

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of 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 <u>PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN</u> 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) <u>PRESTIGE EMPLOYEE ADMINISTRATORS, INC.</u> <u>538 BROADHOLLOW ROAD</u> <u>SUITE 311</u> <u>MELVILLE, NY 11747</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>11-3448580</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>516-692-8505</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>561300</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/2001</u>		2b Employer Identification Number (EIN) <u>11-3448580</u>		2c Plan Sponsor's telephone number <u>516-692-8505</u>		2d Business code (see instructions) <u>561300</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>										
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2c Plan Sponsor's telephone number <u>516-692-8505</u>											
2d Business code (see instructions) <u>561300</u>											

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.	04/25/2023	ALICIA PETERMAN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	5639
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)	4739
a(2) Total number of active participants at the end of the plan year		6a(2)	5711
b Retired or separated participants receiving benefits.....		6b	8
c Other retired or separated participants entitled to future benefits		6c	996
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	6715
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	5
f Total. Add lines 6d and 6e		6f	6720
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4126
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	85
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 Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3B 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 PRESTIGE EMPLOYEE ADMINISTRATORS, INC.	D Employer Identification Number (EIN) 11-3448580	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

BLUESTAR RETIREMENT SERVICES

59-3092339

(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?
12 13 15 17 37 38 49 50 64 65 99	NONE	729636	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKS RETIREMENT SERVICES

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 26 27 49 51 99	NONE	93957	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRESTIGE EMPLOYEE ADMINISTRATORS

11-3448580

(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?
12 15 37 49 50 99	NONE	80695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IHT WEALTH MANAGEMENT LLC

32-8764791

(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?
33 50 71	NONE	77662	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST BANK

82-3967259

(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?
19 33 37 50 62 71	NONE	27945	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

SIGNATURE SECURITIES GROUP

13-4120476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 51	NONE	25772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK 04-6171663	RANGE OF 0.25 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY INVESTMENTS 06-1194217	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANZ GLOBAL INVESTORS 06-1349805	RANGE OF 0.31 OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD MUTUAL FUNDS 13-3317783	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT 13-3731507	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA 35-6447892	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALAMOS 36-3316238	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLSPRING FUNDS MANAGEMENT LLC 41-0449260	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DAVIS FUNDS 52-1346931	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 90-0924512	RATE OF 0.12% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN TEMPLETON INVESTMENTS 94-3167260	RANGE OF 0.20 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CREDIT SUISSE (NEW YORK, NY) 11 MADISON AVE NEW YORK, NY 10010	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARLES SCHWAB TRUST BANK	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MACQUARIE INVESTMENT MANAGEMENT 50 MARTIN PLACE SYDNEY, SYDNEY NSW 2000 AU	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PRESTIGE EMPLOYEE ADMINISTRATORS, INC.</u>	D Employer Identification Number (EIN) <u>11-3448580</u>	

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	146195	440732
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1953042	1821081
(9) Value of interest in common/collective trusts.....	1c(9)	8891653	8445926
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	146533168	219389659
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	6317727	8369486

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	163841785	238466884

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	33832	20803
k Total liabilities (add all amounts in lines 1g through 1j)	1k	33832	20803

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	163807953	238446081
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6509239	
(B) Participants	2a(1)(B)	23937155	
(C) Others (including rollovers).....	2a(1)(C)	5306965	
(2) Noncash contributions.....	2a(2)	0	35753359
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1301	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	86755	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		88056
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	7721801
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	7721801	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7721801
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		167257
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		22341897
c Other income.....	2c		8378
d Total income. Add all income amounts in column (b) and enter total.....	2d		66080748
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	19058120	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		19058120
f Corrective distributions (see instructions).....	2f		167626
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	852097	
(3) Investment advisory and management fees.....	2i(3)	207130	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1059227
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		20284973
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		45795775
l Transfers of assets:			
(1) To this plan.....	2l(1)		41831490
(2) From this plan.....	2l(2)		12989137

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: COHNREZNICK LLP

(2) EIN: 22-1478099

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a	X		144618

	Yes	No	Amount
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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)
FRESHFORD CAPITAL 401(K) PLAN	26-2850841	001
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
PEDIATRIC AND ADOLESCENT MEDICINE LLP PROFIT SHARING PLAN	13-2980054	002

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 _____.

	Yes	No	Amount
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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 ☐ 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)
BKS POOLED EMPLOYER PLAN	85-3213245	003
RETHINK AUTISM 401K PROFIT SHARING PLAN TRUST	26-1746074	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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 PRESTIGE EMPLOYEE ADMINISTRATORS, INC.	D Employer Identification Number (EIN) 11-3448580

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259		
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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**Prestige Employee Administrators
Retirement Savings Plan**

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

December 31, 2021

Prestige Employee Administrators Retirement Savings Plan

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Independent Auditor's Report

To the Plan Administrator
Prestige Employee Administrators Retirement Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Prestige Employee Administrators Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C)"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 12 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2021 Financial Statements* section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2021 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

2020 Financial Statements Restated

The financial statements of the Plan for the year ended December 31, 2020, before the restatement described in Note 2, were audited by another auditor whose report dated October 14, 2021 stated that the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America and the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). As discussed in Note 2 to the 2021 financial statements, the 2020 statement of net assets available for benefits has been restated to correct an error related to the classification of the Plan's investments. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, we did not perform any auditing procedures with respect to the restated investment information certified by a qualified institution. We were not engaged to audit, review, or apply any procedures to the 2020 financial statements of the entity and, accordingly, we do not express an opinion or any other form of assurance on the 2020 financial statements as a whole.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a significant likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental Schedule of Delinquent Participant Contributions (Schedule H, Line 4a) for the year ended December 31, 2021 and Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) as of December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

2020 Financial Statements

The financial statements of the Plan as of December 31, 2020 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform and they did not perform any auditing procedures with respect to the information certified by a qualified institution. Their report dated October 14, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the 2020 financial statements and supplemental schedules other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



New York, New York
April 11, 2023

Prestige Employee Administrators Retirement Savings Plan

Statements of Net Assets Available for Benefits December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value	<u>\$ 236,205,071</u>	<u>\$ 161,742,548</u>
Cash	<u>440,732</u>	<u>146,195</u>
Receivables		
Employer contribution	1,506,253	1,213,225
Participant contributions	1,263,878	828,788
Notes receivable from participants	<u>1,821,081</u>	<u>1,953,042</u>
Total receivables	<u>4,591,212</u>	<u>3,995,055</u>
Total assets	<u>241,237,015</u>	<u>165,883,798</u>
Liabilities		
Accrued expenses	20,803	33,832
Excess contributions payable	<u>168,131</u>	<u>-</u>
Total liabilities	<u>188,934</u>	<u>33,832</u>
Net assets available for benefits	<u><u>\$ 241,048,081</u></u>	<u><u>\$ 165,849,966</u></u>

See Notes to Financial Statements.

