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|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

**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.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

|   |  |
|---|--|
| <p><b>1a</b> Name of plan<br/><u>PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>PREFERENCE EMPLOYMENT SOLUTIONS PEO</u></p> <p><u>2605 42ND AVE. S. #100</u><br/><u>FARGO, ND 58104</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/2009</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>45-0441041</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>701-282-0619</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>541219</u></p> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2025 | DAVID DIETZ  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <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:<br><b>a</b> Sponsor's name<br><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>                                   | 238 |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><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>                               | 197 |
|   | <b>6a(2)</b>                               | 213 |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 47  |
|   | <b>6d</b>                                  | 260 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 260 |
|   | <b>6g(1)</b>                               | 145 |
| <b>6g(2)</b>  | 171  |     |
| <b>6h</b>   | 0  |     |
| <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 2K 2T 2V

**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 type="checkbox"/> Insurance                                  | (1) <input 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 type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ |
| (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 checked="" type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)   | (5) <input 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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|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS 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<br><b>PREFERENCE EMPLOYMENT SOLUTIONS PEO</b> | <b>D</b> Employer Identification Number (EIN)<br><b>45-0441041</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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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 37 38<br>50         | TPA   | 56245  | 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)

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51                  | PORTFOLIO<br>MGMT   | 19476  | 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)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(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<br>(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<br>(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 H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|   |  |
|---|--|
| 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<br><b>PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS 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<br><b>PREFERENCE EMPLOYMENT SOLUTIONS PEO</b> | <b>D</b> Employer Identification Number (EIN)<br><b>45-0441041</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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>                 | 11019                  |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>                 | 27215                  |
| <b>(3)</b> Other .....   | <b>1b(3)</b>                 | 789                    |
| <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>                 | 60741                  |
| <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>                |                        |
| <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>                | 7425763                |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>                |                        |
| <b>(15)</b> Other .....  | <b>1c(15)</b>                |                        |

| <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>    | 6414516               | 7525527         |
| <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>    | 6414516               | 7525527         |

**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> | 313321     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 787147     |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (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>    |            | 1100468   |
| <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> | 4116       |           |
| <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> |            | 4116      |
| <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> | 203259     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (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>  |            |           |
| (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> |            | 665898    |
| <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>     |            | 1973741   |

**Expenses**

|  |               |        |        |
|--|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 838251 |        |
| (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>  |        | 838251 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |        | 4353   |
| <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>  | 56245  |        |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |        |        |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 19475  |        |
| (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> |        | 75720  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |        | 918324 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1055417 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  | 55594   |
| (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: **WIDMER ROEL PC**

(2) EIN: **45-0334950**

**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.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 8151   |
| <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.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 570000 |
| <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?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <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.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.  | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

**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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN</u>                 | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PREFERENCE EMPLOYMENT SOLUTIONS PEO</u> | <b>D</b> Employer Identification Number (EIN)<br><u>45-0441041</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

|   |  |
|---|--|
| 1 |  |
|---|--|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 65-0708495

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

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

|   |  |
|---|--|
| 3 |  |
|---|--|

|                |   |
|----------------|---|
| <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.) |
|----------------|---|

**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> |
|-----------------|-------------------|

**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 Q702352A.

|  |   |   |
|--|---|---|
| <p><b>SCHEDULE MEP<br/>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> | <p><b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> | <p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 24pt;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p> |
|--|---|---|

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

|  |   |                   |
|--|---|-------------------|
| <p><b>A</b> Name of plan<br/><b>PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN</b></p>                                    | <p><b>B</b> Three-digit Plan number (PN)..... ▶</p>       | <p><b>001</b></p> |
| <p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br/><b>PREFERENCE EMPLOYMENT SOLUTIONS PEO</b></p> | <p><b>D</b> Administrator's EIN<br/><b>45-0441041</b></p> |                   |

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

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

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

**Part II Participating Employer Information.**

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

|   |                                    |  |  |
|---|------------------------------------|--|--|
| <b>2a</b> Name of Participating Employer<br><b>3-D OPTICAL, INC.</b>      | <b>2b</b> EIN<br><b>45-0445938</b> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><b>4.39</b> | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><b>764306</b> |
| <b>2a</b> Name of Participating Employer<br><b>AGATHOS BIOLOGICS, LLC</b> | <b>2b</b> EIN<br><b>81-4598434</b> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><b>8.08</b> | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><b>276359</b> |

