Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/28/2025

A This return/report is for: ☐ a single-employer plan ☒ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ ☐

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2001

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PRESTIGE EMPLOYEE ADMINISTRATORS, INC.

1371 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

2b Employer Identification Number (EIN) 11-3448580

2c Sponsor's telephone number 516-692-8505

2d Business code (see instructions) 561300

3a Plan administrator's name and address ☒ Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	0
b Total number of participants at the end of the plan year	**5b**	0
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	0
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	0
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	0
d(2) Total number of active participants at the end of the plan year	**5d(2)**	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	02/23/2026	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [ ] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	342	
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	342	0
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	6	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		6
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	800	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		800
i Net income (loss) (subtract line 8h from line 8c)	8i		-794
j Transfers to (from) the plan (see instructions)	8j	452	

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R 2S 2T 2V 3B 3H

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** |

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☒ Yes ☐ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒ Yes ☐ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN	87-1231461	333

Part VIII IRS Compliance Questions

14a 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

14b 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

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/28/2025

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

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

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

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

Part II Participating Employer Information.

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

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

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

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☒ Yes ☐ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	0.39
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	0

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

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADTC HEALTH CORP	85-2440360	0.00	0
ADVANCED OPTOWAVE CORPORATION	45-0554832	0.25	0
AGL CREDIT MGMT	83-1656668	1.75	0
AHA WAVE GLOBAL LP	30-0694893	0.00	0
AKEIDA CAPITAL MANAGEMENT LLC	26-1867833	0.00	0
ALGIX LLC	45-2895994	0.13	0
ALGORHYTHM IO INC	47-1372861	0.06	0
ALLEN MASONRY		0.03	0
ALLIED CLIMATE PARTNERS	93-2878604	0.01	0

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

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARARAT CAPITAL MANAGEMENT	81-0732601	0.58	0
ATAKAMA INC	46-5490533	0.15	0
ATLANTA PROPERTY GROUP LLC	42-1572955	0.00	0
ATLAS FOUNDATION FOR AUTISM	46-4790635	0.08	0
AXIOM ASSET ADVISORS	46-5510534	0.09	0
AYG HOLDINGS GROUP LLC	81-3986579	0.04	0
BABYLON SENIOR HOUSING ASSOCIATES LLC	13-4154575	0.03	0
BAKERY INNOVATIVE TECHNOLOGY CORP	11-3179828	0.00	0
BARCLAY HEIGHTS HOUSING ASSOCIATES	13-3187569	0.01	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BARON PROPERTY GROUP LLC	46-4896066	0.00	0
BCS VALUATIONS INC	13-3578139	0.07	0
BEACON ELECTRICAL SERVICES	26-4468853	0.19	0
BEACONLIGHT CAPITAL LLC	27-0771768	0.25	0
BERTIS BIOSCIENCE INCORPORATED	87-3054981	0.24	0
BH3 MANAGEMENT LLC	27-1217896	0.21	0
BIRCH GROVE CAPITAL LP	20-5289508	1.43	0
BLUEFLY ACQUISITION LLC	81-5385432	0.00	0
BOND STREET GROUP LLC	20-3413603	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BORNITE CAPITAL MANAGEMENT LP	84-3120030	0.11	0
BOW STREET LLC	27-4778332	0.20	0
BOX TOP MEDIA LLC DBA FRESH STEP MEDIA	13-4813980	0.00	0
BRAND, GLICK & BRAND, PC DAVID WILLIAM BRAND PC	11-3187151	0.24	0
BRIARWOOD CHASE MANAGEMENT LLC	46-3923905	1.12	0
BROOKLINE HOUSING ASSOCIATES LLC	13-3894112	0.05	0
BROOKLYN LEGAL SERVICES CORPORATION	13-2605599	0.80	0
BUILDING OWNERS AND MANAGERS ASSOCIATION OF GREATER NY	13-2629736	0.06	0
C&L TRADING OF MIAMI INC	65-0565438	0.31	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CABLE SCOPE	41-2212899	0.16	0
CALVION CAPITAL MANAGEMENT LP	82-2312991	0.11	0
CAPE CLASSICS	13-3359111	0.16	0
CAPITALAND INTERNATIONAL	82-1094407	0.81	0
CARAVEL MANAGEMENT LLC	20-4677504	0.06	0
CARBYNE INC	81-4342238	0.00	0
CAROLINA COMPUTER LEARNING SYSTEMS	11-3448580	0.00	0
CASTLE CONNOLLY PRIVATE HEALTH PARTNERS LLC	47-1061531	0.06	0
CASTLEFORGE PARTNERS LLC	86-3510319	0.07	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CEDARVIEW CAPITAL MANAGEMENT LP	20-1259708	0.02	0
CEIS REVIEW INC	13-3934298	0.16	0
CEMAYLA LLC DBA FOUNDRAE	81-2155711	0.24	0
CENTER FOR ACTIVE DESIGN INC	46-1016582	0.57	0
CENTERLINE CAPITAL MANAGEMENT LLC	84-1776383	0.00	0
CHINTAN I PATEL DDS INC	87-4627741	0.05	0
CHRISTOPHER J JONES	83-4515496	0.12	0
CITYSWITCH TOWER LLC	38-4062424	0.22	0
CIVILIVN LLC	82-0597901	0.13	0

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Part II Participating Employer Information (Continued).