Prestige Employee Administrators Retirement Savings Plan

**Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021**

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 22,509,153
Dividends	7,721,801
Other income	8,378
Total investment income	30,239,332
Interest income on notes receivable from participants	88,056
Contributions	
Employer	6,802,267
Participants	24,372,245
Rollovers	5,306,965
Total contributions	36,481,477
Total additions	66,808,865
Deductions	
Benefits paid to participants	19,058,119
Administrative expenses	1,059,227
Corrective distributions	335,757
Total deductions	20,453,103
Increase in net assets	46,355,762
Net transfers from other plans	28,842,353
Net assets available for benefits	
Beginning of year	165,849,966
End of year	\$ 241,048,081

See Notes to Financial Statements.

Prestige Employee Administrators Retirement Savings Plan

Notes to Financial Statements December 31, 2021

Note 1 - Description of plan

The following description of the Prestige Employee Administrators Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on January 1, 2001 by Prestige Employee Administrators, Inc. (the "Company") as a multiple-employer defined contribution plan, as described in Section 413(c) of the Internal Revenue Code (the "Code"). The Company provides payroll processing and human resource services to its clients. Each client of the Company has the option of adopting this Plan for the benefit of its employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

A client that adopts this Plan is known as a participating employer. Each participating employer establishes its eligibility requirements relating to age and length of service for its employees in accordance with the provisions of the Plan and the Code. The Plan covers employees who have met the eligibility requirements established by the Company or their respective participating employer.

A client that does not adopt this Plan may adopt its own retirement plan. Any client adopting its own retirement plan is subject to its plan's regulations and not those of this Plan. Therefore, their plan information is not included in these financial statements.

Contributions

Each year, participants may contribute pre-tax deferrals or Roth (after-tax) deferrals as a percent of annual compensation as defined in the Plan to the maximum allowed by the Code or as adopted by the participating employer. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

The Plan allows the Company and each participating employer to determine if its employees will be automatically enrolled upon eligibility or if eligible employees must enroll if they wish to participate in the Plan.

The Company and each participating employer may elect to make matching, safe harbor, profit sharing, or other discretionary contributions to the Plan.

Participant and Company contributions are invested as directed by the participant from investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant accounts

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

Prestige Employee Administrators Retirement Savings Plan

Notes to Financial Statements December 31, 2021

Vesting

Participants are vested immediately in their contributions and the Company's or the participating employer's safe harbor contributions plus actual earnings on the contributions. Vesting in the Company's matching and discretionary contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after meeting the service requirement established by the participating employer not to exceed the ERISA maximum of six years or attaining the retirement age of 65, or upon death or disability.

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate shall be the prime lending rate plus 1% determined as of the date of the loan request or such other rate of interest as would be charged by persons in the business of lending money for loans which would be made under similar circumstances. Principal and interest are paid ratably through payroll deductions.

Payment of benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments over a period of time.

Forfeited accounts

In the event that funds are forfeited, the employer must direct the administrator to use forfeitures to reinstate previously forfeited account balances of participants, if any, or to satisfy any contribution that may be required pursuant, or to pay any Plan expenses. Forfeited account balances were \$57,332 and \$89,490 as of December 31, 2021 and 2020, respectively. For the Plan year 2021, forfeited nonvested funds used to reduce Plan expenses and employer contributions were \$18,123 and \$120,569, respectively.

Note 2 - Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting, conforming with generally accepted accounting principles in the United States of America ("GAAP").

Use of estimates

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

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

Prestige Employee Administrators Retirement Savings Plan

Notes to Financial Statements December 31, 2021

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding increase to corrective distributions.

Payment of benefits

Benefits are recorded when paid.

Expenses

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

Restatement

The Plan's 2020 statement of net assets available for benefits has been restated to present the Plan's investment in a collective trust fund at fair value. Accordingly, to reflect the correction of the error, the Plans fair value hierarchy table in Note 3 has been updated to reflect the total investments at fair value as of December 31, 2020. The following is a summary of the impact of the restatement on the 2020 financial statements:

	Previously reported	Increase (decrease)	Restated
Investments, at fair value	\$ 152,850,895	\$ 8,891,653	\$ 161,742,548
Investments, at contract value	8,891,653	(8,891,653)	-
Total investments	<u>\$ 161,742,548</u>	<u>\$ -</u>	<u>\$ 161,742,548</u>

Subsequent events

The Plan has evaluated subsequent events through April 11, 2023, the date the financial statements were available to be issued.

Note 3 - Fair value measurements

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

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

Prestige Employee Administrators Retirement Savings Plan

Notes to Financial Statements December 31, 2021

- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020:

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

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Prestige Employee Administrators Retirement Savings Plan

Notes to Financial Statements December 31, 2021

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	2021			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 219,390,042	\$ -	\$ -	\$ 219,390,042
Self-directed brokerage account	8,369,103	-	-	8,369,103
Total assets in the fair value hierarchy	227,759,145	-	-	227,759,145
Investments measured at NAV (a)	-	-	-	8,445,926
Total investments at fair value	<u>\$ 227,759,145</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 236,205,071</u>
	2020			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 146,533,168	\$ -	\$ -	\$ 146,533,168
Self-directed brokerage account	6,317,727	-	-	6,317,727
Total assets in the fair value hierarchy	152,850,895	-	-	152,850,895
Investments measured at NAV (a)	-	-	-	8,891,653
Total investments at fair value	<u>\$ 152,850,895</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 161,742,548</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

For years ended December 31, 2021 and 2020, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

Fair value of investments in entities that use NAV

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2021	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
MetLife Stable GAC 25554	\$ 8,445,926	None	Daily	None
December 31, 2020	Fair value	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
MetLife Stable GAC 25554	\$ 8,891,653	None	Daily	None

Prestige Employee Administrators Retirement Savings Plan

Notes to Financial Statements December 31, 2021

Note 4 - Rollover contributions

The Plan may accept a rollover, provided the rollover will not jeopardize the tax-exempt status of the Plan or create adverse tax consequences for the employer. The amounts rolled over shall be separately accounted for in a participant's rollover account. Furthermore, any Roth Elective Deferrals that are accepted as rollovers in the Plan on or after January 1, 2006 shall be separately accounted for. A participant's rollover account shall be fully vested at all times and shall not be subject to forfeiture for any reason. For purposes of this section, the term participant shall include any eligible employee who is not yet a participant, if, pursuant to the Adoption Agreement, rollovers are permitted to be accepted from eligible employees.

