

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN): 333
1c Effective date of plan: 01/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan): PRESTIGE EMPLOYEE ADMINISTRATORS, INC.
2b Employer Identification Number (EIN): 87-1231461
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.

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>STAFFLINK OUTSOURCING, INC.</b> <b>c</b> Plan Name <b>STAFFLINK OUTSOURCING RETIREMENT SAVINGS PLAN</b>	<b>4b</b> EIN 65-0233907 <b>4d</b> PN 333
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1903
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		
	<b>6a(1)</b>	1511
	<b>6a(2)</b>	10980
	<b>6b</b>	0
	<b>6c</b>	3235
	<b>6d</b>	14215
	<b>6e</b>	0
	<b>6f</b>	14215
	<b>6g(1)</b>	1116
	<b>6g(2)</b>	9505
	<b>6h</b>	14

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2K 2R 2T 2V 3D

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

<b>9a</b> Plan funding arrangement (check all that apply) (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	<b>9b</b> 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
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**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)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <b>PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRESTIGE EMPLOYEE ADMINISTRATORS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>87-1231461</b>	

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

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

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

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

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

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	899861	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)

BKS FINANCIAL INVESTMENTS, 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?
27 50	INVESTMENT ADVISOR	110646	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?
27 50	INVESTMENT ADVISOR	41377	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)

SIGNATURE SECURITIES GROUP

20-0453834

(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 50	INVESTMENT ADVISOR	8488	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>333</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PRESTIGE EMPLOYEE ADMINISTRATORS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>87-1231461</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>METLIFE STABLE VALUE CLASS 0</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>RELIANCE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>46-6625485-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>279857</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>METLIFE STABLE VALUE FUND CLASS J</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>WTRISC CIT</u>		
<b>c</b> EIN-PN <u>26-0142858-094</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>13799517</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PRESTIGE EMPLOYEE ADMINISTRATORS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>87-1231461</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	264465	3081754
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	254245	2162537
<b>(3)</b> Other .....	<b>1b(3)</b>	9186	44924
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	1052816	6135317
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		14079374
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	49102427	521346918
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	1351362	11619977

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	52034501	558470801
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	52034501	558470801

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	13207804	
(B) Participants.....	2a(1)(B)	29942754	
(C) Others (including rollovers).....	2a(1)(C)	10099731	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		53250289
<b>b Earnings on investments:</b>			
(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)	246162	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		246162
(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)	12554287	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		12554287
(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 .....	<b>2b(6)</b>		132924
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		8239101
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		74422763

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	27905010	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		27905010
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		38914
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	885872	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	170321	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1056193
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		29000117

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		45422646
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		467372025
(2) From this plan .....	<b>2l(2)</b>		6358371

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
WATER AND WALL GROUP 401(K) PLAN	45-4170969	002
NOWACK AND OLSON PLLC 401(K) PROFIT SHARING PLAN AND TRUST	46-2415799	001
CARIBBEAN FIRE & ASSOCIATES SPIN-OFF PLAN	65-0569129	001
BROOKHAVEN CONVENTION AND VISITORS BUREAU, INC. 401(K) PLAN	47-5235955	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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
MANN MCGIBNEY & JORDAN 401(K) PROFIT SHARING PLAN AND TRUST	46-5706035	001
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	333
AON POOLED EMPLOYER PLAN	22-2232264	001
MILLER HEIMAN HOLDINGS, LLC DBA GREEN THUMBS PALM BEACH 401(K) PLAN	82-3468349	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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
NGENE BIOAI, INC. 401(K) PLAN	93-2477547	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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>333</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PRESTIGE EMPLOYEE ADMINISTRATORS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>87-1231461</u>	

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> 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): <u>65-0708495</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>333</b></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>PRESTIGE EMPLOYEE ADMINISTRATORS, INC.</b></p>	<p><b>D</b> Administrator's EIN <b>87-1231461</b></p>	

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

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

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

**Part II Participating Employer Information.**

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

<b>2a</b> Name of Participating Employer <b>PRESTIGE EMPLOYEE ADMINISTRATORS INC</b>	<b>2b</b> EIN <b>65-0788936</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.31</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>2612880</b>
<b>2a</b> Name of Participating Employer <b>PRESTIGE EMPLOYEE ADMINISTRATORS INC</b>	<b>2b</b> EIN <b>87-1231461</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>1.42</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>11150556</b>

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<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	<b>0.33</b>
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	<b>514164</b>

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

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

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

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREW PRO ROOFING INC	45-4893269	0.03	101020
WITH INTELLIGENCE LLC	20-5886518	1.34	4995953
PREMIERE DENTAL OF ABINGTON LLC PARTICIPATING EMPLOYERS	92-3687225	0.24	164721
PROSIT MANAGEMENT LLC	84-4889286	0.22	80587
CORPORATION OF GUARDIANSHIP	56-1316877	0.08	146198
FORMATION HEALTHCARE GROUP LLC	26-1875188	0.18	324536
CLAUDIA V PERDEI MD PA	45-1223808	0.11	228759
THE KRANMARS GROUP INC	82-3268495	0.06	23368
SUNLINE CIVIL CONSTRUCTION INC	45-3844269	0.08	29637

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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
IMIAN MANAGEMENT LLC IMIAN PARTNERS LLC	82-4016313	0.06	58081
CAROLINA TRUGGIES LLC DBA CT RACE WORX	45-0580937	0.03	12126
BLACKWELL LODI LLC DBA RELLAIRE	92-3663788	0.00	59
THE QUAD PREPARATORY SCHOOL	46-5652622	0.63	3564110
PRESTIGE EMPLOYEE ADMINISTRATORS PERA	11-3442525	0.00	4
ZIMNOCH FINANCIAL GROUP LLC	82-3531015	0.04	19855
YARRA SQUARE PARTNERS LP	83-1865708	0.02	548255
XPERTEKS COMPUTER CONSULTANCY INC	30-0005306	0.14	569574
LA WEINER LLC	46-3535167	0.06	272485

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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
INSTALLER INSTITUTE	59-3121706	0.00	98269
WB RESIDENTIAL COMMUNITIES	13-4149417	0.03	1229955
JB SQUARED INC DBA CORAL SPRINGS MONTESSORI PRESCHOOL	65-1020809	0.00	9871
HIGHLANDER CORPORATION METRA ELECTRONICS CORPORATION	59-3087637	2.75	13371360
WB RESIDENTIAL COMMUNITIES INC	13-4149411	0.00	1907
WSCM II LLC	87-1113060	0.00	2048
WB RESIDENTIAL COMMUNITIES INC	13-4149411	0.35	5835843
WATER WALL	45-4170969	0.00	281
VSR SYSTEMS INC	13-4119550	0.05	686312

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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
VR INVESTMENTS	27-3061318	0.02	598275
VOLUNTEER LAWYERS FOR JUSTICE	30-0528128	0.18	528454
ZUCKER ASSOCIATES PA	65-0420449	0.00	75218
VISUAL ARCHITECTURE DPC	82-4577316	0.33	1669569
VERIFYTODAY	84-3030522	0.02	133035
RIBOTSKY LEVINE STARMAN LLC	26-2303675	0.00	0
VERATICS INC	46-1979298	0.07	849354
BRUCE M BERGER AND COMPANY PA	65-0483347	0.00	208284
USA CORPORATE SERVICES INC	51-0343693	0.07	515739

