

| | | |
|---|--|-------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 10386 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 4707 |
| | 6a(2) | 0 |
| | 6b | 0 |
| | 6c | 0 |
| | 6d | 0 |
| | 6e | 0 |
| | 6f | 0 |
| | 6g(1) | 6891 |
| | 6g(2) | 0 |
| 6h | 0 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R 2S 2T 2V 3B 3H

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b 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)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

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

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

Part I Service Provider Information (see instructions)

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

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

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

(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

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

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

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

AMERITAS LIFE INSURANCE CORP

47-0098400

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|--|---|--|--|--|---|--|
| 12 13 15 17 37 38 49 50 64 65 99 | NONE | 1061596 | 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)

PRESTIGE EMPLOYEE ADMINISTRATORS, I

11-3448580

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 15 37 50 99 | NONE | 104617 | 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)

IHT WEALTH MANAGEMENT LLC

32-8764791

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 50 71 | NONE | 95589 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

BKS FINANCIAL STATEMENTS LLC

84-1921272

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 17 26 27 50 51 99 | NONE | 74894 | 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)

SIGNATURE SECURITIES GROUP

13-4120476

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 51 | NONE | 38498 | 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)

CHARLES SCHWAB BANK

82-3967259

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 33 37 50 62 71 | NONE | 36944 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

LPL FINANCIAL LLC

04-3046611

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 50 71 | NONE | 12554 | 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)

EQUITABLE ADVISORS, LLC

13-4071393

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 50 71 | NONE | 9928 | 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)

PRIVATE ADVISOR GROUP LLC

27-3463733

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 50 71 | NONE | 1786 | 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"/> |

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|---|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|---|--|---|

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

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

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

| | | |
|---|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | <u>METLIFE GAC 25554 - FEE CLASS J</u> | |
| b Name of sponsor of entity listed in (a): | <u>WTRISC CIT</u> | |
| c EIN-PN <u>26-0142858-094</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN | B Three-digit plan number (PN) ▶ 333 |
| C Plan sponsor's name as shown on line 2a of Form 5500 PRESTIGE EMPLOYEE ADMINISTRATORS, INC. | D Employer Identification Number (EIN) 11-3448580 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 413265 | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 3529718 | |
| (9) Value of interest in common/collective trusts | 1c(9) | 9491987 | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 333111774 | 342 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | 9693006 | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 356239750 | 342 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 356239750 | 342 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 13990849 | |
| (B) Participants..... | 2a(1)(B) | 30710339 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 4052192 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 48753380 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 147741 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 147741 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 4468303 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 4468303 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -13413155 |
| c Other income | 2c | | 18585 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 39974854 |

Expenses

| | | | |
|---|--------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 24172537 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 24172537 |
| f Corrective distributions (see instructions) | 2f | | 253760 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 7414 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 1094878 | |
| (3) Recordkeeping fees | 2i(3) | 83888 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 223696 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 36944 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | 131 | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 1439537 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 25873248 |

Net Income and Reconciliation

| | | | |
|---|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 14101606 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 59672621 |
| (2) From this plan | 2l(2) | | 430013635 |

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: SKIBBIE CPA INC.

(2) EIN: 27-0851321

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 1000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | X | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | X | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|--|---------------------|--------------------|
| G & A PARTNERS MULTIPLE EMPLOYER 401(K) PLAN | 76-0461926 | 001 |
| ADP TOTALSOURCE RETIREMENT SAVINGS PLAN | 59-2452823 | 001 |
| JUSTWORKS RETIREMENT SAVINGS PLAN | 46-2283648 | 333 |
| TRINET SELECT 401(K) PLAN | 48-1304650 | 333 |

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

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|--|---------------------|--------------------|
| MILLENNIA 401(K) PLAN | 45-5279446 | 001 |
| EXTENSIS GROUP RETIREMENT SAVINGS PLAN | 86-1064991 | 333 |
| S2TECHNOLOGIES 401(K) PLAN | 45-2598635 | 002 |
| SOLLIS HEALTH RETIREMENT PLAN | 82-1338066 | 001 |

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

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|--|---------------------|--------------------|
| EMPLOVA 401(K) RETIREMENT SAVINGS PLAN | 82-2401698 | 333 |
| VENTROP ENGINEERING CONSULTING GROUP, PLLC | 45-2541998 | 001 |
| PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN | 87-1231461 | 333 |
| | | |

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

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

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

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

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 82-3967259

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

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|---|-----------|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| 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)..... | 14b | |
| c 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)..... | 14c | |

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702939A.

| | | |
|--|---|--|
| <p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> | <p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</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>▶ File as an attachment to Form 5500.</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p> |
|--|---|--|

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

| | | |
|---|---|-------------------|
| <p>A Name of plan PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN</p> | <p>B Three-digit Plan number (PN)..... ▶</p> | <p>333</p> |
| <p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF PRESTIGE EMPLOYEE ADMINISTRATORS, INC.</p> | <p>D Administrator's EIN 11-3448580</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).**

| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|-------------------|--|--|
| 25 WEST 86TH STREET OPERATING CORPORATION | 84-3972482 | 0.02 | 0 |
| 614 GROUP STAFFING CORPORATION | 36-4749686 | 0.07 | 0 |

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

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

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

Part II Participating Employer Information (Continued).

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|---|------------|--|--|
| 9 STORY USA | 20-2380480 | 0.25 | 0 |
| ABACUS GROUP LLC | 13-3972572 | 0.24 | 0 |
| ABC HOLDCO LLC | 87-3225618 | 0.23 | 0 |
| ABSOLENT AMERICAS | 36-4354021 | 0.21 | 0 |
| ACCION THE US NETWORK INC | 45-4127501 | 0.00 | 0 |
| ACCOUNTING SOLUTIONS FOR NOT FOR PROFIT ORGANIZATIONS | 82-3326152 | 0.25 | 0 |
| ACCREDITED PROPERTY MANAGEMENT LLC | 84-3071396 | 0.00 | 10 |
| ACQSIS | 20-5027425 | 0.06 | 0 |
| ADLER WINDOWS INC | 11-3486398 | 0.63 | 0 |

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|-----------------------------------|------------|--|--|
| ADTC HEALTH CORP | 85-2440360 | 0.00 | 0 |
| ADVANCED OPTOWAVE CORPORATION | 45-0554832 | 0.25 | 0 |
| AGL CREDIT MGMT | 83-1656668 | 1.75 | 0 |
| AHA WAVE GLOBAL LP | 30-0694893 | 0.00 | 0 |
| AKEIDA CAPITAL MANAGEMENT LLC | 26-1867833 | 0.00 | 0 |
| ALGIX LLC | 45-2895994 | 0.13 | 0 |
| ALGORHYTHM IO INC | 47-1372861 | 0.06 | 0 |
| ALLEN MASONRY | | 0.03 | 0 |
| ALLIED CLIMATE PARTNERS | 93-2878604 | 0.01 | 0 |