Note 5 - Related party transactions and party-in-interest transactions

Certain Plan investments are shares of mutual funds managed by various mutual fund companies. Fees incurred within these mutual funds are included in net appreciation in fair value of investments.

During 2021, fees were paid to Charles Schwab Trust Bank, the trustee as defined by the Plan, and to BlueStar Retirement Services, BKS Retirement Services, Private Advisor Group, Dodge & Cox, Fidelity Investments, and Wells Fargo Funds for their advisory and administrative services to the Plan. These fees included investment fees, third-party administrative fees, and other professional service fees, and are based on customary charges as agreed upon by the Plan. These transactions qualify as party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Company, the Plan's sponsor, who received \$60,919 and \$67,442 in 2021 and 2020, respectively, for its administrative services. No officer or employee of the Plan sponsor received direct compensation from the Plan.

Note 6 - Tax status

The IRS has determined and informed the Company by a letter dated March 16, 2015, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan will continue to be amended as necessary and the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable provisions of the IRC and, therefore, believes that the Plan is qualified and that the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS/Department of Labor ("DOL"). The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions.

Prestige Employee Administrators Retirement Savings Plan

Notes to Financial Statements December 31, 2021

Note 7 - Transfers to/from other plans

New participating employers transferring from other plans and employers terminating participation in the Plan are reflected as net transfers to other plans in the statement of changes in net assets available for benefits. An entity can become a participating employer in the Plan under certain terms and conditions as permitted by the Plan. Any participating employer may at any time elect to terminate its participation in the Plan as set forth in the Plan document. For the year ended December 31, 2021, total transfers into the Plan were \$41,831,490 and total transfers out of the Plan were \$12,989,137.

Note 8 - Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions. Any unallocated assets of the Plan may be allocated to participant accounts or distributed in such a manner as the Company or participating employer may determine.

Note 9 - Risks and uncertainties

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

In early 2020, an outbreak of a novel strain of coronavirus ("COVID-19") emerged globally. As a result, events have occurred domestically in the United States and globally, including mandates from federal, state, and local authorities, leading to an overall decline in the economic activity. The continuation of the effects of COVID-19 could result in significant disruption of global financial markets; however, the ultimate impact of COVID-19 on the financial performance of the Plan's investments cannot be reasonably estimated at this time.

Note 10 - Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2021 and 2020:

	2021	2020
Net assets available for benefits per the financial statements	\$ 241,048,081	\$ 165,849,966
Contributions due from employer	(1,506,253)	(1,213,225)
Contributions due from participant	(1,263,878)	(828,788)
Contributions due to participant	168,131	-
Net assets available for benefits per Form 5500	<u>\$ 238,446,081</u>	<u>\$ 163,807,953</u>

Prestige Employee Administrators Retirement Savings Plan

Notes to Financial Statements December 31, 2021

The following is a reconciliation of net increase in net assets per the financial statements to Form 5500 at December 31, 2021 and 2020:

Net increase in net assets available for benefits per the financial statements		\$ 46,355,762
Employer contribution receivable:	2021	(1,506,253)
	2020	1,213,225
Employee contribution receivable:	2021	(1,263,878)
	2020	828,788
Excessive contributions payable	2021	<u>168,131</u>
Net increase in net assets available for benefits per Form 5500		<u>\$ 45,795,775</u>

Note 11 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Investments and notes receivable from participants held at December 31, 2021 and 2020, and investment income and interest income on notes receivable from participants for the year ended December 31, 2021, that is disclosed in the accompanying financial statements and supplemental schedule, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Charles Schwab Bank, the trustee of the Plan.

Note 12 - Nonexempt transactions

As reported on the supplemental Schedule of Delinquent Participant Contributions (Schedule H, Line 4a), certain participant contributions were not remitted to the trustee as timely as the Company could have, thus constituting nonexempt transactions between the Plan and the Company in the amount of \$144,618 for the year ended December 31, 2021.

Supplementary Information

Prestige Employee Administrators Retirement Savings Plan

EIN: 11-3448580

Plan #0333

**Schedule of Delinquent Participant Contributions (Schedule H, Line 4a)
Year Ended December 31, 2021**

Participant contributions transferred late to the Plan	Check here if late participant loan repayments are included	Total that constitutes nonexempt prohibited transactions			Total fully corrected under VFCP and Prohibited Transaction Exemption 2002-51
		Contributions not corrected	Contributions corrected outside Voluntary Fiduciary Correction Program ("VFCP")	Contributions pending correction in VFCP	
<u>\$ 144,618</u>	<u>✓</u>	<u>\$ 144,618</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

See Independent Auditor's Report.