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

|  |           |   |
|--|-----------|---|
| <b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?  | <b>2e</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | <b>2f</b> |   |
| <b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.  | <b>2g</b> |   |

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

| 2a Name of Participating Employer               | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|---|------------|--|--|
| AUDIO GARAGE, INC.                              | 26-4034650 | 3.48   | 275776   |
| BWR INNOVATIONS LLC                             | 83-1383434 | 5.26   | 268890   |
| CARTUNZ, INC.                                   | 26-3846708 | 0.00   | 68270  |
| CHASE STEEL SERVICES, INC./WEST SIDE STEEL, LLC | 45-0452193 | 8.13   | 838251   |
| CUSTOM GRAPHICS                                 | 45-0365373 | 10.39  | 1059071  |
| DO GOOD BETTER CONSULTING, INC.                 | 82-1979913 | 1.31   | 117707   |
| FETZER FAMILY CHIROPRACTIC, PLLC                | 20-4713458 | 0.00   | 75534  |
| FIX IT FORWARD AUTO CARE, LLC                   | 82-4059445 | 19.82  | 635322   |
| GENOVAC ANTIBODY DISCOVERY LLC                  | 85-3129946 | 17.75  | 594246   |

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

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

| 2a Name of Participating Employer                            | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| GOLDTHORPE CORP  | 35-2606938 | 1.07   | 21993  |
| HORACE RURAL FIRE PROTECTION DISTRICT                        | 45-0394456 | 0.00   | 4540   |
| HOSPITALITY CONCEPTS, LLC                                    | 20-2252734 | 3.51   | 423244   |
| PAYROLL EXPRESS, INC.DBA PREFERENCE EMPLOYMENT SOLUTIONS PEO | 45-0441041 | 0.00   | 218  |
| PREFERENCE EMPLOYMENT SOLUTIONS                              | 45-0404311 | 15.70  | 1896848  |
| SUPERIOR INSURANCE AGENCY                                    | 27-1812412 | 1.02   | 52088  |
| THOMAS J. RENE, O.D., P.C.                                   | 82-0637823 | 0.08   | 53096  |
|  |            |  |  |
|  |            |  |  |

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

---

|                 |   |
|-----------------|---|
| <b>Part III</b> | <b>Pooled Employer Plan Information</b> |
|-----------------|---|

---

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

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

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

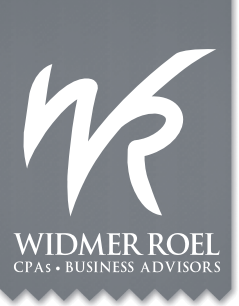
ACK ID \_\_\_\_\_

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**PREFERENCE EMPLOYMENT SOLUTIONS  
PEO RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**WITH INDEPENDENT AUDITOR'S REPORT**



4220 31st Avenue S.  
Fargo, ND 58104-8725

Phone: 701.237.6022  
Toll Free: 888.237.6022  
Fax: 701.280.1495

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator  
**Preference Employment Solutions PEO Retirement Savings Plan**  
Fargo, North Dakota

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

We have performed audits of the financial statements of **Preference Employment Solutions PEO Retirement Savings 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 **Preference Employment Solutions PEO Retirement Savings Plan's** financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### ***Basis for Opinion***

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

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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the **Preference Employment Solutions PEO Retirement Savings Plan's** internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about **Preference Employment Solutions PEO Retirement Savings Plan's** ability to continue as a going concern for a reasonable period of time.

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

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

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

***Other Matter — Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

A handwritten signature in black ink, appearing to read "Wilmer Poel" followed by a stylized flourish.

Fargo, North Dakota  
October 14, 2025

**PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**DECEMBER 31, 2024 AND 2023**

|                                    | <u>2024</u>                | <u>2023</u>                |
|------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                      |                            |                            |
| Investments, at fair value         | \$ 7,425,763               | \$ 6,345,185               |
| Receivables                        |                            |                            |
| Employers                          | 11,019                     | 6,743                      |
| Participant                        | 27,215                     | 14,768                     |
| Notes receivable from participants | <u>61,530</u>              | <u>47,820</u>              |
| Total assets                       | 7,525,527                  | 6,414,516                  |
| <b>LIABILITIES</b>                 | <u>-</u>                   | <u>-</u>                   |
| Net assets available for benefits  | \$ <u><u>7,525,527</u></u> | \$ <u><u>6,414,516</u></u> |

**PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

**ADDITIONS**

|   |                  |
|---|------------------|
| Investment income                             |                  |
| Net appreciation in fair value of investments | \$ 665,898       |
| Interest and dividends                        | <u>207,375</u>   |
| Total investment income                       | <u>873,273</u>   |
| Contributions                                 |                  |
| Employers                                     | 313,321          |
| Participants                                  | <u>787,147</u>   |
| Total contributions                           | <u>1,100,468</u> |
| Total additions                               | <u>1,973,741</u> |

**DEDUCTIONS**

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 842,604        |
| Administration expenses       | <u>75,720</u>  |
| Total deductions              | <u>918,324</u> |
| Net increase                  | 1,055,417      |

**TRANSFERS IN**

55,594

**NET ASSETS AVAILABLE FOR BENEFITS**

|                   |                            |
|-------------------|----------------------------|
| Beginning of year | <u>6,414,516</u>           |
| End of year       | \$ <u><u>7,525,527</u></u> |

# PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

### NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Preference Employment Solutions PEO Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

Effective April 1, 2022, the Plan was amended and restated. As part of the amendment and restatement, the name of the Plan was changed to Preference Employment Solutions PEO Retirement Savings Plan. The Plan was previously known as Payroll Express, Inc. Retirement Savings Plan.

#### *General*

The Plan is a multiple employer retirement plan covering eligible employees of the participating co-employers. The Plan is a Professional Employer Organization (PEO) Plan. Preference Employment Solutions (“the Company”) is the Plan Sponsor and the principal Participating Employer that makes the Plan available under a co-employment arrangement with those companies (“Co-employers”) that elect to participate in the Plan. Each participating Co-employer has established participation requirements for its respective employees independently of other Co-employers participating in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### *Contributions*

Each year, participants may contribute up to 98% of pre-tax annual compensation, as defined in the Plan, limited to the maximum allowed under the Internal Revenue Code (IRC). Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions, limited to the maximum amount allowed under the IRC. Contributions are subject to the maximum amount allowed by law.

Co-employer matching contributions may be made to the Plan based on criteria established by each Co-employer’s work site adoption agreement. Co-employers may make a safe harbor non-elective contribution to each participant’s 401(k) account equal to a percentage, as elected by a respective Co-employer, of each participant’s compensation. Additionally, Co-employers may make discretionary matching contributions equal to a percentage elected by a respective Co-employer.

The Plan provides Co-employers the option of automatic enrollment.

The Plan allows rollover contributions into the Plan from another qualified plan.

#### *Transfers In*

During the year ended December 31, 2024, funds from two separate qualified employee benefit plans transferred into the plan.

#### *Participant Accounts*

Each eligible participant’s account is credited with the participant’s contribution, the participating companies’ matching contribution, Plan earnings, and charged with an allocation of administrative expenses 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.

# PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

### *Investment Options*

Upon enrollment in the Plan, a participant may direct contributions in any of the investment options offered by the Plan. Participants may change their investment options daily.

### *Vesting*

Participants are immediately vested in all employee contributions, any Co-employer's safe harbor contributions, and actual earnings thereon. Vesting in a Co-employer's matching contributions and discretionary non-elective contributions are generally subject to a six-year vesting schedule as follows:

| <u>Years of Service</u> | <u>Vesting Percentage</u> |
|-------------------------|---------------------------|
| Less than 2             | 0%                        |
| 2                       | 20%                       |
| 3                       | 40%                       |
| 4                       | 60%                       |
| 5                       | 80%                       |
| 6                       | 100%                      |

Vesting schedules are determined by each Co-employer for its respective participants. Non-vested balances of employees who terminate are forfeited and may be used to reduce future employer matching contributions or Plan expenses at the end of the Plan year.

### *Notes Receivable from Participants*

Participants may borrow from their funds up to a maximum not to exceed the lesser of (a) \$50,000 or (b) one-half of the fair market value of a participant's vested account balance. The minimum loan amount that may be borrowed is \$1,000. Only two outstanding loans are permitted at any given time.

The term of such loan must not be less than one year nor greater than five years, except in the case of a loan for the purpose of acquiring a primary residence in which case the term can be fifteen years. The term of such loan shall be determined by the employer considering the maturity dates quoted by the representative commercial banks in the local area for a similar loan.