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|-----------------------------------|------------|--|--|
| ALTIUM CAPITAL MANAGEMENT LP | 82-2066653 | 0.56 | 0 |
| ALVAREZ FUNERAL HOME INC | 31-1789352 | 0.10 | 0 |
| AMERICAN PROTECTION PLANS LLC | 80-0259553 | 0.30 | 0 |
| ANDROVIA LIFESCIENCES LLC | 47-2964940 | 0.03 | 0 |
| ANTENNA GROUP INC | 22-2091414 | 0.09 | 0 |
| APOS US MANAGEMENT INC | 76-0850980 | 0.29 | 0 |
| APPARATUS LLC | 45-5034854 | 0.92 | 0 |
| APTIVITI INC | 45-3365897 | 0.20 | 0 |
| AR INTERNATIONAL ENTERPRISES | | 0.09 | 0 |

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|---------------------------------------|------------|--|--|
| ARARAT CAPITAL MANAGEMENT | 81-0732601 | 0.58 | 0 |
| ATAKAMA INC | 46-5490533 | 0.15 | 0 |
| ATLANTA PROPERTY GROUP LLC | 42-1572955 | 0.00 | 0 |
| ATLAS FOUNDATION FOR AUTISM | 46-4790635 | 0.08 | 0 |
| AXIOM ASSET ADVISORS | 46-5510534 | 0.09 | 0 |
| AYG HOLDINGS GROUP LLC | 81-3986579 | 0.04 | 0 |
| BABYLON SENIOR HOUSING ASSOCIATES LLC | 13-4154575 | 0.03 | 0 |
| BAKERY INNOVATIVE TECHNOLOGY CORP | 11-3179828 | 0.00 | 0 |
| BARCLAY HEIGHTS HOUSING ASSOCIATES | 13-3187569 | 0.01 | 0 |

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|-----------------------------------|------------|--|--|
| BARON PROPERTY GROUP LLC | 46-4896066 | 0.00 | 0 |
| BCS VALUATIONS INC | 13-3578139 | 0.07 | 0 |
| BEACON ELECTRICAL SERVICES | 26-4468853 | 0.19 | 0 |
| BEACONLIGHT CAPITAL LLC | 27-0771768 | 0.25 | 0 |
| BERTIS BIOSCIENCE INCORPORATED | 87-3054981 | 0.24 | 0 |
| BH3 MANAGEMENT LLC | 27-1217896 | 0.21 | 0 |
| BIRCH GROVE CAPITAL LP | 20-5289508 | 1.43 | 0 |
| BLUEFLY ACQUISITION LLC | 81-5385432 | 0.00 | 0 |
| BOND STREET GROUP LLC | 20-3413603 | 0.00 | 0 |

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|--|------------|--|--|
| BORNITE CAPITAL MANAGEMENT LP | 84-3120030 | 0.11 | 0 |
| BOW STREET LLC | 27-4778332 | 0.20 | 0 |
| BOX TOP MEDIA LLC DBA FRESH STEP MEDIA | 13-4813980 | 0.00 | 0 |
| BRAND, GLICK & BRAND, PC DAVID WILLIAM BRAND PC | 11-3187151 | 0.24 | 0 |
| BRIARWOOD CHASE MANAGEMENT LLC | 46-3923905 | 1.12 | 0 |
| BROOKLINE HOUSING ASSOCIATES LLC | 13-3894112 | 0.05 | 0 |
| BROOKLYN LEGAL SERVICES CORPORATION | 13-2605599 | 0.80 | 0 |
| BUILDING OWNERS AND MANAGERS ASSOCIATION OF GREATER NY | 13-2629736 | 0.06 | 0 |
| C&L TRADING OF MIAMI INC | 65-0565438 | 0.31 | 0 |

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|---|------------|--|--|
| CABLE SCOPE | 41-2212899 | 0.16 | 0 |
| CALVION CAPITAL MANAGEMENT LP | 82-2312991 | 0.11 | 0 |
| CAPE CLASSICS | 13-3359111 | 0.16 | 0 |
| CAPITALAND INTERNATIONAL | 82-1094407 | 0.81 | 0 |
| CARAVEL MANAGEMENT LLC | 20-4677504 | 0.06 | 0 |
| CARBYNE INC | 81-4342238 | 0.00 | 0 |
| CAROLINA COMPUTER LEARNING SYSTEMS | 11-3448580 | 0.00 | 0 |
| CASTLE CONNOLLY PRIVATE HEALTH PARTNERS LLC | 47-1061531 | 0.06 | 0 |
| CASTLEFORGE PARTNERS LLC | 86-3510319 | 0.07 | 0 |

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|-----------------------------------|------------|--|--|
| CEDARVIEW CAPITAL MANAGEMENT LP | 20-1259708 | 0.02 | 0 |
| CEIS REVIEW INC | 13-3934298 | 0.16 | 0 |
| CEMAYLA LLC DBA FOUNDRAE | 81-2155711 | 0.24 | 0 |
| CENTER FOR ACTIVE DESIGN INC | 46-1016582 | 0.57 | 0 |
| CENTERLINE CAPITAL MANAGEMENT LLC | 84-1776383 | 0.00 | 0 |
| CHINTAN I PATEL DDS INC | 87-4627741 | 0.05 | 0 |
| CHRISTOPHER J JONES | 83-4515496 | 0.12 | 0 |
| CITYSWITCH TOWER LLC | 38-4062424 | 0.22 | 0 |
| CIVILIVN LLC | 82-0597901 | 0.13 | 0 |

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|---------------------------------------|------------|--|--|
| CLAAR ADVISORS LLC | 46-1237663 | 0.00 | 0 |
| COINFUND MANAGEMENT LLC | 82-3809669 | 0.29 | 0 |
| COMMITTEE AGAINST ANTI ASIAN VIOLENCE | 13-3526938 | 0.08 | 0 |
| COMPLIANCY GROUP LLC | 80-0419931 | 0.00 | 0 |
| CONNEX INTERNATIONAL LLC | 20-4854308 | 0.05 | 0 |
| COPPER TECHNOLOGIES US INC | 87-1783697 | 0.09 | 0 |
| CORE DEVELOPMENT GROUP LLC | 46-1362912 | 0.51 | 0 |
| COSMETIC EXECUTIVE WOMEN FDN | 13-3563114 | 0.37 | 0 |
| COUNTRY VILLAGE ASSOCIATES | 13-3319448 | 0.02 | 0 |

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|-----------------------------------|------------|--|--|
| COURT SUPPORT INC | 11-3629812 | 0.21 | 0 |
| COVENTURE MANAGEMENT | | 0.40 | 0 |
| CP INTERNATIONAL CORP | 22-3251292 | 0.08 | 0 |
| CREATIVE MARKETING ALLIANCE INC | 22-2761584 | 0.05 | 0 |
| CRESTWOOD CAPITAL MANAGEMENT LP | 27-0178572 | 0.10 | 0 |
| CROSS MEDIA UNIFY CRM | 41-2266627 | 0.03 | 0 |
| CTIVE CAPITAL MGMT | 83-3418335 | 1.37 | 0 |
| CUAKE DIGITAL | 45-5462108 | 0.00 | 0 |
| CW INTERNATIONAL SALES LLC | 46-1773700 | 0.01 | 0 |