Prestige Employee Administrators Retirement Savings Plan

EIN: 11-3448580

Plan #0333

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2021**

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost (A)	(e) Current value
*	MetLife GAC 25554-Fee Class J	Common Collective Trust		\$ 8,445,926
	American Capital Income Builder Fund	Mutual Fund		1,053,561
	Artisan Small Cap Fund (I)	Mutual Fund		2,361,238
	Blackrock Health Sciences Op Funds	Mutual Fund		6,497,405
	Blackrock Mid Cap Growth Equity Fund Cla	Mutual Fund		5,579,788
	Brandywine Global Gbl Oppty Bond Fund	Mutual Fund		466,458
	Columbia Global Equity Value Fund (I3)	Mutual Fund		808,021
	DFA U.S. Targeted Value	Mutual Fund		2,339,263
	Dodge & Cox Stock Fund	Mutual Fund		6,768,718
	Federated Instl High Yield Bond \$6	Mutual Fund		1,888,594
	Fidelity Small Cap Discovery Fund	Mutual Fund		2,509,077
	Franklin Utilities Fund R6	Mutual Fund		1,061,702
	Invesco Oppenheimer Developing Mkts I	Mutual Fund		1,922,822
	Metropolitan West Total Return Bond Plan	Mutual Fund		3,993,202
	MFS Diversified Income Fund R6	Mutual Fund		656,837
	MFS Global Equity R6	Mutual Fund		1,903,474
	MFS Mid Cap Value Fund (R6)	Mutual Fund		1,444,172
	Parametric International Eqty Fund	Mutual Fund		2,767,975
*	Schwab Fundamental US Large Comp	Mutual Fund		3,145,621
	T Rowe Price Capital Appreciation	Mutual Fund		2,571,623
	T Rowe Price Retirement 2005	Mutual Fund		131,288
	T Rowe Price Retirement 2010	Mutual Fund		34,922
	T Rowe Price Retirement 2015	Mutual Fund		1,359,547
	T Rowe Price Retirement 2020	Mutual Fund		3,067,766
	T Rowe Price Retirement 2025	Mutual Fund		8,160,098
	T Rowe Price Retirement 2030	Mutual Fund		13,801,576
	T Rowe Price Retirement 2035	Mutual Fund		13,891,847
	T Rowe Price Retirement 2040	Mutual Fund		12,891,530
	T Rowe Price Retirement 2045	Mutual Fund		14,446,713
	T Rowe Price Retirement 2050	Mutual Fund		13,952,185
	T Rowe Price Retirement 2055	Mutual Fund		12,457,834
	T Rowe Price Retirement 2060	Mutual Fund		5,858,775
	T. Rowe Price Financial Services Class I	Mutual Fund		1,481,480
	Vanguard Energy Admiral Shares	Mutual Fund		1,048,752
	Vanguard Growth Index - Admiral Shares	Mutual Fund		17,538,184
	Vanguard Inflation-Protected Secs Adm	Mutual Fund		2,335,331
	Vanguard Information Technology Index AD	Mutual Fund		8,434,633
	Vanguard Institutional Index Fund Inst'l	Mutual Fund		17,463,905
	Vanguard Inter-Term Treasury Adm	Mutual Fund		2,898,661
	Vanguard Mid-Cap Index Fund Inst'l	Mutual Fund		6,338,426
	Vanguard Reit Index Fund Admiral Shares	Mutual Fund		2,113,986
	Vanguard Small Cap Index - Admiral Shares	Mutual Fund		4,945,043
	Vanguard Total International Stock Index	Mutual Fund		4,264,501
	Wells Fargo Precious Metals Instl	Mutual Fund		733,508
	Schwab Self-Directed Investment			8,369,103
	Total			236,205,071
*	Participant loans	Interest at 3.25% to 7.5%, maturing at various dates, secured by participant account balance		1,821,081
	Total			\$ 238,026,152

* Party-in-interest.

(A) Cost not required.

See Independent Auditor's Report.



Independent Member of Nexia International

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Multiple-Employer Plan Participating Employer Information

Prestige Employee Administrators Retirement Savings Plan

Employer Identification Number: 11-3448580	Plan Number: 333
For plan year (beginning/ending):	01/01/2021 - 12/31/2021

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Shannon River Fund Management, LLC	02-0657358	0.57%	\$2,305,075.37
A-List Services LLC	03-0568421	0.04%	\$983,274.09
Long Island Spine Rehabilitation Medicine, PC	03-0596066	0.66%	\$3,414,732.58
Finex Credit Union	06-0659505	0.48%	\$3,233,354.55
Progressive Surgery Center, LLC	06-0685569	0.06%	\$19,159.16
Old Hill Partners, Inc.	06-1446044	0.25%	\$233,052.16
Seth A. Harris, PLLC dba Burns & Harris	06-1669997	0.16%	\$878,726.54
Devpost Inc.	06-1833986	0.32%	\$435,965.69
Christopher J. Jones	83-4515496	0.05%	\$214,737.64
New Community Cinema Club Inc	11-2368182	0.06%	\$73,375.20
Dystrophic Epidermolysis Bullosa RA of America, Inc.	11-2519726	0.06%	\$19,955.29
Eldorado Coffee Roasters LTD	11-2540546	1.06%	\$3,931,683.33
Koeppel Nissan, Inc.	11-2633496	0.63%	\$1,201,924.89
Koeppel Auto Group	11-2633496	1.69%	\$1,370,362.43
Long Island Children's Museum	11-3035221	0.23%	\$2,455,317.90
Perfecting Faith Church, Inc.	11-3067138	0.15%	\$56,130.89
Brand, Glick & Brand, PC/David William Brand, PC	11-3187151	0.48%	\$3,866,906.35
Roman & Associates, Inc.	11-3445203	0.13%	\$0.00
Prestige Employee Administrators, Inc.	11-3448580	2.07%	\$7,001,747.93
Ojala, LTD	11-3575111	0.16%	\$67,438.96
GarageTek	11-3575195	0.17%	\$802,672.18
Court Support, Inc.	11-3629812	0.35%	\$1,162,446.09
Cosmetic Executive Women, Inc.	13-2735995	0.50%	\$4,859,161.35
Sierra Realty Corp.	13-2782294	0.51%	\$3,085,028.59
Pediatric and Adolescent Medicine, LLP	13-2980054	0.56%	\$0.00
The Marty Lyons Foundation, Inc.	13-3146696	0.03%	\$233,200.18
Barclay Heights Housing Associates	13-3187569	0.02%	\$61,102.71
Battle Hill Houses Associates	13-3193922	0.00%	\$534.57
KRN Spectrum Sales	13-3304685	0.09%	\$2,062,527.49
Cape Classics	13-3359111	0.19%	\$1,553,992.09
Innerspace Electronics, Inc.	13-3491632	0.27%	\$440,635.07
Cosmetic Executive Women, FDN	13-3563114	0.12%	\$938,314.80
BCS Valuations, Inc.	13-3578139	0.16%	\$1,328,331.90
The Apollo Theater Foundation, Inc.	13-3630066	1.07%	\$2,316,856.47
Ellison Systems, Inc.	13-3685351	0.28%	\$850,194.04
The Georgetown Company, LLC	13-3724902	1.26%	\$483,720.59
Ingrao, Inc.	13-3747807	0.95%	\$3,326,647.77
Deerfield 95 Investor Associates	13-3832250	0.02%	\$6,055.41
The Award Group, Inc	13-3870711	0.06%	\$21,512.03
Brookline Housing Associates, LLC	13-3894112	0.07%	\$64,492.85
Goshen Senior Housing Associates, LP	13-3932559	0.01%	\$19,844.78
Abacus Group LLC	13-3972572	0.71%	\$7,232,180.42
Reitdesign, Inc.	13-3983021	0.05%	\$633,371.69
Rothschild Capital Partners, LLC	13-4006978	0.25%	\$512,358.16
WB Woodcrest Associates, LLC	13-4025917	0.02%	\$20,913.76
M. Barry and Company, Ltd.	13-4096767	0.23%	\$1,135,791.46
Wilder Balter Partners, Inc.	13-4149409	1.33%	\$14,007,765.41
Babylon Senior Housing Associates, LLC	13-4154575	0.06%	\$169,448.23
Emerald Hill Associates	16-1165512	0.01%	\$1,079.51
Merkury Innovations, LLC	20-0164318	0.84%	\$1,399,371.41