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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
STAFFLINK OUTSOURCING INC SUSPENSE PLAN	65-0780000	0.00	117548
UPCLEAR INC	26-1106689	0.35	1261482
UNITED FIRST PARTNERS LLC	98-0673709	0.17	1972619
UNGER MEDICAL PC	81-1839138	0.08	1825016
STROCK COHEN PA	65-0650091	0.16	424471
UNDERScore MARKETING LLC	37-1429259	0.51	5022384
UDC	46-1812124	1.00	1586412
TWENTY ACRE CAPITAL	84-2050086	0.04	310316
TULLY LAW PC	81-3388201	0.20	926196

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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
TUEORIS LLC	82-2327636	0.08	1072870
TRUEFORT INC	47-4866222	0.58	3240658
TRISPAN USA LLC	81-2377862	0.10	749326
MRW CONSULTING GROUP LLP	26-4018249	0.02	68128
TRGP INVESTMENT PARTNERS LP	84-2396598	0.41	2611658
TRAILRUNNER INTERNATIONAL	81-2526827	1.15	3411149
FLORIDA KEYS OUTREACH COALITION INC	65-0409898	0.00	2694
TOP HAT HOME SERVICES	54-2094839	0.17	402243
TIKEHAU CAPITAL NORTH AMERICA LLC	82-1347250	0.68	4354696

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COUNCIL FOR EDUCATIONAL CHANGE INC	01-0638224	0.00	116216
TIDOSH DENTAL LABORATORY	36-4919110	0.02	187730
STAFFLINK OUTSOURCING PLAN EXPENSE ACCOUNT	01-0101010	0.00	58178
TENET EQUITY ADVISORS LLC	87-3282890	0.34	982852
SOUTH PALM AMBULATORY SURGERY CENTER LLC	20-0313969	0.00	10058
TEAM8 LABS INC	61-1813570	0.17	575858
MOLD SPECIALISTS INC GLOBAL LINK SYSTEMS INC	65-0535048	0.08	549982
TALL PINES CAPITAL LLC	47-3714291	0.07	687085
SULLIVAN BRILL LLP	11-3585547	0.08	229527

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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
STIGROUP LTD	22-3758188	0.28	2158528
ST GEORGES SOCIETY OF NY	23-7426425	0.06	237192
TROY INDUSTRIES INC	59-0932319	0.04	289487
STAR MOUNTAIN FUND MANAGEMENT LLC	90-0584004	1.06	2629721
TOTAL PANEL OF BROWARD INC DBA SPACIO DESIGN BUILD	20-8479348	0.00	0
STANDARD CORPORATE SERVICES LLC	92-1058241	1.04	3009985
STOCKWELL RESERVE BRANDS LLC	87-0855594	0.19	392090
PROBEAUTY DISTRIBUTORS INC	90-0056011	0.00	1453
SPOTLIGHT PA	92-0577182	0.22	227544

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NOWACK OLSON PLLC	46-2415799	0.01	1328
SPIRIT MANAGEMENT SERVICES	47-4107557	0.01	2634
EVOLVED OFFICE LLC	27-2864023	0.14	739011
SPIN CITY USA LLC	27-4200490	0.11	379827
STRAIGHT PATH IT SOLUTIONS	45-2480001	0.22	1145449
SOUTHERN EQUITIES LLC	20-4370216	0.01	49087
SMOOTH SPORTSWEAR LLC	26-0265128	0.50	2166550
CERTIFIED FOOT ANKLE SPECIALISTS	27-0492585	0.00	0
SMART ARCHES	92-1054843	0.04	114858

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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
SLIM MANAGEMENT INC	81-3569306	0.00	88166
SKYLLFUL INC	84-2521974	0.08	212748
SJ ASSOCIATES LLC	13-3587353	0.36	1171297
SKOLNIK BENEFIT SOLUTIONS LLC DBA STRATEGIK PARTNERS	26-3964225	0.11	510464
LEE ASSOCIATES HOLDINGS CORP	13-2782294	0.16	3411609
COPYLITE PRODUCTS CORP	22-1982797	0.40	1511588
SIA INTERNATIONAL TRADING	85-3394815	0.11	295833
GREGG ROSSMAN PA	47-2111627	0.02	77206
SHVO CONCEPTS LLC	20-2281129	0.21	708682

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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
SHOPLETCOM	13-3685351	0.08	1085289
LIMMER SERVICES INC DBA ACCENT APPLIANCE	75-2923492	0.00	109432
SHIRT FACTORY USA LLC	46-1895543	0.04	46937
AGS CARGO USA INC	26-2323174	0.00	43859
FLORIDA KEYS LAND SURVEYING LLC	46-3045721	0.07	221611
SENSATIONAL DEVELOPMENT	26-4255113	0.00	23429
CIANCI HOMES INC DBA CIANCI CONSTRUCTION	20-2487546	0.04	115243
SECURING SAM INC	83-3446761	0.03	105012
SCAPE LANDSCAPE ARCHITECTURE DPC	81-4252394	1.57	5476702

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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
SCALICE LAND SURVEYING PC	86-3625665	0.17	520128
EWING HEATING AIR INC	47-0863168	0.21	367384
SKY WERK DEVELOPMENT LLC	46-4870380	0.00	18514
SADDLE POINT MANAGEMENT LP	82-4227008	0.04	176094
BUILDERS SURPLUS HOUSTON LLC	20-2541017	0.19	1078884
ROYALTY SOLUTIONS LLC	83-2423459	0.02	273100
JASCKO CORP JASCKO SERVICE LOGISTICS CORP	82-3918453	0.56	2548428
ROYAL LEARNING INSTITUTE INC	46-4964310	0.00	19796
WEST COAST FIRE EQUIPMENT INC DBA WEST COAST ELECTRICAL	65-0089130	0.29	662772

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

Use this page for additional participating employer information.

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

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ROTHSCHILD CAPITAL PARTNERS LLC	13-4006978	0.06	871153
LIFE AUDIT PROFESSIONALS LLC	27-4481020	0.37	765339
RIVERMONT CAPITAL MANAGEMENT LP	85-1438646	0.03	175068
ETX SUCCESSOR REGIONAL HEALTH SERVICES INC	75-1925036	0.06	284543
RESTORE FIRST HEALTH JACKSONVILLE	99-0925409	0.03	9511
INTERVAL SERVICING INTERNATIONAL COMPANY	65-0951495	0.00	757348
RESTORE FIRST HEALTH PA MANAGEMENT LLC	93-4305847	0.01	4028
SAFEKEY TITLE CLOSINGS LLC	27-3085525	0.17	1030545
RESTOPROS FRANCHISING	84-2700496	0.04	34925

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RESTOPROS OF CHARLOTTE	82-1889255	0.00	4972
INTEGRATED FIRE SECURITY SOLUTIONS INC DBA IFSS	75-3213855	1.23	1384277
RESTORE FIRST HEALTH NJ LLC	92-0759984	0.04	18317
RESTORE FIRST HEALTH NE LLC	88-3441735	0.12	69646
MARSHALL PROPERTY SERVICES LLC	81-3722967	0.00	21399
RENAISSANCE MACRO RESEARCH LLC	27-4787633	0.11	3167276
CHIPTECH ONSITE INC	65-1128499	0.30	514880
RELIANCE CREDIT PARTNERS LLC	81-2123920	0.12	206337
WALKING URGENT CARE INC	47-4314230	0.09	239942