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|-----------------------------------|------------|--|--|
| CYBER ASSESSMENT INC | 84-2246479 | 0.00 | 0 |
| CYTUM INVESTMENT MANAGEMENT LLC | 92-3308602 | 0.24 | 0 |
| CYVATARAI INC | 84-2384418 | 0.08 | 0 |
| DANDELION CAPITAL MANAGEMENT LP | 88-1259627 | 0.29 | 0 |
| DAVID FELDMAN WORLDWIDE INC | 13-4091601 | 0.00 | 0 |
| DEAN INC DBA DEAN HONDA | 25-1584142 | 0.47 | 0 |
| DEAN STREET GROUP LLC | 26-3151375 | 0.00 | 0 |
| DE DE LLC | 45-3565352 | 0.00 | 0 |
| DEL CORONA SCARDIGLI USA INC | 46-5689370 | 0.50 | 0 |

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|--|------------|--|--|
| DENCITYWORKS ARCH | 47-4113917 | 0.02 | 0 |
| DEVPOST INC | 06-1833986 | 0.15 | 0 |
| DIAGNOSTIC IMAGING GROUP LLC | 20-2636875 | 0.00 | 0 |
| DIAMOND STANDARD INC | 82-4285004 | 0.01 | 0 |
| DISARONNO INGREDIENTS LLC | 01-0592258 | 0.01 | 0 |
| DISARONNO INTERNATIONAL LLC | 98-1149885 | 1.38 | 0 |
| DISTINGUISHED PROGRAMS INSURANCE BROKERAGE LLC | 13-4008090 | 6.30 | 0 |
| DOCUMENT AGILITY INC | 46-1130816 | 0.01 | 0 |
| DONOVAN STUDIOS LLC | 20-5501498 | 0.02 | 0 |

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|--|------------|--|--|
| DOSHI DIAGNOSTIC IMAGING SERVICES PC | 11-3023313 | 0.00 | 0 |
| DOWNTOWN CAPITAL PARTNERS INC | 84-3741864 | 0.27 | 0 |
| DRISTI CAPITAL PARTNERS LLC | 82-2101754 | 0.00 | 0 |
| DRIVOSITY | 81-1133381 | 0.23 | 0 |
| DUJOUR MEDIA GROUP LLC | 45-4507546 | 0.00 | 0 |
| DUNE REAL ESTATE PARTNERS | 90-0511007 | 0.69 | 0 |
| DYSTROPHIC EPIDERMOLYSIS BULLOSA RA OF AMERICA INC | 11-2519726 | 0.07 | 0 |
| EAGLE HEALTH INVESTMENTS LP | 84-4363226 | 0.25 | 0 |
| EASTERLY ASSET MANAGEMENT OPERATIONS LLC | 85-2435274 | 0.51 | 0 |

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|-----------------------------------|------------|--|--|
| EASTERLY INVESTMENT PARTNERS LLC | 83-2400656 | 0.50 | 0 |
| EDGY BEES INC | 82-4381603 | 0.05 | 0 |
| EDIBLE SCHOOLYARD NYC | 27-1237249 | 0.02 | 0 |
| EDWARD TYLER NAHEM FINE ART LLC | 13-3444996 | 0.11 | 0 |
| EGYPTIAN AMERICAN ENTERPRISE FUND | 46-2236659 | 0.15 | 0 |
| E HOME INC | 11-3324006 | 0.24 | 0 |
| ELARA FOODSERVICE DISPOSABLES LLC | 27-2981248 | 0.02 | 0 |
| ELDORADO COFFEE ROASTERS LTD | 11-2540546 | 0.71 | 0 |
| ELLISON SYSTEMS INC | 13-3685351 | 0.09 | 0 |

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| 2a Name of Participating Employer | 2b EIN | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--|------------|--|--|
| EMERALD HILL ASSOCIATES | 16-1165512 | 0.00 | 0 |
| EMPIRE VALORIZE LLC | 81-1651700 | 0.16 | 0 |
| ENERGY TRANSITION CAPITAL MANAGEMENT LLC | 85-3435447 | 0.11 | 0 |
| EPRODIGY UT LLC | 88-4314804 | 0.10 | 0 |
| ETFCOM INC | 81-2050515 | 0.41 | 0 |
| EVERGREEN TRADING | 90-0450518 | 1.62 | 0 |
| EXACT CAPITAL GROUP LLC | 46-3712924 | 0.02 | 0 |
| EXUS NORTH AMERICA MANAGEMENT PARTNERS LLC | 82-5431535 | 1.31 | 0 |
| EYE5 | 87-0926098 | 0.03 | 0 |

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|--|------------|--|--|
| FAMULUS HEALTH LLC | 85-0743533 | 0.28 | 0 |
| FCGG INC | 46-4347943 | 0.23 | 0 |
| FD GALLERY LLC | 27-1981240 | 0.19 | 0 |
| FINANCIAL MANAGEMENT ASSOCIATES LTD | 11-2916150 | 0.00 | 0 |
| FINEX CREDIT UNION | 06-0659505 | 0.33 | 0 |
| FIRST ALLEGIANCE PROPERTY SERVICES INC | 52-2071537 | 0.26 | 0 |
| FIRST NATIONAL ADMINISTRATORS INC | 22-2949443 | 0.00 | 0 |
| FLUSHING PODIATRY ASSOCIATES PLLC | 32-0456950 | 0.05 | 0 |
| FMA INTERNATIONAL | 61-1564540 | 0.01 | 0 |

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|-----------------------------------|------------|--|--|
| FOODPREP SOLUTIONS LLC | 84-4045446 | 0.26 | 0 |
| FUNDRAISE UP INC | 82-3083937 | 0.02 | 0 |
| GALILEO GLOBAL ADVISORS LLC | 56-2400443 | 0.00 | 0 |
| GALILEO GLOBAL SECURITIES LLC | 20-3885981 | 0.01 | 0 |
| GALILEO LIFE SCIENCES LLC | 88-2490620 | 0.14 | 0 |
| GARAGETEK | 11-3575195 | 0.01 | 0 |
| GEM SECURITY INC | 88-2314682 | 0.36 | 0 |
| GHISALLO GROUP LP | 85-1667429 | 1.21 | 0 |
| GHOST TREE CAPITAL LLC | 46-2174699 | 0.01 | 0 |

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|-------------------------------------|------------|--|--|
| GIRLS GONE STRONG LLC | 46-3530519 | 0.01 | 0 |
| GLORIA GATES CARE | 93-1688237 | 0.37 | 0 |
| GOLDGLIT COMPANY LLP | 32-0047135 | 0.28 | 0 |
| GOSHEN SENIOR HOUSING ASSOCIATES LP | 13-3932559 | 0.01 | 0 |
| GRAND CRU SELECTIONS LLC | 27-0148556 | 0.00 | 0 |
| GREENWOOD MARKETING LLC | 20-1847340 | 0.10 | 0 |
| GRIDSTOR LLC | 88-1650123 | 1.02 | 0 |
| GRIFFON ASSOCIATES INC | 13-3465941 | 0.57 | 0 |
| H S COMMUNICATIONS LLC | 20-0363810 | 0.25 | 0 |

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|---|------------|--|--|
| HARKAWAY LLC | 83-2124772 | 0.05 | 0 |
| HARMONYA INC | 86-2197625 | 0.12 | 0 |
| HARRIS KEENAN GOLDFARB PLLC | 06-1669997 | 0.19 | 0 |
| HEDLEY MAY LP | 20-1344894 | 0.06 | 0 |
| HEMPSTEAD VILLAGE HOUSING ASSOCIATES LP | 13-3058589 | 0.00 | 0 |
| HG US INC | 38-4091582 | 7.21 | 0 |
| HGK ASSET MANAGEMENT INC | 52-1296988 | 0.39 | 0 |
| HICCUP MEDIA INC | 46-2644686 | 0.00 | 0 |
| HIDDENITE CAPITAL PARTNERS LP | 20-5465946 | 0.03 | 0 |