Multiple-Employer Plan Participating Employer Information**Prestige Employee Administrators Retirement Savings Plan**

Employer Identification Number: 11-3448580	Plan Number: 333
For plan year (beginning/ending):	01/01/2021 - 12/31/2021

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
H & S Communications, LLC	20-0363810	2.33%	\$1,008,028.71
Rockland Surgical Project	20-0580403	0.06%	\$477,219.13
Lightspeed Technologies, Inc.	20-0797864	0.05%	\$1,870,873.42
Hedley May L.P.	20-1344894	0.17%	\$751,675.66
Greenwood Marketing, LLC	20-1847340	0.16%	\$126,725.00
Shvo Concepts	20-2281129	0.33%	\$132,388.93
9 Story USA	20-2380480	1.77%	\$2,271,540.80
Island Instrument Corporation	20-2543429	0.00%	\$42,053.81
The Molecule, Inc.	20-2629022	0.50%	\$545,270.28
Galileo Global Securities, LLC	20-3885981	0.04%	\$78,983.19
Southern Equities, LLC	20-4370216	0.01%	\$17,135.54
Caravel Management, LLC	20-4677504	0.07%	\$1,118,788.82
Connex International, LLC	20-4854308	0.05%	\$366,936.57
AcqSIS	20-5027425	0.07%	\$604,971.56
Hobo Audio Company LLC	20-5404912	0.00%	\$622.01
Donovan Studios, LLC	20-5501498	0.03%	\$1,110,606.46
Hydronic Supply Copiague, Inc.	20-5580039	0.84%	\$1,685,903.36
Sarina Accessories, LLC	20-5685302	0.01%	\$49,227.84
High Road Capital Partners LLC	20-5960098	0.28%	\$1,097,663.78
M.Y.R.A. Entertainment LLC	20-8728142	0.07%	\$38,911.84
Antenna Group, Inc.	22-2091414	1.73%	\$3,170,465.82
JML Medical, Inc.	22-3098047	0.11%	\$904,117.23
CP International Corp	22-3251292	0.50%	\$5,405,435.59
Secure Technology Integration Group, Ltd. dba STIGroup, Ltd.	22-3758188	0.47%	\$1,903,477.34
Island Elevator Inspection Inc.	22-3964122	0.39%	\$675,739.39
Educational Research Center of America	25-1841636	0.14%	\$382,264.82
Smooth Sportswear, LLC	26-0265128	0.30%	\$1,312,067.71
UpClear, Inc.	26-1106689	0.72%	\$548,406.35
Digital Gadgets LLC	26-1133852	0.70%	\$896,300.96
Lizard Investors LLC	26-1211976	0.45%	\$2,220,293.67
Integrated Federal Solutions, Inc.	26-1391347	1.04%	\$2,556,601.43
Rethink Autism, Inc.	26-1746074	0.09%	\$0.00
Akeida Capital Management, LLC	26-1867833	0.01%	\$154,118.54
Integrated Medical Foundation	26-2404924	0.07%	\$0.00
American Dental Offices, PLLC	26-2710441	0.33%	\$140,109.49
Freshford Capital Management, LLC	26-2850841	1.01%	\$0.00
Dean Street Group, LLC	26-3151375	0.00%	\$1,587,237.51
Principis Capital LLC	26-3987467	0.06%	\$454,312.23
Sensational Development Occupational Therapy, PLLC	26-4255113	0.04%	\$48,357.18
LiveIntent, Inc.	26-4813536	5.32%	\$7,470,334.72
Crestwood Capital Management, L.P.	27-0178572	0.07%	\$3,502,707.44
Auriga Capital Management LLC	27-0416761	0.27%	\$202,472.90
Easterly Capital	27-0729484	0.01%	\$2,150.26
Edible Schoolyard NYC	27-1237249	0.12%	\$286,037.69
FD Gallery, LLC	27-1981240	0.37%	\$2,268,966.33
Premier Consulting Partners	27-2335917	0.20%	\$914,956.23
Pendrick Capital Partners Holdings, LLC	46-4557767	0.52%	\$0.00
Langer Research Associates LLC	27-2526385	0.16%	\$1,222,931.46
Elara Foodservice Disposables LLC	27-2981248	0.41%	\$153,882.48
VR Investments	27-3061318	0.24%	\$801,305.76

Multiple-Employer Plan Participating Employer Information**Prestige Employee Administrators Retirement Savings Plan**

Employer Identification Number: 11-3448580	Plan Number: 333
For plan year (beginning/ending):	01/01/2021 - 12/31/2021