### *Payment of Benefits*

In the event a participant terminates employment due to separation of service, retirement, disability, or death, if the vested account balance exceeds \$5,000, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account. The participant may also elect to rollover the distribution to an Individual Retirement Account ("IRA") or to another qualified account. If no election is made, the account balance will remain in the participant's account within the Plan. If upon termination of employment due to separation of service, retirement, disability or death, the vested account balance is less than \$5,000, the participant may elect to receive either a lump-sum distribution of the entire vested account balance or rollover the account into an IRA or to another qualified account. If no election is made and the balance is less than \$5,000 but greater than \$1,000, the funds will be rolled over into an IRA in the participant's name with a provider selected by the Plan Administrator. If no election is made upon termination of service and the participant's account balance is less than \$1,000, the vested account balance will be distributed to the participant. In-service distributions are available upon a participant reaching the age of 59 ½.

(Continued)

# PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

Upon attainment of 65 years, participants may withdraw all or any portion of their vested account balances. For participants whose age exceeds 73 the Internal Revenue Service required minimum distribution rules may apply.

Participants may take hardship withdrawals to satisfy an immediate and heavy financial need and subject to certain limitations as defined in the Plan.

### *Transfer of Funds*

Upon termination/new entrance of an adopting employer, funds are transferred to/from other qualified plans. Transfers from other qualified plans were \$55,594 for the year ended December 31, 2024. Transfers to other qualified plans were \$-0- for the year ended December 31, 2024.

### *Administrative Fees*

The Plan custodian and record-keeper assesses a per-transaction fee for certain types of distributions. These fees were deducted from the individual participant's account balance and recorded as plan administration expense. The Plan custodian also assesses a fee for the administration of the Plan.

### *Forfeited Accounts*

Forfeiture occurs when a participant terminates employment and all or part of the employer matching contributions are not vested. The nonvested portion is forfeited immediately if the participant either has no vested interest upon termination of employment or receives a distribution of the entire vested interest when the participant terminates employment. If none of these circumstances exist, nonvested balances are forfeited upon the completion of five consecutive years in which the participant works fewer than twelve months.

Forfeitures may be used to pay plan expenses, reduce matching contributions, or as a nonelective contribution. \$7,950 were used to reduce the Employer match for the year ended December 31, 2024. At December 31, 2024 and 2023, there were \$11,642 and \$11,242 forfeitures available for use as provided by the Plan, respectively.

## **NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### *Basis of Accounting*

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

### *Use of Estimates*

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

### *Investment Valuation and Income Recognition*

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

# PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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

The classification of investment earnings reported in the statements of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

### *Measurement of Notes Receivable from Participants*

Notes receivable from participants are measured at the loan's unpaid principal balance plus any accrued interest.

### *Contributions*

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which participant compensation is earned.

### *Payment of Benefits*

Payments for benefits are recorded when paid.

### *Transfers In and Out*

Transfers in and transfers out of newly adopting employers and termination of employers, respectively, are recorded at the net amount in the statement of changes in net assets available for benefits. During the year ended December 31, 2024, funds from two separate qualified employee benefit plans were transferred in.

### *Subsequent Events*

Management has determined there were no material subsequent events that require recognition or additional disclosure in these financial statements.

### **NOTE 3 – INFORMATION CERTIFIED BY TRUSTEE**

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under such election, no independent auditing procedures were performed with respect to the information certified as complete and accurate by the Trustee, Mid Atlantic Trust Company.

The Plan Custodian has certified its statements of accounts as of December 31, 2024 and 2023 and for the year ended December 31, 2024. The statements of accounts include beginning and ending balances of investments held and detail of all transactions during the period, including interest income on investment earnings.

### **NOTE 4 – FAIR VALUE MEASUREMENTS**

The three levels of the fair value hierarchy in accordance with ASC 820 *Fair Value Measurements* are described below.

**PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**Level 1** – Inputs to the valuation method are unadjusted quoted prices for identical instruments in active markets;

**Level 2** – Inputs to the valuation method include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose significant inputs are observable; and

**Level 3** – Inputs to the valuation method are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value:

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

**Money Market Fund** – Valued at NAV of interest held by the Plan at year-end. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the account will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31:

|  | <b>2024</b>         |                     |                |                |
|--|---------------------|---------------------|----------------|----------------|
|  | <u>Fair Value</u>   | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> |
| Mutual funds                             | \$ 6,705,833        | \$ 6,705,833        | \$ -           | \$ -           |
| Total assets in the fair value hierarchy | 6,705,833           | 6,705,833           | -              | -              |
| Investments measured at net asset value  | <u>719,930</u>      | <u>-</u>            | <u>-</u>       | <u>-</u>       |
| Total                                    | <u>\$ 7,425,763</u> | <u>\$ 6,705,833</u> | <u>\$ -</u>    | <u>\$ -</u>    |
|  | <b>2023</b>         |                     |                |                |
|  | <u>Fair Value</u>   | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> |
| Mutual funds                             | \$ 5,677,987        | \$ 5,677,987        | \$ -           | \$ -           |
| Total assets in the fair value hierarchy | 5,677,987           | 5,677,987           | -              | -              |
| Investments measured at net asset value  | <u>667,198</u>      | <u>-</u>            | <u>-</u>       | <u>-</u>       |
| Total                                    | <u>\$ 6,345,185</u> | <u>\$ 5,677,987</u> | <u>\$ -</u>    | <u>\$ -</u>    |

(Continued)

# PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

### *Fair Value of Investments in Entities that Use NAV*

The following table summarizes investments measured at fair value based on NAV per share as of December 31:

| <u>Investment Type</u>        | <u>Fair Value<br/>2024</u> | <u>Fair Value<br/>2023</u> | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency</u> | <u>Redemption<br/>Notice Period</u> |
|-------------------------------|----------------------------|----------------------------|---------------------------------|---------------------------------|-------------------------------------|
| Money Market Accounts         |                            |                            |                                 |                                 |                                     |
| Vanguard Federal Money Market | \$ <u>719,930</u>          | \$ <u>667,198</u>          | None                            | Daily                           | Daily                               |

### NOTE 5 – PLAN TERMINATION

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

### NOTE 6 – TAX STATUS

The Internal Revenue Service has determined and informed the third-party administrator by an opinion letter dated June 30, 2020, that the prototype plan as adopted was designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

Plan management is required to evaluate tax positions taken by the Plan and determine if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan administration has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken.

### NOTE 7 – TRANSACTIONS WITH PARTIES-IN-INTEREST

The Company provides certain accounting and administrative services to the Plan, for which no fees are charged.

The Plan paid certain expenses related to Plan operations and investment activity to its recordkeeper and third-party administrator. These transactions are exempt party-in-interest transactions under ERISA.

### NOTE 8 – RISKS AND UNCERTAINTIES

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

As of December 31, 2024, the Plan had investments of \$3,827,287 that were concentrated in two funds. As of December 31, 2023, the Plan had investments of \$4,077,541 that were concentrated in three funds.

# **PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN**

## **NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023**

### **NOTE 9 – NONEXEMPT TRANSACTIONS**

Defined contribution plans are required to remit employee contributions to the plan as soon as it is administratively feasible for them to be segregated from the employer's general assets. During the year ended December 31, 2024, employee deferrals of \$61 were withheld and not remitted on a timely basis (as defined by the Department of Labor "DOL") by the Plan Sponsor. The Plan Sponsor has confirmed that all such deferrals have been deposited to the Plan and is in the process of working with the third-party administrator to deposit lost earnings.

Defined contribution plans are required to remit employee contributions to the plan as soon as it is administratively feasible for them to be segregated from the employer's general assets. During the year ended December 31, 2023 employee deferrals of \$8,090 were withheld from a payroll cycle and not remitted on a timely basis (as defined by the Department of Labor) by the Plan Sponsor. The Plan Sponsor has confirmed that all such deferrals have been deposited to the Plan and is in the process of working with the third-party administrator to deposit lost earnings.