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REITDESIGN INC	13-3983021	0.01	681864
SCHECK INVESTMENTS	88-0391277	0.00	2681
REDZONE LLC	46-1565010	0.01	33287
GEB COMPUTER TRAINING LTD DBA NEW HORIZONS COMPUTER LEARNING	20-4206941	0.87	3377005
REDBURN CAPITAL MANAGEMENT LLC	92-1927286	0.22	655752
HOUSTON HOUSING MANAGEMENT CORPORATION	74-1760427	0.21	1556522
RAIO DENTAL PC	45-1290522	0.05	149619
ARAC ROOF IT FORWARD	27-1353338	0.30	420117
QUALITY READY MIX CO INC	11-3047746	0.10	69971

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CARIBBEAN FIRE ASSOCIATES	65-0569129	0.00	0
QUADRUM US CAPITAL CORP	36-4877653	0.89	4315767
CAPE CORAL TITLE INSURANCE AGENCY INC	59-3080082	0.00	98
QUADRANGLE CONSULTING LP	46-3539591	0.43	1848571
JEFFREYS AUTOMOTIVE INC	75-1980815	0.11	343369
Q6 GROUP LLC	83-3439079	0.07	38737
LFMS LLC AKA LITTLE FLOWER MONTESORRI SCHOOL LLC	27-3250329	0.08	226488
PW ELECTRIC INC	11-2343098	0.10	67724
ACCELEVANT PREMIUM AUDIT LLC	83-1308224	0.00	28095

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PROGRESSIVE MANAGEMENT OF NY V LLC	11-3234701	0.25	1696513
MIRABEL TECHNOLOGIES INC	03-0563768	0.23	2136311
SMART STEP FUNDING LLC	26-3987467	0.18	1033783
GLOBAL COMMUNICATION NETWORKS INC	65-0778489	0.00	70206
BROOKHAVEN CONVENTION AND VISITORS BUREAU INC	47-5235955	0.09	0
PREMIER EQUITIES MANAGEMENT LLC	45-3005150	0.04	104932
PREMIER CONSULTING PARTNERS	27-2335917	0.17	1209203
PRIMED PROCESSING LLC	93-3697970	0.20	431269
PARAMOUNT HEALTHCARE SERVICE LLC	85-4064953	0.06	261750

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YARBROUGHWILLIAMS HOULE INC	56-1422785	0.61	1480816
PHARMABLOCKUSA INC	45-4985671	1.37	3860291
SUNTYX LLC	38-4026124	0.94	1038892
PETER FASANO	81-3510453	0.00	15760
MANN MCGIBNEY JORDAN PLLC	46-5706035	0.00	0
PERFECTING FAITH CHURCH INC	11-3067138	0.01	73054
PERLMAN BAJANDAS YEVOLI AND ALBRIGHT PL	20-1161032	0.61	1185616
PROSERVE FIRE SYSTEM LLC	37-1864676	0.00	90687
PARSIFAL CAPITAL MANAGEMENT LP	83-1786984	0.11	932565

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PARADIGM BIOCAPITAL ADVISORS LP	85-1451055	0.12	558786
COOPER LS DEVELOPMENT LLC	47-3288036	0.02	28726
OUT OF THE BLUE ENTERPRISES LLC	20-2380480	0.20	2178120
RDS ENTERPRISES INCMPC GOLD CONSULTING LLC	30-0642245	0.23	410685
ONSYTE PERFORMANCE LLC	92-3528543	0.24	178689
ONWARD BRANDS LLC	93-1738690	0.59	1280172
CAROLINA OFFICE SOLUTIONS	56-2211526	0.38	1766519
TURBINEACADEMYCOM LLC	47-3779452	0.25	281964
OBION CAPITAL	92-3965159	0.03	15736

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SANFORDLEE COUNTY REGIONAL AIRPORT AUTHORITY	56-1847786	0.13	256306
NEW YORK CITY PHYSICAL THERAPY PLLC	32-0468912	0.14	766978
PRESTIGE ISLAND EXPORTS LLC	82-3828040	0.00	0
NEW YORK CITY PSYCHOTHERAPY COLLECTIVE	87-2234339	0.07	32998
SMALLEY ASSOCIATES INC	56-2344927	0.00	168
OLEARY CONSTRUCTION LLC	46-0909758	0.03	0
NISHKAMA CAPITAL	46-2212693	0.17	2336247
RJS CONSULTANTS INC DBA PRESTIGE WINDOWS DOORS	65-0594274	0.00	4163
NIEUW AMSTERDAM PROPERTY MANAGEMENT LLC	46-2854140	0.10	444318

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JWC DISASTER SOLUTIONS LLC	85-3314402	0.18	333756
NEW YORK INSTITUTE OF FINANCE INC	80-0151037	0.04	404558
TEG DEVELOPERS LLC	88-1775718	0.01	19798
NEW PALTZ HOUSING ASSOCIATES	13-3075485	0.01	12870
CHAZIN COMPANY	20-8152652	1.70	2612026
NETWOLF CYBER LLC	88-3823870	0.10	443624
LINNANE CONSTRUCTION LLC	27-1252249	0.22	115934
NEPHROLOGY PHYSICIANS	35-2082018	0.33	9091570
THIRD MILLENNIUM MINISTRIES INC	31-1598585	0.19	967736

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NORTHEAST ORAL MAXILLOFACIAL SURGERY	87-4627741	0.05	102402
CHRONWELL INC	81-4098097	0.14	968282
NAVIA VISION	75-1413993	0.02	81960
MILLER HEIMAN HOLDINGS LLC DBA GREEN THUMB PALM BEACH	82-3468349	0.13	0
JARRARD NOWELL RUSSELL LLC	20-2078804	0.31	945800
NATELLI AND ASSOCIATES INC	85-2783486	0.04	61860
SKS TRAINING INC	88-4050605	0.00	71221
NATIONAL DENTAL LLC	47-4875676	0.67	3819366
NAPLES JET CENTER LLC	85-1018960	0.37	989731

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ACCREDITED PROPERTY MANAGEMENT LLC	84-3071396	0.00	386474
PANAM EXPORT SERVICES LLC	62-0972757	0.05	27089
MYRA ENTERTAINMENT LLC	20-8728142	0.00	78386
DISTILL VENTURES NORTH AMERICA INC	30-0936845	1.09	1380489
WPDIAMONDS.COM LLC	36-4885626	0.25	2572343
MYBUNDLE	83-4579430	0.05	27597
DYNAMIC HR CONSULTING SERVICES INC	13-4334332	0.07	173604
MICHAEL WERNER INC	13-3546772	0.20	299632
LYMION GROUP INC	83-1181666	0.04	23043

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MVRE LLC	20-3129712	0.05	106585
LIMBS THINGS INC	58-2186476	0.57	797818
MUSERK	46-1007389	0.05	44205
INSPIRE TRUST COMPANY	88-3815916	0.84	826320
M TOPROS DEVELOPMENT INC	47-5272799	0.17	638193
THERESE M ALBAN MD PA DBA ALBAN VISION	83-3432113	0.17	144294
MPEARLROCK	99-0739298	0.04	29306
JJ INTERNATIONAL INC	63-1004938	0.31	557141
APPARO SOLUTIONS INC	57-1140089	0.46	1320668