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|-----------------------------------|------------|--|--|
| HIGH ROAD CAPITAL PARTNERS LLC | 84-4334836 | 0.05 | 0 |
| HIGHMARK NY LLC | 20-5960098 | 0.46 | 0 |
| HOBO AUDIO COMPANY LLC | 20-5404912 | 0.01 | 0 |
| HOLLER TECHNOLOGIES INC | 81-3934496 | 0.00 | 0 |
| HOTT SALONS INC | 84-4043282 | 0.01 | 0 |
| HYDRONIC SUPPLY COPIAGUE INC | 20-5580039 | 0.34 | 0 |
| ICREDITWORKS INC | 83-2944753 | 0.50 | 0 |
| INFOTEC I | 56-1994610 | 0.30 | 0 |
| INGRAO INC | 13-3747807 | 0.49 | 0 |

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|--|------------|--|--|
| INNERSPACE ELETRONICS INC | 13-3491632 | 0.13 | 0 |
| INNOVATION HEALTHCARE SERVICES LLC | 85-4044322 | 0.00 | 0 |
| INNOVATION TRAINING EXERCISE SOLUTIONS LLC | 84-4156402 | 0.00 | 0 |
| INTERACT INTRANET INC | 47-1829244 | 0.41 | 0 |
| IRENIC CAPITAL MANAGEMENT LP | 87-3544472 | 0.36 | 0 |
| IRONYUN INC USA | 47-3918270 | 0.01 | 0 |
| ISLAND BOWLING SUPPLY | 46-4445431 | 0.03 | 0 |
| ISLAND ELEVATOR INSPECTION INC | 22-3964122 | 0.23 | 0 |
| ISLAND INSTRUMENT CORPORATION | 20-2543429 | 0.00 | 0 |

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|--|------------|--|--|
| ITREK | 45-5230138 | 0.34 | 0 |
| JAJ NYC LLC | 82-2805234 | 0.03 | 0 |
| JBS ASSOCIATES INC | 13-4173041 | 0.00 | 0 |
| JEAN ROUSSEAU INC | 46-5588993 | 0.08 | 0 |
| NEW YORK CITY PSYCHOTHERAPY COLLECTIVE | 87-2234339 | 0.02 | 0 |
| JML MEDICAL INC | 22-3098047 | 0.06 | 0 |
| KEY SQUARE GROUP LP | 47-5302128 | 0.27 | 0 |
| KIDS CANVAS INC | 27-3335011 | 0.01 | 0 |
| KOEPEL AUTO GROUP | 11-2633496 | 0.97 | 0 |

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| KOEPEL NISSAN INC | 11-2633496 | 0.25 | 0 |
| KRA LLC DBA KAREN RAND ASSOCIATES | 27-5300121 | 0.12 | 0 |
| KRN SPECTRUM SALES | 13-3304685 | 0.06 | 0 |
| KULEN LAW FIRM PC | 26-4072549 | 0.13 | 0 |
| KWA ANALYTICS US LLC | 82-1234710 | 1.19 | 0 |
| LANDING POINT SEARCH GROUP LLC | 47-3625281 | 1.49 | 0 |
| LANDMARK INVESTMENT PARTNERS | 93-4212954 | 0.05 | 0 |
| LANGER RESEARCH ASSOCIATES LLC | 27-2526385 | 0.31 | 0 |
| LIGHTSPEED TECHNOLOGIES INC | 20-0797864 | 0.30 | 0 |

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|--|------------|--|--|
| LINQ VENTURE HOLDINGS LLC | 93-2998059 | 0.06 | 0 |
| LIVEINTENT INC | 26-4813536 | 2.08 | 0 |
| LIVING GROUP LLC | 80-0313925 | 0.00 | 0 |
| LMC US CORP | 38-4037236 | 0.05 | 0 |
| LONG ISLAND CHILDRENS MUSEUM | 11-3035221 | 0.16 | 0 |
| LONG ISLAND SPINE REHABILITATION MEDICINE PC | 03-0596066 | 0.35 | 0 |
| LUBASH FABRICS | 11-3070878 | 0.00 | 0 |
| LUMOS FOUNDATION USA | 47-2301085 | 0.01 | 0 |
| LUX CAPITAL MANAGEMENT LLC | 73-1721842 | 1.03 | 0 |

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|--|------------|--|--|
| LW FAMILY OFFICE LLC | 84-3526716 | 0.05 | 0 |
| M BARRY AND COMPANY LTD | 13-4096767 | 0.12 | 0 |
| M TO PROS DEVELOPMENT INC | 47-5272799 | 0.27 | 0 |
| M2 THE INSTITUTE FOR EXPERIENTIAL JEWISH EDUCATION | 82-2548805 | 0.09 | 0 |
| MAGMA GLOBAL LLC | 45-5326081 | 0.23 | 0 |
| MAQUETTE FINE ART SERVICES INC | 35-2437643 | 0.31 | 0 |
| MARU DIAGNOSTIC IMAGING SERVICES PA | 45-5194914 | 0.00 | 0 |
| MASCIONI BEHRMANN ARCHITECTURE PC | 13-2721772 | 0.08 | 0 |
| MAVEN SEARCH CORP | 61-1823795 | 0.31 | 0 |

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|------------------------------------|------------|--|--|
| MEADOWBROOK II ASSOCIATES | 13-3205353 | 0.00 | 0 |
| MERKURY INNOVATIONS LLC | 20-0164318 | 0.48 | 0 |
| MFEG LLC | 87-3077230 | 0.10 | 0 |
| MICHAEL WERNER INC | 13-3546772 | 0.32 | 0 |
| MICHAELIS BOYD INC | 36-4870728 | 0.06 | 0 |
| MILLENNIA PATIENT SERVICES LLC | 45-5279446 | 0.02 | 0 |
| MILLENNIAL HEALTHCARE SERVICES LLC | 85-4063967 | 0.18 | 0 |
| MMAX INVESTMENT PARTNERS INC | 81-4680978 | 0.51 | 0 |
| MMI WIRE AND STEEL INC | 11-3550908 | 0.15 | 0 |

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| MNS INTERNATIONAL LLC | 46-1001458 | 0.36 | 0 |
| MPEARLROCK | 99-0739298 | 0.03 | 0 |
| MUSERK | 46-1007389 | 0.05 | 0 |
| MVRE LLC | 20-3129712 | 0.04 | 0 |
| MYBUNDLE | 83-4579430 | 0.02 | 0 |
| M.Y.R.A. ENTERTAINMENT LLC | 20-8728142 | 0.00 | 0 |
| NA COLLECTIVE LLC | 46-4409198 | 0.00 | 0 |
| NATELLI AND ASSOCIATES INC | 85-2783486 | 0.03 | 0 |
| NATIONAL DENTAL LLC | 47-4875676 | 0.97 | 0 |

