13	270287
EFX/WALLACE & ALLEN, LLP	84-3332163	0.04	80435
EFX/WAYBLAZER, INC.	46-4628130	0.00	0
EFX/WEB-HEAD TECHNOLOGIES, LLC.	74-2882434	0.19	417808
EFX/WESTERN PROPERTY MANAGEMENT, INC.	73-1418290	0.05	108901
EFX/WESTERN INSULATION INC. DBA GREAT WESTERN INSULATION	27-1586097	0.01	15426

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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
EFX/ADWHITE, LLC	20-2824874	0.27	582087
EFX/WILD BADGER MANAGEMENT LLC.	82-0873152	0.29	622361
EFX/WILLCAM, INC DBA VANGUARD CLEANING SYSTEMS OF NORTH AME	20-5772077	0.27	587766
EFX/WILLOWBEND INVESTMENTS, INC.	48-1110937	2.69	5771734
ASTOUNDZ, LLC	81-1575590	0.10	211629
EFX/WORKFAITH BIRMINGHAM	46-3606843	0.05	98502
EFX/YUVA BIOSCIENCES, INC. DBA YUVA	84-2866443	0.06	125088
EFX/1876 PARTNERS, L.P.	93-4331799	0.08	168915

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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 _____

Employer Flexible 401(k) Plan

EIN: 27-4406361

Plan Number: 333

To Whom It May Concern,

We are submitting the accompanying Form 5500 for the above-referenced plan. The plan's Independent Qualified Public Accountant (IQPA) has informed us that additional time is required to finalize and issue the auditor's report. Accordingly, the plan's audited financial statements are not yet available at the time of this filing.

The delay in completion of the audit is not the result of willful neglect or intentional noncompliance by the plan sponsor, the independent auditor, or the third-party administrator. Rather, it reflects the time necessary to ensure the accuracy and completeness of the plan's financial reporting and audit opinion.

Consistent with the Department of Labor's guidance in EFAST2 FAQs (Question 25, January 11, 2021), we are filing the Form 5500 now and will file an amended Form 5500 promptly upon receipt of the completed IQPA report. The auditor anticipates that the report will be finalized within approximately 45 days.

We understand that the current filing may be considered incomplete under ERISA §104(a)(4) and 29 C.F.R. §2520.103-1(b), which require the inclusion of the independent auditor's report for large plan filings. However, we are acting in good faith to comply with applicable filing deadlines under 29 C.F.R. §2520.104a-5(a)(2), and will supplement this filing as soon as administratively feasible.

We respectfully request that the Department of Labor accept this timely submission pending completion of the plan audit and acknowledge our intent to amend the filing once the IQPA's opinion is available.

Respectfully submitted,

National Professional Planning Group

Director of Fiduciary Services/ National Professional Planning Group 494 Sycamore Avenue –

Suite 100, Shrewsbury, NJ 07702

Date: 10/15/2026

Employer Flexible 401(k) Plan

EIN: 27-4406361

Plan Number: 333

To Whom It May Concern,

We are submitting the accompanying Form 5500 for the above-referenced plan. The plan's Independent Qualified Public Accountant (IQPA) has informed us that additional time is required to finalize and issue the auditor's report. Accordingly, the plan's audited financial statements are not yet available at the time of this filing.

The delay in completion of the audit is not the result of willful neglect or intentional noncompliance by the plan sponsor, the independent auditor, or the third-party administrator. Rather, it reflects the time necessary to ensure the accuracy and completeness of the plan's financial reporting and audit opinion.

Consistent with the Department of Labor's guidance in EFAST2 FAQs (Question 25, January 11, 2021), we are filing the Form 5500 now and will file an amended Form 5500 promptly upon receipt of the completed IQPA report. The auditor anticipates that the report will be finalized within approximately 45 days.

We understand that the current filing may be considered incomplete under ERISA §104(a)(4) and 29 C.F.R. §2520.103-1(b), which require the inclusion of the independent auditor's report for large plan filings. However, we are acting in good faith to comply with applicable filing deadlines under 29 C.F.R. §2520.104a-5(a)(2), and will supplement this filing as soon as administratively feasible.

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Date: 10/15/2026