

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan PRIDESTAFF, INC. 401(K) PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1997
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PRIDESTAFF, INC. 7535 N. PALM AVE. FRESNO, CA 93711
2b Employer Identification Number (EIN) 77-0096099
2c Plan Sponsor's telephone number 559-432-7780
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	905
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	794
	<b>6a(2)</b>	696
	<b>6b</b>	16
	<b>6c</b>	89
	<b>6d</b>	801
	<b>6e</b>	0
	<b>6f</b>	801
	<b>6g(1)</b>	243
<b>6g(2)</b>	250	
<b>6h</b>	1	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2T 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan PRIDESTAFF, INC. 401(K) PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 PRIDESTAFF, INC.		<b>D</b> Employer Identification Number (EIN) 77-0096099	

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

**1** Coverage Information:

(a) Name of insurance carrier  
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-CP-KT7N	250	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 381	(b) Total amount of fees paid 0
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**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
AMERIPRISE FINANCIAL SERVICES  
50082 AMERIPRISE FINANCIAL CENTER  
MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
381	0		3

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	110309
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	9097460
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 117075
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 18625
	(2) Dividends and credits.....	<b>7c(2)</b> 33
	(3) Interest credited during the year.....	<b>7c(3)</b> 2340
	(4) Transferred from separate account .....	<b>7c(4)</b> 503957
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 524955
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 642030
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 1480
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 112
	(3) Transferred to separate account .....	<b>7e(3)</b> 530129
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 531721	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 110309

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

APPROXIMATE NUMBER OF PERSONS COVERED AT END OF POLICY OR CONTRACT YEAR.

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PRIDESTAFF, INC. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRIDESTAFF, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>77-0096099</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 67	RECORDKEEPER	30586	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MOORE GRIDER & COMPANY LLP

325 E SIERRA AVE  
FRESNO, CA 93711

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 12 15 17 63	THIRD PARTY ADMINISTRATOR	4875	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IRON FINANCIAL

99-9552241

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	ADVISORY	4485	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

NATIONWIDE LIFE INSURANCE COMPANY

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 67	RECORDKEEPER	897	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERIPRISE FINANCIAL

41-0973005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	26303	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>PRIDESTAFF, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRIDESTAFF, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>77-0096099</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMFDS NEW WLD R6</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-009</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>303551</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARTISAN INTL VAL INST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-009</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>328476</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BAIRD COR PLS BD INST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-009</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>117880</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRK 80/20 TRGTALOC INST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-009</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>78580</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRK MDCAP GR EQ INST +</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-009</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>582</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRK STRAT INC OPPR I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-009</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39702</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COHENSTRS REALEST SEC INST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONWIDE LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>31-4156830-009</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>145639</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL LGCAP GR			
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	116638
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA US SMCAP VAL INST +			
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11507
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS INST HIYLDBD INST			
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51021
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS SHINTDTRLTBD INST			
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13953
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID 500 INDX			
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1095929
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID INFL PRTCT BD INDX			
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12758
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD INDX			
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	66591
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NW GENEVA SMCAPGR INST SVC			
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	317893
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: IMPAX SUSTNBL ALLOC INST			
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8559
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INTL BDUSDLRHDGINST			
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY			
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	156084

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARG CAP GROWTH FUND CLASS Y		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 616730
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2010 R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50039
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2015 R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24622
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2020 R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68696
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2025 R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60458
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2030 R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 335823
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2035 R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169439
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2040 R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 436164
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2045 R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 337233
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN LIFECYCLE INDEX 2050 R6		
<b>b</b> Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 31-4156830-009	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 289522