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MNS INTERNATIONAL LLC	46-1001458	0.01	1591572
MMI WIRE AND STEEL INC	11-3550908	0.16	422452
AKB VENTURES DBA BENJAMIN FRANKLIN PLUMBING OF ALPHARETTA	88-1417973	0.00	5199
PROFESSIONAL FIGHTERS LEAGUE	81-4680978	0.41	1174494
DYNAMIC LIFE INSURANCE STRATEGIES LLC DBA LOWELLNEWMAN	30-1261817	0.04	17163
MILLENNIAL HEALTHCARE SERVICES	85-4063767	0.23	296307
OCTILLO LAW PLLC	83-1495003	0.43	812755
MICHAELIS BOYD INC	36-4870728	0.06	103299
PHOENIX VENTURES ATLANTA LLC DBA BIG BEAR RESTORATION	87-3665395	0.02	4570

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MFEG LLC	87-3077230	0.10	195204
WEAR FIRST SPORTSWEAR INC	13-3764897	0.35	3178245
MERKURY INNOVATIONS LLC	20-0164318	0.31	2387400
MEDICAL REJUVENATION SOLUTIONS	83-2124772	0.01	9024
MEADOWBROOK II ASSOCIATES LP	13-3205353	0.00	2606
M BARRY AND CO	13-4096767	0.04	1528799
MAVEN SEARCH	61-1823795	0.21	435595
MASCIONI BEHRMANN ARCHITECTURE PC	13-2721772	0.05	552096
THE MARTY LYONS FOUNDATION INC	13-3146696	0.02	118863

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MAGMA GLOBAL LLC	45-5326081	0.25	862560
M2 THE INSTITUTE FOR EXPERIENTIAL JEWISH EDUCATION	82-2548805	0.07	215892
LW FAMILY OFFICE LLC	84-3526716	0.01	284137
LUX CAPITAL MANAGEMENT LLC	73-1721842	0.70	6147196
LUMOS FOUNDATION USA INC	47-2301085	0.01	183739
LMC US CORP	38-4037236	0.13	77506
MANHATTAN HOME DESIGN	80-0313925	0.00	5546
LIVEINTENT INC	26-4813536	1.42	11578565
LINQ VENTURE HOLDINGS LLC	93-2998059	0.18	94022

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

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LP3	20-0797864	0.23	2596656
LONG ISLAND CHILDRENS MUSEUM	11-3035221	0.16	2438458
EASTERLY INVESTMENT PARTNERS LLC	83-2400656	0.35	9122426
LANGER RESEARCH ASSOCIATES LLC	27-2526385	0.15	856047
LANDMARK INVESTMENT PARTNERS	93-4212954	0.10	66056
LANDING POINT	47-3625281	0.59	4688040
KWA ANALYTICS	82-1234710	0.97	4113921
KLF	92-3685013	0.10	197163
KRN SPECTRUM SALES	13-3304685	0.07	2425906

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DBA KAREN RAND ASSOCIATES	93-4960099	0.14	187589
KOEPEL AUTO GROUP	11-3238195	0.68	3114613
1 KOEPEL NISSAN INC	11-2633496	0.28	1494635
KIDS CANVAS INC	27-3335011	0.00	18274
KEY SQUARE GROUP LP	47-5302128	0.01	2874030
JML MEDICAL INC	22-3098047	0.06	1108052
JEAN ROUSSEAU INC	46-5588993	0.08	281734
JBS ASSOCIATES INC	13-4173041	0.02	7135
JAJ NYC LLC	82-2805234	0.03	224028

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ITSCO	56-1994610	0.22	816371
ITREK	45-5230138	0.30	1404342
ISLAND ELEVATOR INSPECTION INC	22-3964122	0.22	1544709
ISLAND BOWLING SUPPLY	46-4445431	0.07	39367
ISLAND INSTRUMENT CORP	20-2543429	0.00	40596
IRONYUN	47-3918270	0.03	35177
IRENIC CAPITAL MANAGEMENT LP	87-3544472	0.19	400413
INTERACT INTRANET INC	47-1829244	0.55	1917368
INNERSPACE ELECTRONICS INC	13-3491632	0.12	801155

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INGRAO INC	13-3747807	0.09	2761152
ICREDITWORKS INC	83-2944753	0.42	984936
HYDRONIC SUPPLY COPIAGUE INC	84-3495481	0.22	2765872
H S	20-0363810	0.16	1594146
HOTT SALONS INC	84-4043282	0.02	33536
ABC HOLDCO LLC	87-3225618	0.31	1430411
HOBO AUDIO COMPANY LLC	20-5404912	0.01	21143
HIGH ROAD CAPITAL PARTNERS	20-5960098	0.00	1162437
HIGHMARK NY LLC	46-2644686	0.32	2126865

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HIDDENITE CAPITAL PARTNERS LP	84-4334836	0.04	23051
HUDSON EDGE INVESTMENT PARTNERS INC	52-1296988	0.54	6413586
HG US INC	38-4091582	1.51	11600695
HEMPSTEAD VILLAGE HOUSING ASSOCIATES LP	13-3058489	0.00	1944
HARMONYA INC	86-2197625	0.08	78785
HALO COLLAR	83-1328811	0.36	605019
GRYPHONHR	83-1647428	0.05	56817
GREENWOOD MARKETING LLC	20-1847340	0.10	310280
GRIDSTOR	88-1650123	0.90	2724041

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GOSHEN SENIOR HOUSING ASSOCIATES LP	13-3932559	0.02	51187
GOLDGLIT CO	32-0047135	0.04	335
GLORIA GATES CARE	93-1688237	0.89	613305
GIRLS GONE STRONG LLC	46-3530519	0.01	8985
GHOST TREE CAPITAL	46-2174699	0.11	1091577
GHISALLO GROUP LP	85-1667429	0.44	1491958
GARAGETEK	11-3575195	0.00	107816
GALILEO LIFE SCIENCES LLC	88-2490620	0.06	290432
GALILEO GLOBAL SECURITIES LLC	20-3885981	0.01	94943

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FIRST ALLEGIANCE	52-2071537	0.27	1188648
FOUNDRAE	81-2155711	0.27	788019
FOODPREP SOLUTIONS	84-4045446	0.38	436568
FOOD MATTERS AGAIN	61-1564540	0.02	65540
FLUSHING PODIATRY ASSOCIATES PLLC	32-0456950	0.04	168147
FINANCIAL MANAGEMENT ASSOCIATES LTD	11-2916150	0.00	497356
FD GALLERY LLC	27-1981240	0.18	2977263
FAMULUS HEALTH LLC	85-0743533	0.03	348155
FAIRWAY CONSULTING GROUP	46-4347943	0.14	1822622

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EYES	87-0926098	0.04	28251
EXUS NORTH AMERICA MANAGEMENT PARTNERS LLC	82-5431535	1.07	3336634
HEDLEY MAY LP	20-1344894	0.18	911373
EXACT CAPITAL GROUP LLC	81-3483009	0.00	47002
EVERGREEN TRADING	90-0450518	1.04	9409126
ETFCOM	81-2050515	0.32	1018127
THE EQUITY ALLIANCE ADVISORS LLC	87-1842358	0.09	198255
ENERGY TRANSITION CAPITAL MANAGEMENT LLC	85-3435447	0.13	208285
EMPIRE VALORIZE LLC	81-1651700	0.15	306009