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| NATIONAL MEDICAL FELLOWSHIPS INC | 01-0986857 | 0.33 | 0 |
| NEPHROLOGY PHYSICIANS LLC | 35-2082018 | 0.96 | 0 |
| NETWOLF CYBER LLC | 84-3837221 | 0.21 | 0 |
| NEW COMMUNITY CINEMA CLUB INC | 11-2368182 | 0.02 | 0 |
| NEW DIMENSION INDUSTRIES | 20-5488536 | 0.00 | 0 |
| NEW PRIMECARE LLC | 20-2576930 | 0.00 | 0 |
| NEW YORK CITY PHYSICAL THERAPY PLLC | 32-0468912 | 0.07 | 0 |
| NEW YORK INSTITUTE OF FINANCE INC | 80-0151037 | 0.07 | 0 |
| NIEUW AMSTERDAM PROPERTY MANAGEMENT LLC | 46-2854140 | 0.07 | 0 |

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| NISHKAMA CAPITAL LLC | 46-2212693 | 0.98 | 0 |
| OBION CAPITAL MANAGEMENT | 92-3965159 | 0.01 | 0 |
| OJALA LTD | 11-3575111 | 0.01 | 0 |
| OLD HILL PARTNERS INC | 06-1446044 | 0.00 | 0 |
| ONSYTE PERFORMANCE | 81-3470583 | 0.18 | 0 |
| ONWARD BRANDS LLC | 93-1738690 | 1.09 | 0 |
| PW ELECTRIC INC | 11-2343098 | 0.06 | 0 |
| PARADIGM BIOCAPITAL ADVISORS LP | 85-1451055 | 0.40 | 0 |
| PARAMOUNT HEALTHCARE SERVICE LLC | 85-4064953 | 0.08 | 0 |

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| PARK MADISON PROPERTY MANAGEMENT CO LLC | 84-3355390 | 0.00 | 0 |
| PARSIFAL CAPITAL MANAGEMENT LP | 83-1786984 | 0.43 | 0 |
| PATHY MEDICAL LLC | 81-1514203 | 0.00 | 0 |
| PERFECTING FAITH CHURCH INC | 11-3067138 | 0.03 | 0 |
| PETER FASANO | 81-3510453 | 0.01 | 0 |
| PHARMABLOCK USA INC | 45-4985671 | 1.41 | 0 |
| PLOTWATT INC | 26-2771434 | 0.00 | 0 |
| PORTSHIFT SOFTWARE TECHNOLOGIES INC | 36-4948285 | 0.00 | 0 |
| PREMIER CONSULTING PARTNERS | 27-2335917 | 0.10 | 0 |

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|--------------------------------------|------------|--|--|
| PREMIER EQUITIES MANAGEMENT LLC | 45-3005150 | 0.03 | 0 |
| PRESTIGE EMPLOYEE ADMINISTRATORS INC | 11-3448580 | 1.62 | 0 |
| PRF SERVICES INC | 20-0941140 | 0.00 | 0 |
| PRIME OFFICE CENTERS 2 PENN LLC | 13-4023664 | 0.00 | 0 |
| PRIORITY PRIVATE MEDICAL CARE PC | 81-1829689 | 0.14 | 0 |
| PRIPIS CAPITAL LLC | 26-3987467 | 0.17 | 0 |
| PROGRESSIVE AMERICA FUND | 13-3885314 | 0.00 | 0 |
| PROGRESSIVE MANAGEMENT OF NY V LLC | 45-4772208 | 0.28 | 0 |
| PROGRESSIVE SURGERY CENTER LLC | 06-0685569 | 0.00 | 0 |

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| PROTECT ANIMALS WITH SATELLITES LLC DBA HALO COLLAR | 83-1328811 | 0.48 | 0 |
| Q6 GROUP LLC | 83-3439079 | 0.02 | 0 |
| QUADRANGLE CONSULTING LP | 46-3539591 | 0.23 | 0 |
| QUADRUM US CAPITAL CORP | 36-4877653 | 1.44 | 0 |
| QUALITY READY MIX CO INC | 11-3047746 | 0.07 | 0 |
| REDBURN CAPITAL MANAGEMENT LLC | 82-4484474 | 0.20 | 0 |
| REDZONE LLC | 46-1565010 | 0.00 | 0 |
| REITDESIGN INC | 13-3983021 | 0.01 | 0 |
| RELIANCE CREDIT PARTNERS LLC | 81-2123920 | 0.09 | 0 |

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| RENAISSANCE MACRO RESEARCH LLC | 27-4787633 | 0.43 | 0 |
| RESTOPROS FRANCHISING LLC | 84-2700496 | 0.03 | 0 |
| RESTORE FIRST HEALTH | | 0.39 | 0 |
| REX ARCHITECTURE | 75-3136554 | 0.00 | 0 |
| REZIP CO | 26-1944076 | 0.07 | 0 |
| RIVERMONT CAPITAL MANAGEMENT | 85-1438646 | 0.08 | 0 |
| ROBERTS LAW GROUP PLLC | 42-1745219 | 0.00 | 0 |
| ROCHELLE TAYLOR SJ | 13-3587353 | 0.32 | 0 |
| ROTHSCHILD CAPITAL PARTNERS | 13-4006978 | 0.11 | 0 |

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|-----------------------------------|------------|--|--|
| ROYAL LEARNING INSTITUTE | 46-4964310 | 0.00 | 0 |
| ROYALTY SOLUTIONS | 83-2423459 | 0.02 | 0 |
| S2TECHNOLOGIES DBA S2 | 45-2598635 | 0.02 | 0 |
| SABER REAL ESTATE NORTH | 02-0710300 | 0.01 | 0 |
| SADDLE POINT MANAGEMENT | 82-4227008 | 0.04 | 0 |
| SARINA ACCESSORIES | 20-5685302 | 0.00 | 0 |
| SCALICE LAND SURVEYING | 46-3087325 | 0.19 | 0 |
| SCAPE LANDSCAPE ARCHITECTURE | 81-4252394 | 0.95 | 0 |
| SECURE TECHNOLOGY DBA STIGROUP | 22-3758188 | 0.29 | 0 |

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|-----------------------------------|------------|--|--|
| SECURING SAM | 83-3446761 | 0.03 | 0 |
| SENSATIONAL DEVELOPMENT | 26-4255113 | 0.01 | 0 |
| SHANNON RIVER FUND MGMT | 02-0657358 | 0.46 | 0 |
| SHIRT FACTORY USA | 46-1895543 | 0.02 | 0 |
| SHVO CONCEPTS | 20-2281129 | 0.22 | 0 |
| SIA INTERNATIONAL TRADING | 85-3394815 | 0.16 | 0 |
| SIERRA REALTY | 13-2782294 | 0.26 | 0 |
| SKYLLFUL | 84-2521974 | 0.05 | 0 |
| SLIM MANAGEMENT | 81-3569306 | 0.00 | 0 |

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|-----------------------------------|------------|--|--|
| SMART ARCHES | 92-1054843 | 0.10 | 0 |
| SMOOTH SPORTSWEAR | 26-0265128 | 0.31 | 0 |
| SOUTHERN EQUITIES | 20-4370216 | 0.01 | 0 |
| SPIN CITY USA | 27-4200490 | 0.10 | 0 |
| SPIRIT MANAGEMENT SERVICES | 47-4107557 | 0.00 | 0 |
| SPOTLIGHT PA | 92-0577182 | 0.16 | 0 |
| SPOTT INSURANCE SERVICES | 87-1431587 | 0.00 | 0 |
| ST GEORGES SOCIETY OF NY | 23-7426425 | 0.08 | 0 |
| STANDARD CORPORATE SERVICES LLC | 92-1058241 | 1.31 | 0 |