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">NUVEEN LIFECYCLE INDEX 2055 R6</a>			
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NATIONWIDE LIFE INSURANCE COMPANY</a>			
<b>c</b> EIN-PN <a href="#">31-4156830-009</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">364943</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">NUVEEN LIFECYCLE INDEX 2060 R6</a>			
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NATIONWIDE LIFE INSURANCE COMPANY</a>			
<b>c</b> EIN-PN <a href="#">31-4156830-009</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">292506</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">NUVEEN LIFECYCLE INDX RET INCOME R6</a>			
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NATIONWIDE LIFE INSURANCE COMPANY</a>			
<b>c</b> EIN-PN <a href="#">31-4156830-009</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">54123</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VNGRD DIVD GR INV +</a>			
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NATIONWIDE LIFE INSURANCE COMPANY</a>			
<b>c</b> EIN-PN <a href="#">31-4156830-009</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">169104</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VNGRD GNMA ADML</a>			
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NATIONWIDE LIFE INSURANCE COMPANY</a>			
<b>c</b> EIN-PN <a href="#">31-4156830-009</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">222832</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VNGRD ST FED ADML</a>			
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NATIONWIDE LIFE INSURANCE COMPANY</a>			
<b>c</b> EIN-PN <a href="#">31-4156830-009</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">27282</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VNGRD TTL INTL BD INX ADML</a>			
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NATIONWIDE LIFE INSURANCE COMPANY</a>			
<b>c</b> EIN-PN <a href="#">31-4156830-009</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">6899</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VNGRD TTL INSTLSTKINDX ADML</a>			
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NATIONWIDE LIFE INSURANCE COMPANY</a>			
<b>c</b> EIN-PN <a href="#">31-4156830-009</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">165768</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VNGRD TTL STMKT INDX FD AS</a>			
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NATIONWIDE LIFE INSURANCE COMPANY</a>			
<b>c</b> EIN-PN <a href="#">31-4156830-009</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">456708</a>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VNGRD WLSLY INC ADML</a>			
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NATIONWIDE LIFE INSURANCE COMPANY</a>			
<b>c</b> EIN-PN <a href="#">31-4156830-009</a>	<b>d</b> Entity code <a href="#">P</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<a href="#">31032</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VNGRD WNDSR ADML</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>31-4156830-009</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>429504</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BROWN ADV SUST GR FD INST</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>31-4156830-009</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>362904</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NUVEEN LIFECYCLE INDEX 2065 R6</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>31-4156830-009</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>115651</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>VIC SYCAMORE EST VAL FD I</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>31-4156830-009</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>414258</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CALVERT INTL EQ FD I</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>31-4156830-009</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>10807</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PRNCPL MDCAP R6</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>31-4156830-009</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>101298</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PUB-VIC ESTBLSHD VAL A+</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>31-4156830-009</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>60079</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NW FIXED SELECT OPTION</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>31-4156830-009</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>110308</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FID SEL SEMICONDUCTORS PORT +</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>31-4156830-009</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>13257</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>ST STRT BALANCED INDX FD K</b>			
<b>b</b> Name of sponsor of entity listed in (a): <b>NATIONWIDE LIFE INSURANCE COMPANY</b>			
<b>c</b> EIN-PN <b>31-4156830-009</b>	<b>d</b> Entity code <b>P</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<b>544437</b>



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PRIDESTAFF, INC. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRIDESTAFF, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>77-0096099</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	299114
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	26468
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	7503790
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	117075
<b>(15)</b> Other.....	<b>1c(15)</b>	110309

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	7946447	9563789
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	7946447	9563789

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	358471	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	949755	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	31123	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1339349
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		1113918
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2453267

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	824792	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		824792
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	4750	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	6383	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		11133
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		835925

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1617342
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **DEDEDIAN, GEORGE, SMALL & MARKARIAN**

(2) EIN: **77-0000369**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PRIDESTAFF, INC. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRIDESTAFF, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>77-0096099</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
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**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): 04-3157927

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A.