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WB RESIDENTIAL COMMUNITIES	13-4149417	0.00	354
ELDORADO COFFEE ROASTERS LTD	11-2540546	0.68	5689503
ELARA FOODSERVICE DISPOSABLES LLC	27-2981248	0.04	223729
EHOME	11-3324006	0.22	960280
EDWARD TYLER NAHEM FINE ART LLC	13-3444996	0.11	1095834
EDIBLE SCHOOLYARD NYC	27-1237249	0.02	222167
EDGY BEES INC	82-4381603	0.00	53879
EASTERLY ASSET MANAGEMENT OPERATIONS LLC	85-2435274	0.42	1291639
EAGLE HEALTH INVESTMENTS LP	84-4363226	0.20	621072

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EAEF	46-2236659	0.09	503026
DUNE REAL ESTATE PARTNERS LP	90-0511007	0.73	11121343
DRIVOSITY LLC	81-1133381	0.34	468171
DONOVAN STUDIOS	20-5501498	0.02	1231649
DOCUMENT AGILITY INC	46-1130816	0.02	58687
DISTINGUISHED GROUP	13-4008090	4.92	40390955
DISARONNO INTERNATIONAL	98-1149885	1.37	6620172
DIGITAL GADGETS LLC	88-2992130	0.37	2206905
DIAMOND STANDARD INC	82-4285004	0.00	53864

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DENTAL SOLUTIONS GROUP LLC	47-4113917	0.00	52652
DENCITYWORKS ARCHITECTURE PLLC	81-3400765	0.11	52621
DEL CORONA SCARDIGLI	46-5689370	0.49	1473688
DEBRA OF AMERICA	11-2519726	0.08	178488
DEAN INC	25-1584142	0.61	3633991
DCS FREIGHT	26-2956667	0.02	146579
DOWNTOWN CAPITAL PARTNERS INC	84-3741864	0.05	1435135
CYVATARAI INC	84-2384418	0.04	332999
CYTIIUM INVESTMENT MANAGEMENT LLC	92-3308602	0.01	1104329

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CYBER ASSESSMENT INC	84-2246479	0.00	39987
CASTLE CONNOLLY PRIVATE HEALTH PARTNERS LLC	47-1061531	0.10	322051
CRYSTALWARE	46-1773700	0.01	122011
UNIFY	41-2266627	0.03	26620
CRESTWOOD CAPITAL MANAGEMENT LP	27-0178572	0.05	2249359
CREATIVE MARKETING ALLIANCE INC	22-2761584	0.10	2343767
CP INTERNATIONAL CORPORATION	22-3251292	0.10	1472594
TREVILLE HOLDINGS LLC	81-3310165	0.56	2464231
COURT SUPPORT INC	11-3629812	0.15	1760779

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CORE DEVELOPMENT GROUP	46-1362912	0.48	2100813
COPPER TECHNOLOGIES	87-1783697	0.09	186846
CONNEX PARTNERS	20-4854308	0.05	422201
COINFUND MANAGEMENT LLC	82-3809669	0.17	723019
THE CENTER FOR NEW YORK CITY NEIGHBORHOODS INC	83-0506416	0.87	1632195
CL TRADING OF MIAMI	65-0565438	0.25	1297516
CLAAR ADVISORS LLC	46-1237663	0.26	1018983
CIVILIAN	82-0597901	0.06	216358
CITYSWITCH TOWER LLC	38-4062424	0.15	1209809

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CINEMA ARTS CENTRE	11-2368182	0.02	130132
CINCTIVE CAPITAL MANAGEMENT LP	83-3418335	0.60	2567710
OMLI LLC DBA PARC STREET GROUP	83-4515496	0.15	469288
CHASE DENTAL CARE PLLC	45-4236176	0.12	476593
COSMETIC EXECUTIVE WOMEN INC	13-2735995	0.16	5716704
COSMETIC EXECUTIVE WOMEN FDN	13-3563114	0.06	1029400
CENTER FOR ACTIVE DESIGN	46-1016582	0.49	2334687
CEIS REVIEW INC	13-3934298	0.09	1151212
CEDARVIEW CAPITAL MANAGEMENT LP	20-1259708	0.00	1225638

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CASTLEFORGE PARTNERS	86-3510319	0.00	124544
CARAVEL MANAGEMENT LLC	20-4677504	0.03	721157
EPRODIGY UT LLC	45-3790482	0.09	573069
CAPITALAND INTERNATIONAL LLC	82-1094407	0.56	2387997
CAPE CLASSICS INC	13-3359111	0.14	1580040
CALVION CAPITAL MANAGEMENT LP	82-2312991	0.00	78955
CABLE SCOPE INC	41-2212899	0.38	447414
CAAAV ORGANIZING ASIAN COMMUNITIES	13-3526938	0.03	113893
BROOKLINE HOUSING ASSOCIATES LLC	13-3894112	0.05	17713

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BROOKLYN LEGAL SERVICES CORPORATION A	13-2605599	0.80	3344380
BRIARWOOD CHASE MANAGEMENT LLC	46-3923905	0.09	2475989
BRANDGLICK BRAND PC	11-3187151	0.23	4316055
BOW STREET LLC	27-4778332	0.03	1724914
BORNITE CAPITAL MANAGEMENT LP	84-3120030	0.06	598784
BUILDING OWNERS AND MANAGERS ASSOCIATION OF GREATER NY INC	13-2629736	0.06	137897
REZIP CO DBA BLUEAVOCADO	26-1944076	0.12	194021
BLOOM SUSTAINABLE MATERIALS	45-2895994	0.09	141097
BEACONLIGHT CAPITAL LLC	27-0771768	0.22	2547105

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

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIRCH GROVE CAPITAL LP	20-5289508	0.61	4351950
BH3 MANAGEMENT LLC	27-1217896	0.46	947035
NGENEBIO AI INC	93-2477547	0.11	0
BEACON HOME SERVICES	26-4468853	0.18	635366
BCS VALUATIONS INC	13-3578139	0.08	1553412
BARCLAY HEIGHTS HOUSING ASSOCIATES	13-3187569	0.01	2655
WBPGRIFFON	85-3671284	0.49	6482113
BABYLON SENIOR HOUSING ASSOCIATES	13-4154575	0.02	181544
AYG HOLDINGS GROUP LLC	81-3986579	0.05	243951

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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
AXIOM ASSET ADVISORS	46-5510534	0.05	987671
THE AWARD GROUP INC	13-3870711	0.06	102211
ATLAS FOUNDATION FOR AUTISM	46-4790635	0.09	187341
ATAKAMA INC	46-5490533	0.11	746992
ACCOUNTING SOLUTIONS OF NY	82-3326152	0.16	493731
ARW HOME	80-0259553	0.27	1537623
ARC GROUP	65-1131379	0.18	1246739
ARARAT CAPITAL	81-0732601	0.19	1448056
COLLECTIV LLC	84-3757765	0.21	344786

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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
APTIVITI INC	45-3365897	0.17	413971
APPARATUS LLC	45-5034854	1.01	4692210
APOS	76-0850980	0.41	1328356
APOLLO THEATER	13-3630066	0.45	3015111
ANDROVIA LIFESCIENCES LLC	47-2964940	0.01	360851
AMGC INC	20-1580292	0.04	73890
ALVAREZ FUNERAL HOME INC	31-1789352	0.07	110530
ALTIUM CAPITAL MANAGEMENT LLC	82-2066653	0.12	1452747
ALLIED CLIMATE PARTNERS INC	93-2878604	0.07	32542