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| STAR MOUNTAIN FUND MANAGEMENT | 90-0584004 | 0.92 | 0 |
| STOCKWELL RESERVE BRANDS | 87-0855594 | 0.34 | 0 |
| STRAIGHT PATH IT SOLUTIONS | 45-2480001 | 0.28 | 0 |
| SULLIVAN BRILL LLP | 11-3585547 | 0.05 | 0 |
| SWORD US INC | 13-3805704 | 0.00 | 0 |
| TALL PINES CAPITAL LLC | 47-3714291 | 0.08 | 0 |
| TBG CONSULTANTS | 90-0642029 | 0.00 | 0 |
| TEAM8 LABS INC | 61-1813570 | 0.16 | 0 |
| TELLUS CORE INC | 83-2742027 | 0.00 | 0 |

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|--|------------|--|--|
| TENET EQUITY ADVISORS LLC | 87-3282890 | 0.48 | 0 |
| THE APOLLO THEATER FOUNDATION INC | 13-3630066 | 0.53 | 0 |
| THE AWARD GROUP INC | 13-3870711 | 0.04 | 0 |
| THE CENTER FOR NEW YORK CITY NEIGHBORHOODS INC | 83-0506416 | 0.86 | 0 |
| THE COCONUT COLLABORATIVE INC | 82-2901163 | 0.00 | 0 |
| THE EQUITY ALLIANCE ADVISORS LLC | 87-1842358 | 0.11 | 0 |
| THE GEORGETOWN COMPANY LLC | 13-3724902 | 0.01 | 0 |
| THE MARTY LYONS FOUNDATION INC | 13-3146695 | 0.01 | 0 |
| THE MOLECULE INC | 20-2629022 | 0.00 | 0 |

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|---|------------|--|--|
| TIDOSH DENTAL LABORATORY LLC | 32-0587660 | 0.02 | 0 |
| TIKEHAU CAPITAL NORTH AMERICA | 82-1347250 | 1.46 | 0 |
| TOP HAT SOLUTIONS | 54-2094839 | 0.20 | 0 |
| TRAILRUNNER INTERNATIONAL | 81-2526827 | 1.42 | 0 |
| TRANSCEND SOFTWARE AND TECHNOLOGY SOLUTIONS | 83-1647428 | 0.05 | 0 |
| TRANSPORTATION TECHNOLOGY | 22-3339894 | 0.00 | 0 |
| TRGP INVESTMENT PARTNERS LP | 84-2396598 | 0.68 | 0 |
| TRISPAN USA LLC | 81-2377862 | 0.39 | 0 |
| TRUEFORT INC | 47-4866222 | 0.81 | 0 |

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|-----------------------------------|------------|--|--|
| TUEORIS LLC | 82-2327636 | 0.34 | 0 |
| TULLY LAW PC | 81-3388201 | 0.17 | 0 |
| TWENTY ACRE CAPITAL LP | 84-2050086 | 0.09 | 0 |
| TWO CREEKS CAPITAL MANAGEMENT LP | 38-3922845 | 0.08 | 0 |
| UDC SERVICES LLC | 87-4182340 | 1.16 | 0 |
| ULEAR MEDICAL PC | 81-1839138 | 0.44 | 0 |
| UNDERSCORE MARKETING LLC | 37-1429259 | 0.54 | 0 |
| UNGER MEDICAL PC | 81-1839138 | 0.18 | 0 |
| UNITED FIRST PARTNERS LLC | 98-0673709 | 0.32 | 0 |

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|---|------------|--|--|
| USA CORPORATE SERVICES | 51-0343693 | 0.10 | 0 |
| VENTROP ENGINEERING CONSULTING GROUP PLLC | 45-2541998 | 0.00 | 0 |
| VERATICS | 46-1949298 | 0.09 | 0 |
| VOLUNTEER LAWYERS FOR JUSTICE | 30-0528128 | 0.11 | 0 |
| VR INVESTMENTS | 27-3061318 | 0.10 | 0 |
| VSR SYSTEMS | 13-4119550 | 0.10 | 0 |
| VT ACQUISITION CO LLC | 84-3030522 | 0.12 | 0 |
| WATER AND WALL GROUP | 45-4170969 | 0.09 | 0 |
| WB ON SITE EMPLOYMENT CORP | 30-0039390 | 0.26 | 0 |

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| WB STONEHILL | 13-4149411 | 0.00 | 0 |
| WERKSTATT DEVELOPMENT | 26-3443148 | 0.00 | 0 |
| WINDSONG CAPITAL MANAGEMENT LLC | 87-1113060 | 0.04 | 0 |
| WPDIAMONDS.COM LLC | 36-4885626 | 0.39 | 0 |
| XPERTEKS COMPUTER CONSULTANCY INC | 30-0005306 | 0.12 | 0 |
| YARRA SQUARE PARTNERS LP | 83-1865708 | 0.31 | 0 |
| ZIMNOCH FINANCIAL GROUP LLC | 82-3531015 | 0.01 | 0 |
| | | | |
| | | | |

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| | |
|-----------------|---|
| Part III | Pooled Employer Plan Information |
|-----------------|---|

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

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

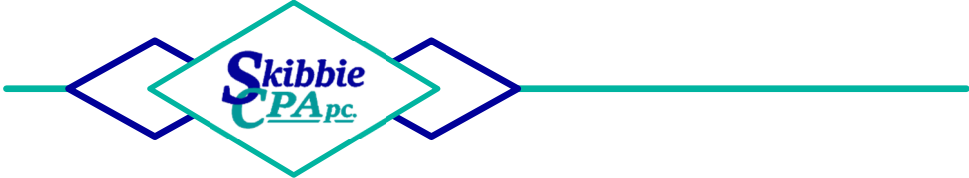
3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Prestige Employee Administrators
Retirement Savings Plan



FINANCIAL STATEMENTS
DECEMBER 31, 2024



PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024

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504 Ragan Street
Tullahoma, TN 37388
(931) 434-6157
scott@skibbiecpa.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and those charged with Governance
Prestige Employee Administrators Retirement Savings Plan

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

We have performed an audit of the financial statements of Prestige Employee Administrators 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 statement 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 audit of Prestige Employee Administrators 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of 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 audit 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 audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2023 Financial Statements section of our report. We are required to be independent of the Prestige Employee Administrators Retirement Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Prestige Employee Administrators Retirement Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, including omissions, 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 Prestige Employee Administrators 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 Prestige Employee Administrators Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 schedule: Schedule H, line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).

Other Matter – Plan Termination and liquidation

In January of 2022 Prestige PEO acquired Stafflink Outsourcing LLC. During 2024, Plan management discontinued contributions to this Plan and transferred nearly all of the assets of this Plan to the Stafflink Outsourcing LLC plan.

Skibbie CPA pc.