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Kids Canvas Inc	27-3335011	0.01%	\$2,481.51
KRA LLC dba Karen Rand Associates	27-5300121	0.15%	\$90,925.00
Xperteks Computer Consultancy Inc.	30-0005306	0.20%	\$303,084.17
Alpha Wave Global, LP	30-0694893	1.21%	\$1,803,275.25
Georgetown Midwest, LLC	31-1679619	0.01%	\$0.00
Goldglit & Company, LLP	32-0047135	0.27%	\$96,613.52
Flushing Podiatry Associates PLLC	32-0456950	0.08%	\$30,226.46
Tidosh Dental Laboratory LLC	32-0587660	0.24%	\$314,640.80
Maquette Fine Art Services, Inc.	03-5237643	0.16%	\$179,721.91
614 Group Staffing Corporation	36-4749686	0.14%	\$452,630.85
Underscore Marketing, LLC	37-1429259	0.87%	\$4,518,613.08
Two Creeks Capital Management LP	38-3922845	1.61%	\$4,171,418.44
CitySwitch Tower, LLC	38-4062424	1.36%	\$654,150.50
Advanced Optowave Corporation	45-0554832	0.84%	\$316,529.36
Ventrop Engineering Consulting Group PLLC	45-2541998	0.21%	\$76,509.11
Premier Equities Management LLC	45-3005150	0.04%	\$15,527.75
Water and Wall Group, LLC	45-4170969	0.23%	\$597,959.68
Chase Dental Care PLLC	45-4236176	0.13%	\$197,349.51
Progressive Management of NY V LLC	45-4772208	1.01%	\$1,158,114.69
Apparatus LLC	45-5034854	1.29%	\$1,746,635.36
itrek	45-5230138	0.45%	\$943,486.72
Magma Global LLC	45-5326081	0.53%	\$219,898.34
Quadrum US Capital Corp	46-0701732	1.07%	\$1,979,745.20
Mind The Gap Inc.	46-0760515	0.07%	\$214,076.92
MNS International, LLC	46-1001458	0.50%	\$893,654.09
Center for Active Design, Inc.	46-1016582	0.66%	\$1,181,651.38
Document Agility, Inc.	46-1130816	0.04%	\$14,688.64
Claar Advisors, LLC	46-1237663	0.21%	\$546,443.74
Core Development Group, LLC	46-1362912	0.77%	\$637,333.04
CW International Sales LLC	46-1773700	0.08%	\$76,733.63
Natural Areas Conservancy, Inc	46-1791849	0.44%	\$589,193.52
Ghost Tree Capital, LLC	46-2174699	0.28%	\$895,803.07
The Goodkind Group, LLC	46-2223175	0.70%	\$1,397,297.65
Egyptian-American Enterprise Fund	46-2236659	0.16%	\$123,394.14
Nieuw Amsterdam Property Management LLC	46-2854140	0.14%	\$256,640.25
Quadrangle Consulting LP	46-3539591	0.42%	\$1,050,704.95
Exact Capital Group, LLC	46-3712924	0.06%	\$158,406.85
Briarwood Chase Management LLC	46-3923905	0.68%	\$712,991.97
Baron Property Group LLC	86-3851597	0.08%	\$479,871.94
Royal Learning Institute, Inc	46-4964310	0.05%	\$36,784.98
Atakama Inc.	46-5490533	0.28%	\$292,351.75
Axiom Asset Advisors	46-5510534	0.12%	\$604,771.29
Jean Rousseau, Inc.	46-5588993	0.09%	\$138,568.79
Algorhythm IO, Inc.	47-1372861	0.06%	\$26,816.39
ASL Marketing, Inc.	47-1463706	0.71%	\$2,852,748.20
Sound Healthcare Communications LLC	47-1754534	1.72%	\$3,210,838.72
Imperial Companies, LLC	47-1848156	0.04%	\$176,498.52
Staple Street Capital LLC	04-7203626	0.29%	\$0.00
Lumos Foundation USA	47-2301085	0.12%	\$252,456.16
Androvia LifeSciences LLC	47-2964940	0.08%	\$285,719.49

Multiple-Employer Plan Participating Employer Information

Prestige Employee Administrators Retirement Savings Plan

Employer Identification Number: 11-3448580	Plan Number: 333
For plan year (beginning/ending):	01/01/2021 - 12/31/2021

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Agency Within LLC	47-3266050	3.95%	\$3,255,276.64
Landing Point Search Group, LLC	47-3625281	0.59%	\$1,882,982.51
Tall Pines Capital, LLC	47-3714291	0.23%	\$293,089.21
Dental Solutions Group, LLC	47-411391	0.01%	\$58,415.06
TrueFort, Inc.	47-4866222	2.33%	\$1,445,395.70
National Dental, LLC	47-4875676	0.84%	\$2,377,813.36
Key Square Group LP	47-5302128	0.25%	\$3,860,548.29
USA Corporate Services, Inc.	51-0343693	0.19%	\$171,268.44
HGK Asset Management Inc.	52-1296988	1.11%	\$6,579,545.70
Top Hat Solutions Corp	54-2094839	0.03%	\$10,680.85
Galileo Global Advisors, LLC	56-2400443	0.12%	\$219,178.13
Georgetown DC, LLC	59-3818404	0.02%	\$0.00
FMA International	61-1564540	0.04%	\$24,601.13
Team8 Labs Inc	61-1813570	0.37%	\$426,431.76
Blue Slate, LLC	80-0414946	0.14%	\$0.00
Compliance Group, LLC	80-0419931	0.11%	\$38,773.09
Capital Stack LLC	80-0651227	0.21%	\$296,399.69
Ararat Capital Management	81-0732601	0.26%	\$277,645.72
Pathy Medical LLC	81-1514203	0.02%	\$40,150.56
Priority Private Medical Care, P.C.	81-1829689	3.67%	\$2,183,804.53
Unger Medical P.C.	81-1839138	0.53%	\$1,614,528.68
Reliance Credit Partners LLC	81-2123920	0.01%	\$17,092.39
Tully Law, P.C.	81-3388201	0.44%	\$701,426.83
SLIM Management, Inc.	81-3569306	0.00%	\$85,396.31
Holler Technologies Inc	81-3934496	1.26%	\$1,786,190.86
AYG Holdings Group LLC	81-3986579	0.12%	\$43,785.04
Scape Landscape Architecture D.P.C.	81-4252394	1.98%	\$2,206,640.13
MMAX Investment Partners, Inc.	81-4680978	0.22%	\$147,913.82
Flat Rock Global, LLC	81-5315474	0.32%	\$180,593.36
EJM Ventures, Inc.	82-1020777	0.22%	\$335,686.40
KWA Analytics US, LLC	82-1234710	0.81%	\$1,124,282.63
Tikehau Capital North America LLC	82-1347250	0.56%	\$1,995,337.03
Altium Capital Management, LP	82-2066653	0.14%	\$477,955.79
Calvion Capital Management LP	82-2312991	0.09%	\$34,313.11
Tueoris, LLC	82-2327636	0.44%	\$436,631.60
JAJ NYC LLC	82-2805234	0.00%	\$60,929.93
The Coconut Collaborative Inc	82-2901163	0.40%	\$122,373.51
Accounting Solutions for Not for Profit Organizations, Inc.	82-3326152	0.24%	\$91,580.65
Elsy, Inc.	82-3926230	0.01%	\$2,755.26
Tala North America, Inc.	82-3934031	0.07%	\$116,688.25
Saddle Point Management, L.P.	82-4227008	0.03%	\$12,746.29
Redburn Capital Management, LLC	82-4484474	0.43%	\$236,275.58
Embark Lifestyle LLC	83-0818366	0.03%	\$156,736.71
AGL Credit Management, LP	83-1656668	0.97%	\$1,011,395.67
Parsifal Capital Management, LP	83-1786984	0.00%	\$398,177.28
Yarra Square Partners LP	83-1865708	0.09%	\$34,559.21
Easterly Investment Partners LLC	83-2400656	0.82%	\$8,670,525.48
Royalty Solutions LLC	83-2423459	0.15%	\$731,758.50
Tellus Core, Inc	83-2742027	0.06%	\$48,642.92
Cinctive Capital Management LP	83-3418335	1.23%	\$486,193.58