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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
ALGORHYTHM IO INC	47-1372861	0.02	260159
AGL CREDIT MANAGEMENT	83-1656668	0.43	4139417
ADVANCED OPTOWAVE CORPORATION	45-0554832	0.22	811982
ADTC HEALTH CORP	85-2440360	0.00	70285
ADLER WINDOWS INC	11-3486398	0.67	2975980
AMERICAN DENTAL OFFICES PLLC	26-2710441	0.00	187781
ACQ SIS	20-5027425	0.03	846189
ABSOLENT AMERICAS INC	74-3196019	0.21	511434
ABACUS GROUP LLC	13-3972572	0.25	7185188

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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
614 GROUP	36-4749686	0.08	548507
25 WEST 86TH STREET OPERATING CORP	13-3499302	0.03	137500
SHANNON RIVER	02-0657358	0.00	2746137
SABER REAL ESTATE NORTH LLC	02-0710300	0.01	136756
OLD HILL PARTNERS INC	06-1446044	0.00	213073
NATIONAL MEDICAL FELLOWSHIPS INC	01-0963657	0.31	1015241
MAQUETTE	84-2246909	0.49	574116
LONG ISLAND SPINE REHABILITATION MEDICINE PC	03-0596066	0.36	4755607
FINEX CREDIT UNION	75-3103689	0.25	2443556

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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
BSL SERVICES INC PARTICIPATING EMPLOYERS	22-3204241	0.02	8828
DISARONNO INGREDIENTS	01-0592258	0.03	31715
DEVPOST INC	06-1833986	0.19	958408
HARRIS KEENAN GOLDFARB PLLC	06-1669997	0.31	1110285
826NYC INC	20-0526710	0.08	29151
PRESTIGE EMPLOYEE ADMINISTRATORS INC SUSPENSE ACCOUNT	87-1231499	0.00	8428985
SANTA FE ELECTRIC INC	59-2807241	0.00	81350
RESTORE FIRST HEALTH PENN LLC	93-4705940	0.05	21982
ISRAEL M NEIMAN CPA PC	20-0692495	0.03	72961

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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
SHERMAN ARCHITECTURE PC DBA SHERMAN ARCHITECTS	99-1883491	0.03	2209853
STUDIO DELSON ARCHITECTURE PC	99-1992805	0.07	1819058
BIG INITIATIVES INCORPORATED DBA BIG REUSE	46-5083170	0.05	497588
PC RECYCLER INC DBA SECURIS	35-2343644	0.29	1110533
FRAZER ENTERPRISES INC	56-1962716	0.03	100180
JM COPPER BEECH VENTURES LLC	99-2659024	0.02	6816
CHEMFINITY TECHNOLOGIES INC	88-3803773	0.21	130338
LAZARUS KARP EHRlich MCCOURT LLP	83-4702401	0.26	98492
STAC FOUR LLC	99-2705905	0.00	346

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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
BAR HOLDINGS LLC	92-0920581	0.01	5446
CUSTOM FX INC	13-3998337	0.21	76960
SPIVAK ARCHITECTS PC	13-4076117	0.12	44573
THREADIQ LIMITED	35-2755111	0.05	18181
MORDFIN LLP	11-2288784	0.03	337961
BLACKHAWK DATA LLC	83-0830484	0.16	59093
RESONANT GROWTH PARTNERS LLC	99-0639539	0.03	11828
RIGHT CLICK SOLUTIONS LLC	20-4236880	0.08	29387
CERTIFIED OF NY INCCERTIFIED GI INC	13-3809640	0.08	30859

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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
HAWORTH BARBER GERSTMAN LLC	27-2346719	0.10	38172
ARTIS ENERGY INTELLIGENCE LLC	61-1798641	0.01	5011
PROSMILE MANAGEMENT LLC PARTICIPATING EMPLOYERS	83-3902306	0.21	77749
DTOUCH NEW YORK LTDDTOUCH SF LLC	20-3883274	0.03	12180
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

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

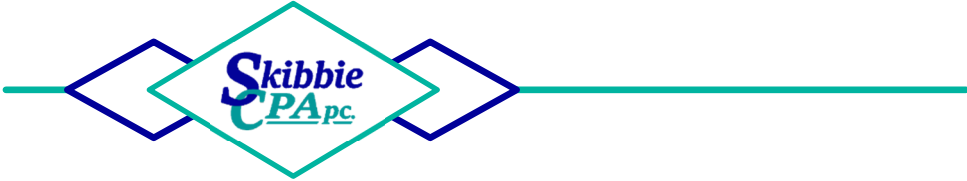
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# Prestige Employee Administrators Retirement Savings Plan

(formerly the Stafflink Outsourcing 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 of the 2024 Financial Statements***

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 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 the 2024 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 for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion on the 2024 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section

- the amounts and disclosures in the accompanying 2024 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 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion on the 2024 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of Prestige Employee Administrators Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2024 financial statements.

### ***Responsibilities of Management for the 2024 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 2024 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 2024 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 2024 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

***Auditor's Report on the 2023 Financial Statements***

The 2023 financial statements of Prestige Employee Administrators Retirement Savings Plan were audited by predecessor auditors whose report dated April 24, 2025, expressed an unmodified opinion on those financial statements.

***Other Matter – Plan Name Change and Merger***

In January of 2022 Prestige Employee Administrators, Inc. acquired Stafflink Outsourcing LLC. During 2024, Plan management merged the assets of the other Prestige Employee Administrators Retirement Savings Plan into this Plan and changed the name of this Plan from the Stafflink Outsourcing Retirement Savings Plan to the Prestige Employee Administrators Retirement Savings Plan. The Plan also changed its EIN to 87-1231461 (formerly 65-0233907).

*Skibbie CPA pc.*

October 10, 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		
Investments at fair value	\$ 547,046,269	\$ 50,453,789
RECEIVABLES		
Employer contributions	3,081,754	264,465
Participant contributions	2,162,537	254,245
Other	44,924	9,186
Participant notes receivable	<u>6,135,317</u>	<u>1,052,816</u>
TOTAL RECEIVABLES	<u>11,424,532</u>	<u>1,580,712</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 558,470,801</u>	<u>\$ 52,034,501</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	\$ 29,942,754
Employer contributions	13,207,804
Rollover contributions	10,099,731
Net appreciation in fair value of investments	8,372,025
Investment Dividends	12,554,287
Interest income on notes receivable from participants	<u>246,162</u>
TOTAL ADDITIONS	<u>74,422,763</u>
DEDUCTIONS	
Deductions to net assets attributable to:	
Benefits paid to participants	27,905,010
Administrative expenses	1,056,193
Corrective distributions	<u>38,914</u>
TOTAL DEDUCTIONS	<u>29,000,117</u>
NET INCREASE (DECREASE)	45,422,646
TRANSFERS To (From) the PLAN	461,013,654
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>52,034,501</u>
End of year	<u>\$ 558,470,801</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 is 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. In January of 2022 Prestige Employee Administrators, Inc. acquired Stafflink Outsourcing LLC. During 2024, Plan management merged the assets of the other Prestige Employee Administrators Retirement Savings Plan into this Plan and changed the name of this Plan from the Stafflink Outsourcing Retirement Savings Plan to the Prestige Employee Administrators Retirement Savings Plan. The Plan also changed its EIN to 87-1231461 (formerly 65-0233907).

The Plan is 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 adopts this plan is known as a “Participating Employer”. Each Participating Employer establishes its eligibility requirements relating to age and length of service for its employees in accordance with the provisions of the Plan and the Code.