**PREFERENCE EMPLOYMENT SOLUTIONS  
PEO RETIREMENT SAVINGS PLAN**

**SUPPLEMENTAL SCHEDULES  
FOR THE YEAR ENDED DECEMBER 31, 2024**

**PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN**

**EIN – 45-0441041**

**PLAN NUMBER – 001**

**SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2024**

| (a) | (b)  | (c)  | (d)    | (e)              |
|-----|--|--|--------|------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost   | Current<br>Value |
|     | Vanguard Federal Money Market                            | Cash/stable value account  | \$ N/A | \$ 719,930       |
|     | American Funds EuroPacific R6                            | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 4,588         |
|     | DFA Emerging Markets Core Equity                         | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 21,434        |
|     | Fidelity US Bond Index                                   | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 368,163       |
|     | Franklin Utilities                                       | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 25,813        |
|     | iShares MSCI EAFE International Index K                  | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 594,411       |
|     | MFS Value Fund CI R4                                     | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 87,416        |
|     | Prudential High Yield Z                                  | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 60,299        |
|     | State Street S&P Index 500                               | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 36,792        |
|     | T. Rowe Price New Era                                    | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 10,495        |
|     | Vanguard Consumer Staples Index Fund                     | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 542,802       |
|     | Vanguard Inflation Protected Securities                  | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 6,560         |
|     | Vanguard Information Technology Index Ad                 | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 69,966        |
|     | Vanguard Intermediate-Term Bond Index                    | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 1,177,272     |
|     | Vanguard Mid Cap Index Admiral                           | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 183,275       |
|     | Vanguard Real Estate Index Admiral                       | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 18,309        |
|     | Vanguard Short-Term Bond Index Admiral                   | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 30,084        |
|     | Vanguard Small Cap Index Admiral                         | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 145,269       |
|     | Vanguard Target Retirement 2025                          | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 6,339         |
|     | Vanguard Target Retirement 2030                          | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 10,798        |
|     | Vanguard Target Retirement 2035                          | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 274,872       |
|     | Vanguard Target Retirement 2040                          | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 33,433        |
|     | Vanguard Target Retirement 2045                          | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 52,046        |
|     | Vanguard Target Retirement 2050                          | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 4,075         |
|     | Vanguard Target Retirement 2055                          | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 5,523         |
|     | Vanguard Target Retirement 2060                          | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 46            |
|     | Vanguard Total Stock Market Index                        | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 2,650,015     |
|     | Vanguard US Growth Admiral                               | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 149,293       |
|     | Vanguard Utilities Index Admiral                         | Mutual fund, dividends/interest reinvested   | \$ N/A | \$ 136,445       |
| *   | Participant Loans  | Loan fund, interest 4.50% to 9.50%, various<br>maturities, secured by vested account balance                 | \$ N/A | \$ 61,530        |

**PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN**

**EIN – 45-0441041**

**PLAN NUMBER – 001**

**SCHEDULE H, LINE 4A – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024**

| Schedule H, line 4a - Schedule of Delinquent Participant Contributions                       |          |  |  |  |   |
|--|----------|--|--|--|---|
| Participant Contributions Transferred<br>Late to the Plan                                    |          | Total that Constitutes Nonexempt Prohibited Transactions |  |  | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|  |          | Contributions not<br>Corrected                           | Contributions<br>Corrected Outside<br>VFCP | Contributions<br>Pending Correction<br>in VFCP |   |
| Check here if<br>Late Participant<br>Loan Payments<br>are included: <input type="checkbox"/> | \$ 8,151 | \$ 8,151   |  |  |   |