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Board of Directors  
of PrideStaff, Inc. 401(k) Plan  
Fresno, California

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

We have performed audits of the accompanying financial statements of PrideStaff, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of PrideStaff, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

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

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

## INDEPENDENT AUDITORS' REPORT (CONTINUED)

### **Opinion (Continued)**

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

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of PrideStaff, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about PrideStaff, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



## INDEPENDENT AUDITORS' REPORT (CONTINUED)

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of PrideStaff, Inc. 401(k) 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 PrideStaff, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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## INDEPENDENT AUDITORS' REPORT (CONTINUED)

### **Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

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

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

### **Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule H, Line 4i Schedule of Assets as of the year ended December 31, 2024 is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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 schedule, 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

**Supplemental Schedule Required by ERISA (Continued)**

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

*Dedekian, George, Small & Markarian*

Dedekian, George, Small & Markarian  
Accountancy Corporation  
October 3, 2025



Schedule H, line 4i  
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of Plan

Pridestaff, Inc. 401(k) Plan

Employer Identification Number

77-0096099

Three-digit  
plan number: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity	(d) Cost	(e) Current Value
*	Nationwide Life Insurance Co	AMFDS NEW WLD R6		303,551
*	Nationwide Life Insurance Co	ARTISAN INTL VAL INST		328,476
*	Nationwide Life Insurance Co	BAIRD COR PLS BD INST		117,880
*	Nationwide Life Insurance Co	BLKRK 80/20 TRGTALLOCS INST		78,580
*	Nationwide Life Insurance Co	BLKRK MDCAP GR EQ INST +		582
*	Nationwide Life Insurance Co	BLKRK STRAT INC OPPI		39,702
*	Nationwide Life Insurance Co	COHENSTRS REALEST SEC INST		145,639
*	Nationwide Life Insurance Co	DFA INTL LGCAP GR		116,638
*	Nationwide Life Insurance Co	DFA US SMCAP VAL INST +		11,507
*	Nationwide Life Insurance Co	FED HRMS INST HIYLDBD INST		51,021
*	Nationwide Life Insurance Co	FED HRMS SHINTDTLRTBD INST		13,953
*	Nationwide Life Insurance Co	FID 500 INDX		1,095,929
*	Nationwide Life Insurance Co	FID INFL PRTCT BD INDX		12,758
*	Nationwide Life Insurance Co	FID US BD INDX		66,591
*	Nationwide Life Insurance Co	NW GENEVA SMCAPGR INST SVC		317,893
*	Nationwide Life Insurance Co	IMPAX SUSTNBL ALLOC INST		8,559
*	Nationwide Life Insurance Co	PIMCO INTL BDUSDLRHDGINST		156,084
*	Nationwide Life Insurance Co	PUTNAM LARGE CAP GROWTH - Y		616,730
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2010 - R6		50,039
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2015 - R6		24,622
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2020 - R6		68,696
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2025 - R6		60,458
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2030 - R6		335,823
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2035 - R6		169,439
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2040 - R6		436,164
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2045 - R6		337,233
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2050 - R6		289,522
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2055 - R6		364,943
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2060 - R6		292,506
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX RET INCOME - R6		54,123
*	Nationwide Life Insurance Co	VNGRD DIVD GR INV +		169,104
*	Nationwide Life Insurance Co	VNGRD GNMA ADML		222,832
*	Nationwide Life Insurance Co	VNGRD ST FED ADML		27,282
*	Nationwide Life Insurance Co	VNGRD TTL INTL BD IDX ADML		6,899
*	Nationwide Life Insurance Co	VNGRD TTL INTLSTKINDX ADML		165,768
*	Nationwide Life Insurance Co	VNGRD TTL STMKT INDX FD AS		456,708
*	Nationwide Life Insurance Co	VNGRD WLSLY INC ADML		31,032
*	Nationwide Life Insurance Co	VNGRD WNSDR ADML		429,504
*	Nationwide Life Insurance Co	BROWN ADV SUSTAINABLE GROWTH - INST SH		362,904
*	Nationwide Life Insurance Co	NUVEEN LIFECYCLE INDEX 2065 - R6		115,651
*	Nationwide Life Insurance Co	VICTORY SYCAMORE ESTABLISHED VALUE - I		414,258
*	Nationwide Life Insurance Co	CALVERT INTERNATIONAL EQUITY - I		10,807
*	Nationwide Life Insurance Co	PRNCPL MDCAP R6		101,298
*	Nationwide Life Insurance Co	PUB-VIC ESTBLSHD VAL A +		60,079
*	Nationwide Life Insurance Co	NW FIXED SELECT OPTION		110,308
*	Nationwide Life Insurance Co	FIDELITY SELECT SEMICONDUCTORS PORTFOLIO +		13,257
*	Nationwide Life Insurance Co	STATE STREET BALANCED INDEX FUND - CLASS K		544,437