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

#### *Contributions*

Each year, participants may contribute pre-tax deferrals or Roth (after-tax) deferrals as a percent of annual compensation as defined in the Plan to the maximum allowed by the Code or as adopted by the Participating Employer. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (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 may elect to make matching, safe harbor, profit sharing, or other discretionary contributions to the Plan. Participant and Company contributions are invested as directed by the participant in investment options offered by the Plan.

# PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

### 1. Description of Plan (continued...)

#### *Plan termination*

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

#### *Participant accounts*

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

#### *Vesting*

Participants are 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 is based on years of continuous service. A participant is 100 percent vested after meeting the service requirement established by the participating employer not to exceed the ERISA maximum of 6 years or attaining the retirement age of 65, or upon death or disability.

#### *Notes receivable from participants*

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

#### *Payment of benefits*

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

#### *Forfeited accounts*

In the event that funds are 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 \$251,658 and \$36,818 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 10, 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.

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	521,346,918			521,346,918
Self-directed brokerage accounts	-	11,619,977		11,619,977
Total assets in the fair value hierarchy	521,346,918	11,619,977	-	532,966,895
Investments measured at net asset value*				14,079,374
Investments at fair value	521,346,918	11,619,977	-	547,046,269

<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 account	-	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>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
MetLife Stable Value Fund Class 0	279,857	N/A	Daily	N/A
MetLife Stable Value Fund Class J	13,799,517	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**

The Plan may accept a rollover, provided the rollover will not jeopardize the tax-exempt status of the Plan or create adverse tax consequences for the Employer. The amounts rolled over shall be separately accounted for in a "Participant's Rollover Account." For purposes of this Section, the term Participant shall include any Eligible Employee who is 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 2023, fees were also paid to Ameritas Life Insurance Corp, BKS Financial Investments, IHT Wealth Management LLC, Signature Securities Group and Slavic Integrated Administration 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. 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. There were no such differences as of December 31, 2024, and 2023 and for the year ended December 31, 2024.

#### **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 \$467,372,025 and total transfers out of the Plan were \$6,358,371.

In January of 2022 Prestige Employee Administrators, Inc. acquired Stafflink Outsourcing LLC. During 2024, Plan management merged the assets of the other Prestige Employee Administrators Retirement Savings Plan into this Plan and changed the name of this Plan from the Stafflink Outsourcing Retirement Savings Plan to the Prestige Employee Administrators Retirement Savings Plan. The Plan also changed its EIN to 87-1231461 (formerly 65-0233907).

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**SUPPLEMENTAL INFORMATION**

**PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN**

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

December 31, 2024

87-1231461 (formerly 65-0233907)

PN 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Allspring Precious Metals Instl.	Mutual Funds	**	2,119,068
	American Funds Capital Inc. Bldr R6	Mutual Funds	**	1,303,525
	American Funds Conservative Growth and I	Mutual Funds	**	869,295
	American Funds Growth and Income Portfol	Mutual Funds	**	1,403,786
	American Funds Growth Portfolio Class R-	Mutual Funds	**	1,641,194
	American Funds Moderate Growth and Incom	Mutual Funds	**	2,380,214
	American Funds Preservation Portfolio R6	Mutual Funds	**	1,534,350
	BlackRock Health Sciences K	Mutual Funds	**	6,640,076
	BlackRock Mid Cap Growth Eq Port CL K	Mutual Funds	**	8,122,529
	Brandywine Global - Global Opportunities	Mutual Funds	**	1,040,129
	Columbia Global Value Fund	Mutual Funds	**	2,014,859
	DFA US Targeted Value I	Mutual Funds	**	5,031,298
	Dodge & Cox Stock Fund	Mutual Funds	**	10,336,393
	Federated Hermes High Yield Bond Fund	Mutual Funds	**	3,526,545
	Fidelity Advisor Total Bd Cl Z	Mutual Funds	**	8,214,906
	Fidelity Small Cap Discovery	Mutual Funds	**	3,344,696
	Franklin Utilities R6	Mutual Funds	**	1,628,665
	Invesco Oppenheimer Developing Markets R	Mutual Funds	**	2,420,688
	MFS Diversified Income Fund	Mutual Funds	**	630,125
	MFS Global Equity Mutual Fund Class R6	Mutual Funds	**	4,151,098
	MFS Mid Cap Value Fund Cl R6	Mutual Funds	**	3,344,775
	Putnam Small Cap Growth Fund R6	Mutual Funds	**	3,947,772
	Schwab Fundamental US Large Index Fund	Mutual Funds	**	12,279,617
	T Rowe Price Capital Appreciation I	Mutual Funds	**	1,297,079
	T Rowe Price Retirement 2005 Fund I	Mutual Funds	**	423,285
	T Rowe Price Retirement 2010 Fund I	Mutual Funds	**	170,263
	T Rowe Price Retirement 2015 Fund I	Mutual Funds	**	2,153,073
	T Rowe Price Retirement 2020 Fund I	Mutual Funds	**	3,809,867
	T Rowe Price Retirement 2025 Fund I	Mutual Funds	**	16,812,469
	T Rowe Price Retirement 2030 Fund I	Mutual Funds	**	30,595,359
	T Rowe Price Retirement 2035 Fund I	Mutual Funds	**	38,994,130
	T Rowe Price Retirement 2040 Fund I	Mutual Funds	**	39,781,182
	T Rowe Price Retirement 2045 Fund I	Mutual Funds	**	41,109,133
	T Rowe Price Retirement 2050 Fund I	Mutual Funds	**	31,645,487
	T Rowe Price Retirement 2055 Fund I	Mutual Funds	**	33,655,168
	T Rowe Price Retirement 2060 Fund I	Mutual Funds	**	22,484,898
	T Rowe Price Retirement 2065 Fund I	Mutual Funds	**	2,866,889
	T. Rowe Price Financial Services I	Mutual Funds	**	2,044,227
	T. Rowe Price Spectrum Income Fund Cl I	Mutual Funds	**	1,920,869
	Thornburg International Value R6	Mutual Funds	**	4,046,095
	Vanguard Cash Reserves Federal Adm	Mutual Funds	**	3
	Vanguard Energy Admiral	Mutual Funds	**	2,569,899
	Vanguard Federal Money Market	Mutual Funds	**	79,910
	Vanguard Growth Index Fund Institutional	Mutual Funds	**	40,604,472
	Vanguard Inflation Protected Securities	Mutual Funds	**	4,944,204
	Vanguard Information Technology Index Ad	Mutual Funds	**	16,385,046
	Vanguard Institutional Index	Mutual Funds	**	54,217,438
	Vanguard Intermediate-Term Treasury Fund	Mutual Funds	**	6,220,032
	Vanguard Mid Cap Index Instl	Mutual Funds	**	12,074,584
	Vanguard Real Estate Index Admiral	Mutual Funds	**	3,525,831
	Vanguard Small Cap Index Inst	Mutual Funds	**	9,479,213
	Vanguard Total International Stock Index	Mutual Funds	**	9,511,202
	Vanguard Treasury Money Market	Mutual Funds	**	8
	Fidelity SDBA	Self-Directed Brokerage Accounts	**	11,619,977
	MetLife Stable Value Fund Class 0	Collective Trust Funds	**	279,857
	MetLife Stable Value Fund Class J	Collective Trust Funds	**	13,799,517
*	Participant Loans	Interest Rates 4.25% to 10.5%	**	6,135,317
	Total Assets Held			<u>\$ 553,181,586</u>