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

PREFERENCE EMPLOYMENT SOLUTIONS PEO RETIREMENT SAVINGS PLAN

PLAN # 001

EIN # 45-0441041

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
|     | BlackRock   | BTMKX - iShares MSCI EAFE International Index K  |          | 594,411           |
|     | DFA   | DFCEX - DFA Emerging Markets Core Equity   |          | 21,434            |
|     | Franklin  | FUFRX - Franklin Utilities R6  |          | 25,813            |
|     | Fidelity  | FXNAX - Fidelity US Bond Index   |          | 368,163           |
|     | MFS   | MEIJX - MFS Value Fund CI R4   |          | 87,416            |
|     | Prudential  | PHYZX - Prudential High Yield Z  |          | 60,299            |
|     | T. Rowe Price   | PRNEX - T. Rowe Price New Era  |          | 10,495            |
|     | American  | RERGX - American Funds EuroPacific R6  |          | 4,588             |
|     | State Street  | SVSPX - SSGA S&P Index 500   |          | 36,792            |
|     | Vanguard  | VAIPX - Vanguard Inflation Protected Securities  |          | 6,560             |
|     | Vanguard  | VBILX - Vanguard Intermediate-Term Bond Index Ad   |          | 1,177,272         |
|     | Vanguard  | VBIRX - Vanguard Short-Term Bond Index Admiral   |          | 30,084            |
|     | Vanguard  | VCSAX - Vanguard Consumer Staples Index  |          | 542,802           |
|     | Vanguard  | VFFVX - Vanguard Target Retirement 2055  |          | 5,523             |
|     | Vanguard  | VFIFX - Vanguard Target Retirement 2050  |          | 4,075             |
|     | Vanguard  | VFORX - Vanguard Target Retirement 2040  |          | 33,433            |
|     | Vanguard  | VGSLX - Vanguard Real Estate Index Admiral   |          | 18,309            |
|     | Vanguard  | VIMAX - Vanguard Mid Cap Index Admiral   |          | 183,275           |
|     | Vanguard  | VITAX - Vanguard Information Technology Index Ad   |          | 69,966            |
|     | Vanguard  | VMFXX - Vanguard Federal Money Market  |          | 719,930           |
|     | Vanguard  | VSMAX - Vanguard Small Cap Index Admiral   |          | 145,269           |
|     | Vanguard  | VTHRX - Vanguard Target Retirement 2030  |          | 10,798            |
|     | Vanguard  | VTIVX - Vanguard Target Retirement 2045  |          | 52,046            |
|     | Vanguard  | VTSEX - Vanguard Total Stock Market Index Admira   |          | 2,650,015         |
|     | Vanguard  | VTTHX - Vanguard Target Retirement 2035  |          | 274,872           |
|     | Vanguard  | VTTSX - Vanguard Target Retirement 2060  |          | 46                |
|     | Vanguard  | VTTVX - Vanguard Target Retirement 2025  |          | 6,339             |
|     | Vanguard  | VUIAX - Vanguard Utilities Index Admiral   |          | 136,447           |
|     | Vanguard  | VWUAX - Vanguard US Growth Admiral   |          | 149,293           |
|     | Participant Loans   | 4.50% - 9.50%  |          | 60,741            |

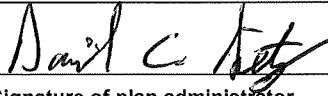
|   |  |   |
|---|--|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is 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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|   |   |   |                       |
|---|---|---|-----------------------|
| <b>Part I</b>   | <b>Annual Report Identification Information</b>   |   |                       |
| For calendar plan year 2024 or fiscal plan year beginning |   | 01/01/2024  | and ending 12/31/2024 |
| <b>A</b>  | This return/report is for:  | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) |                       |
|   |   | <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____   |                       |
| <b>B</b>  | This return/report is:  | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report   |                       |
|   |   | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)  |                       |
| <b>C</b>  | If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>                                |   |                       |
| <b>D</b>  | Check box if filing under:  | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program  |                       |
|   |   | <input type="checkbox"/> special extension (enter description)  |                       |
| <b>E</b>  | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . <input type="checkbox"/> |   |                       |

|  |  |   |  |
|--|--|---|--|
| <b>Part II</b>   | <b>Basic Plan Information</b> —enter all requested information |   |  |
| <b>1a</b> Name of plan<br>PREFERENCE EMPLOYMENT SOLUTIONS PEO<br>RETIREMENT SAVINGS PLAN   | <b>1b</b> Three-digit plan number (PN) ▶                       | 001   |  |
|  | <b>1c</b> Effective date of plan                               | 01/01/2009  |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>PREFERENCE EMPLOYMENT SOLUTIONS PEO<br><br>2605 42nd AVE. S. #100<br><br>FARGO ND 58104 | <b>2b</b> Employer Identification Number (EIN)<br>45-0441041   | <b>2c</b> Plan Sponsor's telephone number<br>(701) 282-0619 | <b>2d</b> Business code (see instructions)<br>541219 |

**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.

|                  |   |          |  |
|------------------|---|----------|--|
| <b>SIGN HERE</b> |  | 10-15-25 | David Dietz  |
|                  | Signature of plan administrator   | Date     | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |          |  |
|                  | Signature of employer/plan sponsor  | Date     | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |          |  |
|                  | Signature of DFE  | Date     | Enter name of individual signing as DFE                      |

|  |   |
|--|---|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN<br><br><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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|--|-----------------------------------|

|   |          |     |
|---|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 238 |
|---|----------|-----|

|  |     |
|--|-----|
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....  | 197 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....  | 213 |
| <b>b</b> Retired or separated participants receiving benefits .....  | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   | 47  |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....   | 260 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....   | 0   |
| <b>f</b> Total. Add lines 6d and 6e. ....  | 260 |
| <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) ..... | 145 |
| <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) .....       | 171 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....               | 0   |

|   |          |
|---|----------|
| <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 2K 2T 2V

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

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