PRIDESTAFF, INC. 401(K) PLAN

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FINANCIAL STATEMENTS  
WITH  
INDEPENDENT AUDITORS' REPORT  
AND  
SUPPLEMENTAL SCHEDULE

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DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Board of Directors  
of PrideStaff, Inc. 401(k) Plan  
Fresno, California

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

We have performed audits of the accompanying financial statements of PrideStaff, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of PrideStaff, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- 
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## INDEPENDENT AUDITORS' REPORT (CONTINUED)

### **Opinion (Continued)**

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

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of PrideStaff, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about PrideStaff, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



## INDEPENDENT AUDITORS' REPORT (CONTINUED)

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of PrideStaff, Inc. 401(k) 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 PrideStaff, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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## INDEPENDENT AUDITORS' REPORT (CONTINUED)

### **Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

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

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

### **Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule H, Line 4i Schedule of Assets as of the year ended December 31, 2024 is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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 schedule, 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

**Supplemental Schedule Required by ERISA (Continued)**

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

*Dedekian, George, Small & Markarian*

Dedekian, George, Small & Markarian  
Accountancy Corporation  
October 3, 2025

PRIDESTAFF, INC. 401(K) PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023

	2024	2023
<u>ASSETS</u>		
Investments at fair value	\$ 9,097,460	\$ 7,503,790
Investments at contract value	110,309	117,075
Total investments	9,207,769	7,620,865
Receivables:		
Employer contributions	356,020	299,114
Participant contributions	-	26,468
Total receivables	356,020	325,582
Total assets	9,563,789	7,946,447
Net assets available for benefits	\$ 9,563,789	\$ 7,946,447

The accompanying notes are an integral part of these financial statements.

PRIDESTAFF, INC. 401(K) PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	<u>\$ 1,145,401</u>
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Contributions:

Employer's	358,471
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Participants'	949,755
---------------	---------

Rollover	<u>31,123</u>
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	<u>1,339,349</u>
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Total additions	<u>2,484,750</u>
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DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	824,792
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Contract administrator fees	36,233
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Other administration expenses	<u>6,383</u>
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Total deductions	<u>867,408</u>
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Net increase	1,617,342
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Net assets available for benefits:

Beginning of year	<u>7,946,447</u>
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End of year	<u><u>\$ 9,563,789</u></u>
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The accompanying notes are an integral part of these financial statements.

PRIDESTAFF, INC. 401(K) PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following description of the PrideStaff, Inc. 401(k) 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 is a defined contribution plan covering all full-time employees of Pridestaff, Inc. (the “Company”) who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation Requirements

All employees of the Company, except those covered by a collective bargaining agreement or non-resident aliens, are eligible to become participants on the first day of the Plan quarter following one year of service with the Company and having attained age 21. A minimum of 1,000 hours in a period of 12 consecutive months constitutes as a year of service.

Contributions

The Plan provides for five types of contributions:

The first is the employee salary deferral feature. The maximum amount an individual can defer in the calendar year 2024 is \$23,000. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The maximum amount of catch-up contributions for 2024 is \$7,500. The employer shall determine the amount of salary reduction contribution in accordance with Salary Reduction Agreements voluntarily executed by each eligible participant. Employees may defer their salary on a pre-tax or after-tax basis. Participants direct the investment of their contributions into various investment options offered by the Plan.