Multiple-Employer Plan Participating Employer Information**Prestige Employee Administrators Retirement Savings Plan**

Employer Identification Number: 11-3448580	Plan Number: 333
For plan year (beginning/ending):	01/01/2021 - 12/31/2021

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Securing SAM Inc.	83-3446761	0.08%	\$30,626.47
Centerline Capital Management, LLC	84-1776383	0.29%	\$1,151,535.28
Twenty Acre Capital, LP	84-2050086	0.25%	\$194,653.34
Cyber Assessment Inc	84-2246479	0.42%	\$84,448.62
TRGP Investment Partners LP	84-2396598	0.83%	\$552,948.40
Skylful Inc.	84-2521974	0.08%	\$51,616.06
VT Acquisition Co LLC	84-3030522	0.01%	\$4,775.05
Bornite Capital Management, LP	84-3120030	0.05%	\$36,352.71
Park Madison Property Management Co., LLC	84-3355390	0.17%	\$117,627.69
LW Family Office, LLC	84-3526716	0.20%	\$74,456.32
Downtown Capital Partners, Inc	84-3741864	0.46%	\$685,775.21
Dreamscape Companies LLC	84-3802974	0.65%	\$505,221.45
Netwolf Cyber LLC	84-3837221	0.12%	\$45,580.01
25 West 86th Street Operating Corp	84-3972482	0.05%	\$52,017.85
FoodPrep Solutions, LLC	84-4045446	0.34%	\$131,390.92
Innovative Training & Exercise Solutions, LLC	84-4156402	0.03%	\$11,073.88
Eagle Health Investments LP	84-4363226	0.19%	\$125,186.74
Easterly Asset Management Operations LLC	85-2435274	0.97%	\$1,243,743.34
ADTC Health Corp	85-2440360	0.08%	\$43,415.88
SIA International Trading	85-3394815	0.06%	\$23,266.44
Energy Transition Capital Management LLC	85-3435447	0.00%	\$1,349.85
Innovation Healthcare Services, LLC	85-4044322	0.08%	\$29,218.10
Millennial Healthcare Services LLC	85-4063967	0.01%	\$5,018.12
Paramount Healthcare Service LLC	85-4064953	0.23%	\$84,377.71
Harmonya, Inc.	86-2197625	0.00%	\$935.07
RapidFlight Holdings LLC	86-3309353	0.05%	\$16,764.44
Castleforge Partners LLC	86-3510319	0.05%	\$16,537.39
BR Podiatry MSO, LLC	87-0855774	0.05%	\$18,433.80
Spott Insurance Services, Inc.	87-1431587	0.02%	\$5,736.56
Evergreen Trading	90-0450518	4.22%	\$6,481,481.31
Star Mountain Fund Management LLC	90-0584004	0.68%	\$585,828.97
Financial Management Associates, Ltd	11-2916150	0.00%	\$418,322.21
Doshi Diagnostic Imaging Services PC	11-3023313	0.00%	\$2,827,181.33
Lubash Fabrics	11-3070878	0.00%	\$54,145.43
Bakery Innovative Technology Corp.	11-3179828	0.00%	\$19,364.81
Little Neck Dental PC	11-3213513	0.00%	\$2,746.21
Hempstead Village Housing Associates, LP	13-3058489	0.00%	\$202.11
New Paltz Housing Associates	13-3075485	0.00%	\$0.00
Meadowbrook II Associates	13-3205353	0.00%	\$0.00
Sword US, Inc.	13-3805704	0.00%	\$451,719.96
Progressive America Fund, Inc.	13-3885314	0.00%	\$121,914.09
Prime Office Centers	13-4023664	0.00%	\$55,492.21
WB Heritage Pointe Associates, LLC	13-4083971	0.00%	\$0.00
WB Stonehill Associates, LLC	13-4083973	0.00%	\$536.58
David Feldman Worldwide, Inc.	13-4091601	0.00%	\$67,609.39
JBS & Associates, Inc.	13-4173041	0.00%	\$1,438.15
Fresh Step Media	13-4813980	0.00%	\$14,499.18
PRF Services, Inc.	20-0941140	0.00%	\$54,108.10
New Primecare LLC	20-2576930	0.00%	\$920,541.98
Diagnostic Imaging Group	20-2636875	0.00%	\$46,695.89

Multiple-Employer Plan Participating Employer Information**Prestige Employee Administrators Retirement Savings Plan**

Employer Identification Number: 11-3448580	Plan Number: 333
For plan year (beginning/ending):	01/01/2021 - 12/31/2021

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Bond Street Group, LLC	20-3413603	0.00%	\$270,723.94
Mobile Training and Education, Inc.	20-3797077	0.00%	\$0.00
Hiccup Media, Inc.	20-5465946	0.00%	\$22,425.42
New Dimension Industries	20-5488536	0.00%	\$62,006.07
Actin Biomed LLC	20-8572596	0.00%	\$0.00
First National Administrators, Inc.	22-2949443	0.00%	\$588,456.49
Transportation Technology, Inc.	22-3339894	0.00%	\$691,753.38
Werkstatt Development, Inc.	26-3443148	0.00%	\$50,532.08
Windsor Resources, LLC	27-1495084	0.00%	\$47,166.29
Portshift Software Technologies Inc	36-4948285	0.00%	\$7,368.32
PathGoal Employer Services	38-3977801	0.00%	\$0.00
De-De, LLC	45-3565352	0.00%	\$28,401.78
Accion, The US Network	45-4127501	0.00%	\$553,642.30
DuJour Magazine	45-4507546	0.00%	\$146,664.31
Maru Diagnostic Imaging Services PA	45-5194914	0.00%	\$104,569.07
Cupcake Digital, Inc.	45-5462108	0.00%	\$10,297.31
ApricotLaw Inc	46-4035692	0.00%	\$0.00
NA Collective LLC	46-4409198	0.00%	\$572,326.16
HJLM Medical Associates PC	47-3031372	0.00%	\$11,909.63
WBRES – VI, Inc. dba Patriot Manor	66-0642380	0.00%	\$0.00
Rex Architecture P.C.	75-3136554	0.00%	\$20,947.01
Striata, Inc.	01-1910092	0.00%	\$0.00
Manhattan Home Design	80-0313925	0.00%	\$14,200.47
Bluefly Acquisition LLC	81-5385432	0.00%	\$25,263.78
Dristi Capital Partners LLC	82-2101754	0.00%	\$47,829.73
Accredited Property Management LLC	84-3071396	0.00%	\$479,331.78
TBG Consultants	90-0642029	0.00%	\$1.12