\*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 # 87-1231461

(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
	Vanguard	VINIX - Vanguard Institutional Index		54,217,438
	T. Rowe Price	TRIKX - T Rowe Price Retirement 2045 Fund I		41,109,133
	Vanguard	VIGIX - Vanguard Growth Index Fund Institutional		40,604,472
	T. Rowe Price	TRHDX - T Rowe Price Retirement 2040 Fund I		39,781,182
	T. Rowe Price	TRFJX - T Rowe Price Retirement 2035 Fund I		38,994,130
	T. Rowe Price	TRJMX - T Rowe Price Retirement 2055 Fund I		33,655,167
	T. Rowe Price	TRJLX - T Rowe Price Retirement 2050 Fund I		31,645,487
	T. Rowe Price	TRFHX - T Rowe Price Retirement 2030 Fund I		30,595,359
	T. Rowe Price	TRLNX - T Rowe Price Retirement 2060 Fund I		22,484,898
	T. Rowe Price	TREHX - T Rowe Price Retirement 2025 Fund I		16,812,469
	Vanguard	VITAX - Vanguard Information Technology Index Ad		16,385,046
	Metlife	QMLJQ - MetLife Stable Value Fund Class J		13,799,517
	Charles Schwab	SFLNX - Schwab Fundamental US Large Index Fund		12,279,618
	Vanguard	VMCIX - Vanguard Mid Cap Index Instl		12,074,584
	Fidelity	FISDB - Fidelity SDBA		11,619,977
	Dodge & Cox	DOXGX - Dodge & Cox Stock Fund		10,336,393
	Vanguard	VTSNX - Vanguard Total International Stock Index		9,511,202
	Vanguard	VSCIX - Vanguard Small Cap Index Inst		9,479,213
	Fidelity	FBKWX - Fidelity Advisor Total Bd Cl Z		8,214,906
	BlackRock	BMGKX - BlackRock Mid Cap Growth Eq Port CL K		8,122,529
	BlackRock	SHSKX - BlackRock Health Sciences K		6,640,076
	Vanguard	VFIUX - Vanguard Intermediate-Term Treasury Fund		6,220,032
	Dimensional Fund Advisors	DFFVX - DFA US Targeted Value I		5,031,298
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		4,944,204
	MFS	MWEMX - Mfs Global Equity Mutual Fund Class R6		4,151,098
	Thornburg	TGIRX - Thornburg International Value R6		4,046,095
	Putnam Investments	PLKGX - Putnam Small Cap Growth Fund R6		3,947,772
	T. Rowe Price	TRDBX - T Rowe Price Retirement 2020 Fund I		3,809,867
	Federated Hermes	FIHLX - Federated Hermes High Yield Bond Fund		3,526,545
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		3,525,831
	MFS	MVCKX - MFS MID CAP VALUE FUND CL R6		3,344,775
	Fidelity	FSCRX - Fidelity Small Cap Discovery		3,344,696
	T. Rowe Price	TRMOX - T Rowe Price Retirement 2065 Fund I		2,866,889
	Vanguard	VGELX - Vanguard Energy Admiral		2,569,899
	Oppenheimer Funds	ODVIX - Invesco Oppenheimer Developing Markets R		2,420,688
	American Funds	RBAGX - American Funds Moderate Growth and Incom		2,380,214
	T. Rowe Price	TRUBX - T Rowe Price Retirement 2015 Fund I		2,153,073
	Allspring	EKWYX - Allspring Precious Metals Instl.		2,119,068
	T. Rowe Price	TFIFX - T. Rowe Price Financial Services I		2,044,227
	Columbia Threadneedle	CEVYX - Columbia Global Value Fund		2,014,859
	T. Rowe Price	TSPNX - T. Rowe Price Spectrum Income Fund Cl I		1,920,869
	American Funds	RGWGX - American Funds Growth Portfolio Class R-		1,641,195
	Franklin Templeton	FUFRX - Franklin Utilities R6		1,628,665
	American Funds	RPPGX - American Funds Preservation Portfolio R6		1,534,350
	American Funds	RGNGX - American Funds Growth and Income Portfol		1,403,786
	American Funds	RIRGX - American Funds Capital Inc. Bldr R6		1,303,525
	T. Rowe Price	TRAIX - T ROWE PRICE Capital Appreciation I		1,297,079
	Franklin Templeton	GOBSX - Brandywineglobal - Global Opportunities		1,040,129
	American Funds	RINGX - American Funds Conservative Growth and I		869,295
	MFS	DIFHX - MFS DIVERSIFIED INCOME FUND		630,125
	T. Rowe Price	TRAJX - T Rowe Price Retirement 2005 Fund I		423,285
	Metlife	QDWFQ - Metlife Stable Value Class 0		279,857
	T. Rowe Price	TRPUX - T Rowe Price Retirement 2010 Fund I		170,263

	Vanguard	VMFXX - Vanguard Federal Money Market		79,910
	Vanguard	VUSXX - Vanguard Treasury Money Market		8
	Vanguard	VMRXX - Vanguard Cash Reserves Federal Adm		3
	Participant Loans	4.17% - 10.50%		6,135,317

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

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

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

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

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

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

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

special extension (enter description) \_\_\_\_\_

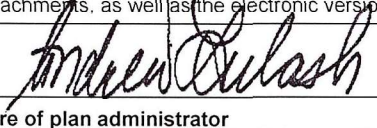
**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

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

<b>1a</b> Name of plan PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 333
	<b>1c</b> Effective date of plan 01/01/1999
<b>2a</b> 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	<b>2b</b> Employer Identification Number (EIN) 87-1231461
	<b>2c</b> Plan Sponsor's telephone number (516) 692-8505
	<b>2d</b> 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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name STAFFLINK OUTSOURCING, INC. <b>c</b> Plan Name STAFFLINK OUTSOURCING RETIREMENT SAVINGS PLAN	<b>4b</b> EIN 65-0233907 <b>4d</b> PN 333																				
<b>5</b> 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%;"><b>5</b></td> <td style="text-align: right;">1,903</td> </tr> </table>	<b>5</b>	1,903																		
<b>5</b>	1,903																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="text-align: right;">1,511</td> </tr> <tr> <td><b>6a(2)</b></td> <td style="text-align: right;">10,980</td> </tr> <tr> <td><b>6b</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6c</b></td> <td style="text-align: right;">3,235</td> </tr> <tr> <td><b>6d</b></td> <td style="text-align: right;">14,215</td> </tr> <tr> <td><b>6e</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td style="text-align: right;">14,215</td> </tr> <tr> <td><b>6g(1)</b></td> <td style="text-align: right;">1,116</td> </tr> <tr> <td><b>6g(2)</b></td> <td style="text-align: right;">9,505</td> </tr> <tr> <td><b>6h</b></td> <td style="text-align: right;">14</td> </tr> </table>	<b>6a(1)</b>	1,511	<b>6a(2)</b>	10,980	<b>6b</b>	0	<b>6c</b>	3,235	<b>6d</b>	14,215	<b>6e</b>	0	<b>6f</b>	14,215	<b>6g(1)</b>	1,116	<b>6g(2)</b>	9,505	<b>6h</b>	14
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<b>6g(2)</b>	9,505																				
<b>6h</b>	14																				
<b>7</b> 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%;"><b>7</b></td> <td style="text-align: right;">7</td> </tr> </table>	<b>7</b>	7																		
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2R 2T 2V 3D

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

<b>9a</b> Plan funding arrangement (check all that apply) (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	<b>9b</b> 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
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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