The second is an employee rollover contribution. At the discretion of the Plan Administrator, once an employee is a participant in the plan or is an eligible employee within the waiting period, the employee may deposit into the Plan distributions they have received from other retirement plans. Employees are also permitted to make an In-Plan Roth transfer in which the employee can elect to change the tax treatment of all or some of their pre-tax accounts that are 100% vested. There are certain limitations and eligibility requirements that apply.

PRIDESTAFF, INC. 401(K) PLAN  
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN (CONTINUED)

Contributions (Continued)

The third is a safe harbor employer match. The employer will match 100% of the aggregate salary deferral up to the first 3% of compensation and 50% of the aggregate salary deferral of the next 2% of compensation to the extent aggregate salary deferral does not exceed 5% of compensation.

The fourth allows the employer to make an annual Qualified Non-Elective Contribution (QNEC) to the Plan if necessary to pass the non-discrimination testing. The QNEC will be allocated only to non-highly compensated employees.

The fifth is an annual employer discretionary contribution which may be made to the Plan in the form of a matching or profit sharing contribution.

Participant Accounts

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

Vesting

Participants are always 100% vested in their salary deferrals, rollover, employer safe harbor, profit sharing and QNEC contributions.

Forfeiture

Forfeitures are determined and disposed of in the year in which the forfeiture occurs. Forfeitures may be used to reduce administrative expenses of the Plan, restore forfeited account balances of rehires who are eligible for a restoration of forfeitures, or reduce employer contributions. At December 31, 2024 and 2023, the amount of forfeited non-vested accounts was \$0 and \$11, respectively. In 2024, no employer contributions were reduced from forfeited non-vested accounts.

PRIDESTAFF, INC. 401(K) PLAN  
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits

Benefits are payable at normal retirement age, death, disability, or termination of service for any other reason. Normal retirement is age 65. The total vested portion of a participant's account balance is distributed as either a lump-sum payment, annual installments over a period of time of not more than the participant's assumed life expectancies of themselves or their beneficiaries, or an annuity. Participants may be eligible for a hardship withdrawal from their pretax account under certain circumstances and with the plan administrator's approval.

SECURE Act 2.0

In December 2022, the Setting Every Community for Retirement Enhancement Act 2.0 ("SECURE Act 2.0") was passed into law. The provisions of SECURE Act 2.0 continue the reforms that began with the 2019 SECURE Act. Since the provisions include both required and optional elements, the Plan Administrator will determine the optional SECURE Act 2.0 provisions to elect.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

PRIDESTAFF, INC. 401(K) PLAN  
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
DECEMBER 31, 2024 AND 2023

2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 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 bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in other administrative expenses.

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest for the year ended December 31, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide Trust Company, FSB ("Nationwide") (the trustee of the Plan).

4. 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).

PRIDESTAFF, INC. 401(K) PLAN  
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
DECEMBER 31, 2024 AND 2023

4. FAIR VALUE MEASUREMENTS (CONTINUED)

The three levels of the fair value hierarchy under FASB 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.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical 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 maximize the use of relevant 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, 2024 and 2023.

*Pooled Separate Accounts (PSAs):* Investments in the PSAs are held by Nationwide, the custodian, and offered through their group annuity contracts. The custodian uses unit value to perform daily account valuations and is not the same as net asset value. After the close of the stock market, the custodian receives a daily price from each fund house, a figure which includes the net asset value and any dividends and capital gains declared. This method allows the custodian to calculate a gross investment rate which is used to compute the unit value.