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

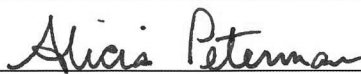
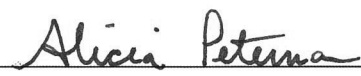
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 333
	1c Effective date of plan 01/01/2001
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) PRESTIGE EMPLOYEE ADMINISTRATORS, INC. 538 BROADHOLLOW ROAD SUITE 311 MELVILLE NY 11747	2b Employer Identification Number (EIN) 11-3448580
	2c Plan Sponsor's telephone number 516-692-8505
	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		4/25/23	Alicia Peterman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		4/25/23	Alicia Peterman
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	5, 639
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)	4, 739
a(2) Total number of active participants at the end of the plan year		6a(2)	5, 711
b Retired or separated participants receiving benefits.....		6b	8
c Other retired or separated participants entitled to future benefits		6c	996
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	6, 715
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	5
f Total. Add lines 6d and 6e		6f	6, 720
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4, 126
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	85
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 Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3B 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

Continuation of 2021 Form 5500

Schedule H, line 5b - Additional Plans

Plan Name: PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

EIN: 11-3448580

Plan Sponsor's Name: PRESTIGE EMPLOYEE ADMINISTRATORS, INC.

Plan Number: 333

5(b) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
Doxim 401(k) Plan	81-3162418	001

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN**EIN:** 11-3448580**Plan Number:** 333**Schedule H Line 4(a) - Schedule of Delinquent Participant Contributions****For the Year Ended December 31, 2021**

Participant Contributions Transferred Late to Plan			Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted				
\$85,165.75	3/5/2021	3/12/2021	\$0.00	\$85,165.75	\$ -	\$ -
\$126.24	3/5/2021	3/12/2021	\$0.00	\$126.24	\$ -	\$ -
\$38,886.79	3/5/2021	4/7/2021	\$0.00	\$38,886.79	\$ -	\$ -
\$20,438.83	7/9/2021	7/21/2021	\$0.00	\$20,438.83	\$ -	\$ -

Prestige Employee Administrators Retirement Savings Plan

EIN: 11-3448580

Plan #0333

**Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2021**

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost (A)	(e) Current value
*	MetLife GAC 25554-Fee Class J	Common Collective Trust		\$ 8,445,926
	American Capital Income Builder Fund	Mutual Fund		1,053,561
	Artisan Small Cap Fund (I)	Mutual Fund		2,361,238
	Blackrock Health Sciences Op Funds	Mutual Fund		6,497,405
	Blackrock Mid Cap Growth Equity Fund Cla	Mutual Fund		5,579,788
	Brandywine Global Gbl Oppty Bond Fund	Mutual Fund		466,458
	Columbia Global Equity Value Fund (I3)	Mutual Fund		808,021
	DFA U.S. Targeted Value	Mutual Fund		2,339,263
	Dodge & Cox Stock Fund	Mutual Fund		6,768,718
	Federated Instl High Yield Bond \$6	Mutual Fund		1,888,594
	Fidelity Small Cap Discovery Fund	Mutual Fund		2,509,077
	Franklin Utilities Fund R6	Mutual Fund		1,061,702
	Invesco Oppenheimer Developing Mkts I	Mutual Fund		1,922,822
	Metropolitan West Total Return Bond Plan	Mutual Fund		3,993,202
	MFS Diversified Income Fund R6	Mutual Fund		656,837
	MFS Global Equity R6	Mutual Fund		1,903,474
	MFS Mid Cap Value Fund (R6)	Mutual Fund		1,444,172
	Parametric International Eqty Fund	Mutual Fund		2,767,975
*	Schwab Fundamental US Large Comp	Mutual Fund		3,145,621
	T Rowe Price Capital Appreciation	Mutual Fund		2,571,623
	T Rowe Price Retirement 2005	Mutual Fund		131,288
	T Rowe Price Retirement 2010	Mutual Fund		34,922
	T Rowe Price Retirement 2015	Mutual Fund		1,359,547
	T Rowe Price Retirement 2020	Mutual Fund		3,067,766
	T Rowe Price Retirement 2025	Mutual Fund		8,160,098
	T Rowe Price Retirement 2030	Mutual Fund		13,801,576
	T Rowe Price Retirement 2035	Mutual Fund		13,891,847
	T Rowe Price Retirement 2040	Mutual Fund		12,891,530
	T Rowe Price Retirement 2045	Mutual Fund		14,446,713
	T Rowe Price Retirement 2050	Mutual Fund		13,952,185
	T Rowe Price Retirement 2055	Mutual Fund		12,457,834
	T Rowe Price Retirement 2060	Mutual Fund		5,858,775
	T. Rowe Price Financial Services Class I	Mutual Fund		1,481,480
	Vanguard Energy Admiral Shares	Mutual Fund		1,048,752
	Vanguard Growth Index - Admiral Shares	Mutual Fund		17,538,184
	Vanguard Inflation-Protected Secs Adm	Mutual Fund		2,335,331
	Vanguard Information Technology Index AD	Mutual Fund		8,434,633
	Vanguard Institutional Index Fund Inst'l	Mutual Fund		17,463,905
	Vanguard Inter-Term Treasury Adm	Mutual Fund		2,898,661
	Vanguard Mid-Cap Index Fund Inst'l	Mutual Fund		6,338,426
	Vanguard Reit Index Fund Admiral Shares	Mutual Fund		2,113,986
	Vanguard Small Cap Index - Admiral Shares	Mutual Fund		4,945,043
	Vanguard Total International Stock Index	Mutual Fund		4,264,501
	Wells Fargo Precious Metals Instl	Mutual Fund		733,508
	Schwab Self-Directed Investment			8,369,103
	Total			236,205,071
*	Participant loans	Interest at 3.25% to 7.5%, maturing at various dates, secured by participant account balance		1,821,081
	Total			\$ 238,026,152

* Party-in-interest.

(A) Cost not required.