October 8, 2025

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024, AND 2023

| | <u>2024</u> | <u>2023</u> |
|-----------------------------------|---------------|-----------------------|
| ASSETS | | |
| Cash | \$ - | \$ 413,265 |
| Investments at fair value | 342 | 352,296,767 |
| RECEIVABLES | | |
| Employer contributions | - | 2,167,655 |
| Participant contributions | - | 1,878,687 |
| Participant notes receivable | - | 3,529,718 |
| TOTAL RECEIVABLES | <u>-</u> | <u>7,576,060</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 342</u> | <u>\$ 360,286,092</u> |

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

| | | |
|---|--|--------------------|
| ADDITIONS | | |
| Additions to net assets attributable to: | | |
| Participant contributions | | \$ 28,831,652 |
| Employer contributions | | 11,823,194 |
| Rollover contributions | | 4,052,192 |
| Investment Interest | | 2,456 |
| Investment Dividends | | 4,468,303 |
| Other Investment Income | | 18,585 |
| Interest income on notes receivable from participants | | <u>145,285</u> |
| TOTAL ADDITIONS | | <u>49,341,667</u> |
| DEDUCTIONS | | |
| Deductions to net assets attributable to: | | |
| Net Depreciation in fair value of investments | | 13,413,156 |
| Benefits paid to participants | | 24,172,537 |
| Administrative expenses | | 1,439,537 |
| Corrective distributions | | 253,760 |
| Certain deemed distributions of participant loans | | <u>7,414</u> |
| TOTAL DEDUCTIONS | | <u>39,286,404</u> |
| NET INCREASE (DECREASE) | | 10,055,263 |
| TRANSFERS To (From) the PLAN | | (370,341,013) |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | | <u>360,286,092</u> |
| End of year | | <u>\$ 342</u> |

See accompanying notes to the financial statements

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

1. Description of Plan

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

General

The Plan was a defined contribution plan covering the employees of Prestige Employee Administrators, Inc. (the “Company”) and the employer organizations who have adopted the Plan (see “Participating Employer” below), who have met the eligibility requirements established by their respective Participating Employer. The Plan was established on January 1, 2001, and is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA) as amended.

The Plan was a “multiple employer” plan as described in Section 413(c) of the Internal Revenue Code (the “Code”). The Company provides payroll processing and human resource services to its clients. Each client of the Company has the option of adopting this plan for the benefit of its employees. A client that adopted this plan was known as a “Participating Employer”. Each Participating Employer established its eligibility requirements relating to age and length of service for its employees in accordance with the provisions of the Plan and the Code.

A client that did not adopt this plan could adopt its own retirement plan. Any client adopting its own retirement plan was subject to its plan’s regulations and not those of this Plan. Therefore, their plan information was not included in these financial statements.

Contributions

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

Participating Employers may adopt automatic enrollment applicable to all employees of the Participating Employer who have not made any affirmative election to make Elective Contributions (an election to defer 0% of Compensation is an affirmative election).

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

Participant and Company contributions were invested as directed by the participant in investment options offered by the Plan.

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

1. Description of Plan (continued...)

Plan termination

In January of 2022, the Company acquired Stafflink Outsourcing LLC. During 2024, Plan management discontinued contributions to this Plan and transferred nearly all of the assets of this Plan to the Stafflink Outsourcing LLC plan.

Participant accounts

Prior to discontinuation of the Plan, each participant's account was credited with the participant's contributions and the Company's or the participating employer's safe harbor, matching and discretionary contributions, as well as allocations of Plan earnings and expenses. Plan expenses were allocated pro rata to all participant accounts. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

Prior to discontinuation of the Plan, participants were immediately vested in their contributions or the Company's or participating employer's safe-harbor contributions plus actual earnings on the contributions. Vesting in the Company's or participating employer's matching and discretionary contribution portion of their accounts plus actual earnings thereon was based on years of continuous service. A participant was 100 percent vested after meeting the service requirement established by the participating employer not to exceed the ERISA maximum of 6 years or attaining the retirement age of 65, or upon death or disability.

Notes receivable from participants

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

Payment of benefits

On termination of service, death, disability or retirement, a participant, or their beneficiary, could elect to receive distributions under the Plan, made in lump-sums. Participant consent was required only if the distribution was over \$5,000. In-service withdrawals could be taken after attaining age 59-1/2. Withdrawals could also be made in conjunction with IRS hardship distribution regulations.

Forfeited accounts

In the event that funds were forfeited, participating employers direct the administrator to use forfeitures to reinstate previously forfeited account balances of participants, if any, or to satisfy any contribution that may be required pursuant, or to pay any Plan expenses. Forfeited account balances were \$342 and \$99,307 as of December 31, 2024, and 2023, respectively.

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

2. Summary of Accounting Policies

Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America which require Plan management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2024, or 2023. Delinquent participant loans are recorded as distributions based upon the terms of the Plan documents.

Payment Benefits

Benefits are recorded when paid, except for material corrective distributions which are accrued during the year in which the originating contributions were made. The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan.

Expenses

Plan expenses paid directly by the Company are excluded from these financial statements. Fees charged directly to participant accounts are included in administrative expenses. Investment-related expenses are included in net appreciation of the fair value of investments.

Subsequent Events

Plan management has evaluated events and transactions that occurred between December 31, 2024, and October 8, 2024, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

3. Information Certified by the Plan Custodian

Plan management 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 ERISA. Accordingly, all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 has been reported to the Plan and certified as complete and accurate by the Plan's custodian, Charles Schwab Trust Bank.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

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

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

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

4. Fair Value Measurements (continued...)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024, and 2023.

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

Self-Directed Brokerage Accounts: The securities held within the Self-Directed Brokerage Accounts (“SDBAs”) consist of mutual funds, common/preferred stocks, and exchange-traded funds. The mutual funds are valued as described above. The shares of common stock and exchange-traded funds are valued at the closing price reported on the active market on which the individual securities are traded.

Collective Trust Funds: Valued at the NAV of the units held by the Plan at year-end. The NAV, as provided by the trustee/custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require advance notification to ensure that securities liquidations will be carried out in an orderly business manner.

MetLife GAC. Units of the Fund are valued each day on which the New York Stock Exchange (“NYSE”) is open for trading in accordance with the valuation procedures established by the Trustee. The NAV per unit is calculated as of the close of trading on the NYSE. The NAV per unit is computed by dividing the total contract value of the assets of the Fund, less its liabilities, by the total number of units outstanding at the time of such computation. Investment income earned is reinvested in the Fund and included in the determination of unit values.

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

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

4. Fair Value Measurements (continued...)

The fair value of the Plan’s participant-directed investments as of December 31, 2024, and 2023 are set forth by level within the fair value hierarchy in the table below. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| <u>12/31/2024</u> | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|---------------------------|----------------|----------------|----------------|--------------|
| Mutual funds | 342 | | | 342 |
| Investments at fair value | 342 | | | 342 |

| <u>12/31/2023</u> | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|--|----------------|----------------|----------------|--------------|
| Mutual funds | 333,111,774 | | | 333,111,774 |
| Self-directed brokerage accounts | - | 9,693,006 | | 9,693,006 |
| Total assets in the fair value hierarchy | 333,111,774 | 9,693,006 | - | 342,804,780 |
| Investments measured at net asset value* | | | | 9,491,987 |
| Investments at fair value | 333,111,774 | 9,693,006 | - | 352,296,767 |

Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024.

| <u>Fund</u> | <u>2024 Fair Value</u> | <u>2023 Fair Value</u> | <u>Unfunded Commitments</u> | <u>Redemption Frequency</u> | <u>Redemption Notice Period</u> |
|-------------------------------------|------------------------|------------------------|-----------------------------|-----------------------------|---------------------------------|
| GR Gray III for Metlife GAC 25554 J | 0 | 9,218,945 | N/A | Daily | N/A |
| Metlife GAC Series 25053 C1 0 | 0 | 273,042 | N/A | Daily | N/A |

There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

5. Investments Recorded at Contract Value

The Plan did not hold any investments recorded at contract value as of December 31, 2024, and 2023.