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

PRIDESTAFF, INC. 401(K) PLAN  
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
DECEMBER 31, 2024 AND 2023

4. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 9,097,460	\$ -	\$ 9,097,460
	\$ -	\$ 9,097,460	\$ -	\$ 9,097,460
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 7,503,790	\$ -	\$ 7,503,790
	\$ -	\$ 7,503,790	\$ -	\$ 7,503,790

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds a traditional investment contract with Nationwide totaling \$110,309 and \$117,075 as of December 31, 2024 and 2023. This contract meets the fully benefit-responsive investment criteria and therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made, plus earnings, less participant withdrawals and administrative expenses.

The contract issuer is contractually obliged to repay the principal and interest at a specified interest rate that is guaranteed to the plan. It offers a crediting rate that will not fall below 0.5%. For 2024, the net rate, crediting rate and average yield were 2.02% for the first quarter, 1.90% for the second quarter, 1.78% for the third quarter, and 1.66% for the fourth quarter. For 2023, the net rate, crediting rate and average yield were 1.82% for the first, second and third quarter and 2.02% for the fourth quarter. The crediting rate is reviewed on a quarterly basis for resetting. The contract does not have a maturity date and does not provide for a distribution with a market value adjustment, or an installment payout, at book value, over a period of years. The contract will continue in force until all assets have been distributed or no further payments are due.

PRIDESTAFF, INC. 401(K) PLAN  
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
DECEMBER 31, 2024 AND 2023

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (CONTINUED)

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer (Note 10). These events may be different under each contract. Examples of such events include: 1) failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; 2) premature termination of the contracts; 3) Plan termination or merger; 4) changes to the Plan's prohibition on competing investment options; and 5) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: 1) an uncured violation of the Plan's investment guidelines; 2) a breach of material obligation under the contract; 3) a material misrepresentation; and 4) a material amendment to the agreements without the consent of the issuer.

6. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are managed by Nationwide. Nationwide is the custodian as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. The Plan pays a servicing fee associated with the recordkeeping and asset management services provided by the custodian. The fee is based on a percentage of the assets invested in each managed fund and is offset directly against the earnings credited to each participant's account. Fees incurred by the Plan paid directly and indirectly for recordkeeping and investment management services and amounted to \$67,146 for the year ended December 31, 2024.

7. 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 will become 100% vested in their accounts.

PRIDESTAFF, INC. 401(K) PLAN  
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)  
DECEMBER 31, 2024 AND 2023

8. TAX STATUS

The Internal Revenue Service has determined and informed the Plan sponsor by a letter dated June 30, 2020 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's consultant believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

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 statements of net assets available for benefits.

10. SUBSEQUENT EVENTS

On August 5, 2025, the Board of Directors of Pridestaff, Inc. approved the merger of this Plan into the Principal EASE Pooled Employer Plan ("PEP"), effective November 15, 2025. As a result, all investments will be transferred from the Plan into the PEP on that date.

Due to the upcoming Plan merger, the fully benefit-responsive investment contract may not be able to be transacted with the issuer at contract value at the merger date. Any transactions that may occur at the merger date would be subject to either: a lump sum payment adjusted to market value or annual installments which would not subject to a market value adjustment.

Subsequent events were evaluated through October 3, 2025, the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

PRIDESTAFF, INC. 401(K) PLAN  
SCHEDULE H, LINE 4I SCHEDULE OF ASSETS  
(HELD AT THE END OF YEAR)