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

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Part II Participating Employer Information (Continued).

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

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

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

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

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

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EMERALD HILL ASSOCIATES	16-1165512	0.00	0
EMPIRE VALORIZE LLC	81-1651700	0.16	0
ENERGY TRANSITION CAPITAL MANAGEMENT LLC	85-3435447	0.11	0
EPRODIGY UT LLC	88-4314804	0.10	0
ETFCOM INC	81-2050515	0.41	0
EVERGREEN TRADING	90-0450518	1.62	0
EXACT CAPITAL GROUP LLC	46-3712924	0.02	0
EXUS NORTH AMERICA MANAGEMENT PARTNERS LLC	82-5431535	1.31	0
EYE5	87-0926098	0.03	0

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

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

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

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

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

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

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

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

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

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LW FAMILY OFFICE LLC	84-3526716	0.05	0
M BARRY AND COMPANY LTD	13-4096767	0.12	0
M TO PROS DEVELOPMENT INC	47-5272799	0.27	0
M2 THE INSTITUTE FOR EXPERIENTIAL JEWISH EDUCATION	82-2548805	0.09	0
MAGMA GLOBAL LLC	45-5326081	0.23	0
MAQUETTE FINE ART SERVICES INC	35-2437643	0.31	0
MARU DIAGNOSTIC IMAGING SERVICES PA	45-5194914	0.00	0
MASCIONI BEHRMANN ARCHITECTURE PC	13-2721772	0.08	0
MAVEN SEARCH CORP	61-1823795	0.31	0

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Part II Participating Employer Information (Continued).

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

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

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

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

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

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

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

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RENAISSANCE MACRO RESEARCH LLC	27-4787633	0.43	0
RESTOPROS FRANCHISING LLC	84-2700496	0.03	0
ZIMNOCH FINANCIAL GROUP LLC	82-3531015	0.01	0
REX ARCHITECTURE	75-3136554	0.00	0
REZIP CO	26-1944076	0.07	0
RIVERMONT CAPITAL MANAGEMENT	85-1438646	0.08	0
ROBERTS LAW GROUP PLLC	42-1745219	0.00	0
ROCHELLE TAYLOR SJ	13-3587353	0.32	0
ROTHSCHILD CAPITAL PARTNERS	13-4006978	0.11	0

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

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

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

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

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

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

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

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
USA CORPORATE SERVICES	51-0343693	0.10	0
VENTROP ENGINEERING CONSULTING GROUP PLLC	45-2541998	0.00	0
VERATICS	46-1949298	0.09	0
VOLUNTEER LAWYERS FOR JUSTICE	30-0528128	0.11	0
VR INVESTMENTS	27-3061318	0.10	0
VSR SYSTEMS	13-4119550	0.10	0
VT ACQUISITION CO LLC	84-3030522	0.12	0
WATER AND WALL GROUP	45-4170969	0.09	0
WB ON SITE EMPLOYMENT CORP	30-0039390	0.26	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WB STONEHILL	13-4149411	0.00	0
WERKSTATT DEVELOPMENT	26-3443148	0.00	0
WINDSONG CAPITAL MANAGEMENT LLC	87-1113060	0.04	0
WPDIAMONDS.COM LLC	36-4885626	0.39	0
XPERTEKS COMPUTER CONSULTANCY INC	30-0005306	0.12	0
YARRA SQUARE PARTNERS LP	83-1865708	0.31	0

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

Part III Pooled Employer Plan Information

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

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

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

ACK ID _____

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/28/2025

A This return/report is for: ☐ a single-employer plan ☒ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ ☐

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2001

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PRESTIGE EMPLOYEE ADMINISTRATORS, INC.

1371 SAWGRASS CORPORATE PARKWAY

SUNRISE FL 33323

2b Employer Identification Number (EIN) 11-3448580

2c Sponsor's telephone number (516)692-8505

2d Business code (see instructions) 561300

3a Plan administrator's name and address ☒ Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	0
b Total number of participants at the end of the plan year	**5b**	0
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	0
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	0
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	0
d(2) Total number of active participants at the end of the plan year	**5d(2)**	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Andrew Lubash	2/23/2026	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [ ] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	342	
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	342	0
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	6	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		6
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	800	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		800
i Net income (loss) (subtract line 8h from line 8c)	8i		-794
j Transfers to (from) the plan (see instructions)	8j	452	

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R 2S 2T 2V 3B 3H

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1,000,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X		