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

6. Rollover Contributions

Prior to discontinuation of the Plan, the Plan accepted a rollover, provided the rollover did not jeopardize the tax-exempt status of the Plan or create adverse tax consequences for the Employer. The amounts rolled over was separately accounted for in a "Participant's Rollover Account." For purposes of this Section, the term Participant included any Eligible Employee who was not yet a Participant.

7. Related-Party Transactions and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds or collective trust funds held by Charles Schwab Trust Bank, the custodian as defined by the Plan. Fees incurred within these investments qualify as party-in-interest transactions. Investment fees paid to parties-in-interest are netted against investment returns.

During 2024, fees were also paid to Ameritas Life Insurance Corp, BKS Financial Investments LLC, Signature Securities Group, IHT Wealth Management LLC, Equitable Advisors, LLC, LPL Financial LLC, and Private Advisor Group LLC for their advisory and administrative services to the Plan. These fees include investment fees, third party administrative fees, and other professional service fees, and are based on customary charges as agreed upon by the Plan. These transactions qualify as party-in-interest transactions for which there is a statutory exemption.

Certain administrative functions are performed by officers or employees of the Plan's sponsor, Prestige Employee Administrators, Inc., which received \$104,617 and \$141,067 in 2024 and 2023, respectively for its administrative services. No officer or employee received direct compensation from the Plan.

8. Tax Status

Although the Plan has not received a determination letter from the Internal Revenue Service, it has adopted a pre-approved Prototype Plan. The Plan has been amended and the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable provisions of the Internal Revenue Code and, therefore, believes that the Plan is qualified and that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS/DOL. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions.

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

Notes to Financial Statements

9. Risks and Uncertainties

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

10. Reconciliation of Financial Statements to Form 5500

Certain differences may exist between the recording of accruals for financial reporting purposes and IRS/Department of Labor's (DOL) Form 5500 purposes. The following is a reconciliation of Net Assets Available for benefits and Changes in Net Assets Available per the financial statements as of and for the year ended December 31, 2024, and 2023, to the Form 5500:

| Net assets available for benefits as of December 31: | 2024 | 2023 |
|--|---------------|-----------------------|
| Net Assets available for benefits per the financial statements | \$ 342 | \$ 360,286,092 |
| Contributions due from Employer | - | (2,167,655) |
| Contributions due from participants | - | (1,878,687) |
| Net assets available for benefits per Form 5500 | <u>\$ 342</u> | <u>\$ 356,239,750</u> |

Changes in net assets available for benefits:

| | | |
|--|----------------------|----------------------|
| Net change in net assets available for benefits per the financial statements | \$ 10,055,263 | \$ 92,389,749 |
| Difference in contributions due from employer | 2,167,655 | 494,055 |
| Difference in contributions due from participants | 1,878,687 | (221,733) |
| Net change in net assets available for benefits per Form 5500 | <u>\$ 14,101,605</u> | <u>\$ 92,662,071</u> |

11. Transfers to/from other plans

New participating employers transferring from other plans and employers terminating participation in the Plan are reflected as net transfers to other plans in the statement of changes in net assets available for benefits. An entity can become a participating employer in the Plan under certain terms and conditions as permitted by the Plan. Any participating employer may at any time elect to terminate its participation in the Plan as set forth in the Plan document. For the year ended December 31, 2024, total transfers into the Plan were \$59,672,621 and total transfers out of the Plan were \$430,013,635.

11. Plan termination

In January of 2022, the Company acquired Stafflink Outsourcing LLC. During 2024, Plan management discontinued contributions to this Plan and transferred nearly all of the assets of this Plan to the Stafflink Outsourcing LLC plan.

SUPPLEMENTAL INFORMATION

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of the Period)

December 31, 2024

11-3448580

PN 333

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment | (d) Cost | (e) Current value |
|-----|---|-------------------------------|----------|-------------------|
| | Federated Inst High Yield Bond Fd R6 | Mutual Fund | ** | 79 |
| | Metropolitan West Total Return Bd Pl | Mutual Fund | ** | 194 |
| | Vanguard Interm Term Trsy Fd Adm Cl | Mutual Fund | ** | 69 |
| | Total Assets Held | | | \$ 342 |

**Party-in-interest*

***Historical cost is not required for participant directed investments*

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

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

PLAN # 333

EIN # 11-3448580

| (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 |
|-----|---|--|----------|-------------------|
| | MetWest | MWTSX - Metropolitan West Total Return Bond Plan Fund | | 194 |
| | Federated Hermes | FIHLX - Federated Hermes Institutional High Yield Bond Fund Class R6 | | 79 |
| | Vanguard | VFIUX - Vanguard Intermediate Term Treasury Fund Admiral Shares | | 69 |

| | | |
|---|--|---|
| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2024</div> This Form is Open to Public Inspection |
|---|--|---|

| | |
|--|---|
| Part I | Annual Report Identification Information |
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A 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 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) |
| C If the plan is a collectively-bargained plan, check here.....▶ | <input type="checkbox"/> |
| D 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) |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....▶ | <input type="checkbox"/> |

| | | |
|---|---|---|
| Part II | Basic Plan Information—enter all requested information | |
| 1a Name of plan | PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN | 1b Three-digit plan number (PN) ▶ 333 |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | PRESTIGE EMPLOYEE ADMINISTRATORS, INC. 1371 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33323 | 1c Effective date of plan 01/01/2001 2b Employer Identification Number (EIN) 11-3448580 2c Plan Sponsor's telephone number (516) 692-8505 2d Business code (see instructions) 561300 |

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

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

| | | | |
|------------------|------------------------------------|----------|--|
| SIGN HERE | | 10/15/25 | ANDREW LUBASH |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|--------|--------------|-------|--------------|---|-----------|---|-----------|---|-----------|---|-----------|---|-----------|---|--------------|-------|--------------|---|-----------|---|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN | | | | | | | | | | | | | | | | | | | | | | |
| 5 Total number of participants at the beginning of the plan year | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">10,386</td> </tr> </table> | 5 | 10,386 | | | | | | | | | | | | | | | | | | | | |
| 5 | 10,386 | | | | | | | | | | | | | | | | | | | | | | |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: right;">4,707</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td style="text-align: right;">6,891</td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">0</td> </tr> </table> | | | 6a(1) | 4,707 | 6a(2) | 0 | 6b | 0 | 6c | 0 | 6d | 0 | 6e | 0 | 6f | 0 | 6g(1) | 6,891 | 6g(2) | 0 | 6h | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 6a(1) | 4,707 | | | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 6b | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 6c | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 6d | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 6e | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 6f | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | 6,891 | | | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 6h | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td></td> </tr> </table> | 7 | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2K 2R 2S 2T 2V 3B 3H

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

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

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

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