Pridestaff, Inc. 401(K) Plan 001  
Pridestaff, Inc. 77-0096099

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, collateral, par or maturity value	(e) Current Value
*	Nationwide Life Insurance Company	AmFds New Wld R6	\$ 303,551
*	Nationwide Life Insurance Company	Artisan Intl Val Inst	\$ 328,476
*	Nationwide Life Insurance Company	Baird Cor Pls Bd Inst	\$ 117,880
*	Nationwide Life Insurance Company	BlkRk 80/20 TrgtAlloc Inst	\$ 78,580
*	Nationwide Life Insurance Company	BlkRk Mdcap Gr Eq Inst +	\$ 582
*	Nationwide Life Insurance Company	BlkRk Strat Inc Oppr I	\$ 39,702
*	Nationwide Life Insurance Company	CohenStrs RealEst Sec Inst	\$ 145,639
*	Nationwide Life Insurance Company	DFA Intl Lgcap Gr	\$ 116,638
*	Nationwide Life Insurance Company	DFA US SmCap Val Inst	\$ 11,507
*	Nationwide Life Insurance Company	Fed Hrms Inst Hi Yld Bd Inst	\$ 51,021
*	Nationwide Life Insurance Company	Fed Hrms Sh Indtd Tl Rt Bd	\$ 13,953
*	Nationwide Life Insurance Company	Fid 500 Indx	\$ 1,095,928
*	Nationwide Life Insurance Company	Fid Infl Prtct Bd Indx	\$ 12,758
*	Nationwide Life Insurance Company	Fid US Bd Indx	\$ 66,591
*	Nationwide Life Insurance Company	NW Genveva SmCAPGr Inst Svc	\$ 317,893
*	Nationwide Life Insurance Company	Impax Sustnbl Alloc Inst	\$ 8,559
*	Nationwide Life Insurance Company	PIMCO Intl BdUSDlrHdgInst	\$ 156,084
*	Nationwide Life Insurance Company	Ptnm Large Cap Gr Fnd Class Y	\$ 616,730
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2010 Inst	\$ 50,039
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2015 Inst	\$ 24,622
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2020 Inst	\$ 68,697
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2025 Inst	\$ 60,458
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2030 Inst	\$ 335,823
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2035 Inst	\$ 169,439
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2040 Inst	\$ 436,164
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2045 Inst	\$ 337,233
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2050 Inst	\$ 289,522
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2055 Inst	\$ 364,942
*	Nationwide Life Insurance Company	Nuveen LfCycInd 2060 Inst	\$ 292,506
*	Nationwide Life Insurance Company	Nuveen LfCycIndRtInc Inst	\$ 54,123
*	Nationwide Life Insurance Company	Vic Dividend Gr Inv +	\$ 169,104
*	Nationwide Life Insurance Company	Vngrd GNMA Adml	\$ 222,832
*	Nationwide Life Insurance Company	Vngrd St Fed Adml	\$ 27,282
*	Nationwide Life Insurance Company	Vngrd Ttl Intl Bd Idx Adml	\$ 6,898
*	Nationwide Life Insurance Company	Vngrd Ttl Intl Stk Index Adml	\$ 165,768
*	Nationwide Life Insurance Company	Vngrd Ttl Stmkt Indx Fd As	\$ 456,708
*	Nationwide Life Insurance Company	Vngrd Wlsly Inc. Adml	\$ 31,033
*	Nationwide Life Insurance Company	Vngrd Wndsr Adml	\$ 429,504
*	Nationwide Life Insurance Company	Brown Advisory Sus Gr Fd Inst	\$ 362,904
*	Nationwide Life Insurance Company	Nuveen CycInd 2065 Inst	\$ 115,651
*	Nationwide Life Insurance Company	Victory Sycamore Est Vl Fd Cl I	\$ 414,258
*	Nationwide Life Insurance Company	Calvert Intl Equity Fd Cl I	\$ 10,807
*	Nationwide Life Insurance Company	Prncpl Mdcap R6	\$ 101,298
*	Nationwide Life Insurance Company	Pub-Vic Estblshd Val A +	\$ 60,079
*	Nationwide Life Insurance Company	Fidelity Slet Smicndctrs Portfolio +	\$ 13,257
*	Nationwide Life Insurance Company	State Strt Bal Indx Fund - Class K	\$ 544,437
*	Nationwide Life Insurance Company	NW Fixed Sel Optn	\$ 110,309
			<u>\$ 9,207,769</u>

\* Indicates a party-in-interest, as defined by ERISA