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

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 12/31/2025

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)
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) 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	15449
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	12261
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	11955
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3454
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	15409
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	15409
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	9504
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	11425
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	50
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
PRESTIGE EMPLOYEE ADMINISTRATORS, INC.

D Employer Identification Number (EIN)
87-1231461

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

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

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

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

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	2028315	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	167320	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	99286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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	37161	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EQUITABLE ADVISORS

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

(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	14220	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREW DEGROAT

980 JOLLY ROAD SUITE 100
BLUE BELL, PA 19422

(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	13568	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

STRATOS WEALTH PARTNERS

3750 PARK EAST DRIVE
BEACHWOOD, OH 44122

(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	7289	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PRESTIGE EMPLOYEE ADMINISTRATORS, INC.

D Employer Identification Number (EIN)
87-1231461

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE CLASS 0

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

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)
46-6625485-001	C	286957

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE FUND CLASS J

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

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)
26-0142858-094	C	10953159

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

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a Plan name

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
PRESTIGE EMPLOYEE ADMINISTRATORS, INC.

D Employer Identification Number (EIN)
87-1231461

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3081754	3882291
(2) Participant contributions	1b(2)	2162537	2583385
(3) Other	1b(3)	44924	55507
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	6135317	7488150
(9) Value of interest in common/collective trusts	1c(9)	14079374	11240116
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	521346918	691777025
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	11619977	19673434

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	558470801	736699908
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	558470801	736699908

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	31353321	
(B) Participants	2a(1)(B)	73146170	
(C) Others (including rollovers)	2a(1)(C)	11996223	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		116495714
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	509586	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		509586
(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)	25387656	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		25387656
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		299439
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		76872851
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		219565246
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	82086936	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		82086936
f Corrective distributions (see instructions)	2f		486053
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2030357	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	345928	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2376285
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		84949274
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		134615972
l Transfers of assets:			
(1) To this plan	2l(1)		96039426
(2) From this plan	2l(2)		52426291

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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SKIBBIE CPA INC. **(2)** EIN: 27-0851321

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	333
LBMC EMPLOYMENT PARTNERS, LLC 401(K) PROFIT SHARING PLAN	62-1767955	001
STIGROUP, LTD. 401(K) PLAN	22-3758188	001
VENSURE RETIREMENT PLAN	39-2377547	016

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
TRINET 401(K) PLAN	48-1304650	334
401K MADE EASY POOLED EMPLOYER PLAN	85-4166502	002
FORTIS FIRE & SAFETY INC 401(K) PROFIT SHARING PLAN	87-0854019	001
CHIPTECH-ONSITE INC 401(K) PROFIT SHARING PLAN & TRUST	65-1128499	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
REDBURN CAPITAL MANAGEMENT, LLC 401(K) PLAN	82-4484474	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
MIRABEL TECHNOLOGIES, INC 401(K) PLAN	03-0563768	001
PARSIFAL CAPITAL MANAGEMENT, LP 401(K) PROFIT SHARING PLAN	83-1786984	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
SCHOLASTIC CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN	13-3385513	004
JENNY MAENPAA LICENSED CLINICAL SOCIAL WORKER 401(K) PLAN	87-2234339	001
RJS CONSULTANTS INC DBA PRESTIGE WINDOWS AND DOORS 401(K) PLAN	65-0594274	001
HUMAN CAPITAL CONCEPTS, LLC 401(K) SAVINGS PLAN	26-0177492	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
LIVEINTENT, INC. SPIN OFF 401(K) PLAN	26-4813536	001
GRIDSTOR 401(K) PLAN	88-1650123	001
GLORIA GATES CARE RETIREMENT SAVINGS PLAN	93-1688237	001
SLAVIC SECURE PEP	65-0608221	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
EDIBLE SCHOOLYARD NYC SPIN OFF PLAN	27-1237249	001
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333
DEAN AUTO GROUP 401(K) PLAN	25-1584142	003
C & L TRADING OF MIAMI INC 401(K) PROFIT SHARING PLAN AND TRUST	65-0565438	002

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
G & A PARTNERS MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001
BIRCH GROVE CAPITAL LP RETIREMENT SAVINGS PLAN	20-5289508	001
ALVAREZ FUNERAL HOME, INC. 401(K) PLAN	31-1789352	002
INSPERITY 401(K) PLAN	76-0178498	001

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
MAQUETTE FINE ART SERVICES, LLC 401(K) PLAN	84-2246909	001
SHERMAN ARCHITECTS 401(K) PLAN	99-1883491	001
SPIIRALL LLC SPIN OFF PLAN	88-1857527	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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
PRESTIGE EMPLOYEE ADMINISTRATORS, INC.

D Employer Identification Number (EIN)
87-1231461

Part I Distributions

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

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

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

EIN(s): 65-0708495

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

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 12/31/2025

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 87-1231461

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
PRESTIGE EMPLOYEE ADMINISTRATORS INC	65-0788936	0.00	20175
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
PRESTIGE EMPLOYEE ADMINISTRATORS INC	87-1231461	2.28	15148591

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**	0.42
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**	135509

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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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
CREW PRO ROOFING INC	45-4893269	0.00	114476
SCORPION FIRE AND SAFETY LLC	82-5019094	0.01	9962
WITH INTELLIGENCE LLC	20-5886518	1.44	9038785
PREMIERE DENTAL OF ABINGTON LLC PARTICIPATING EMPLOYERS	92-3687225	0.00	125268
PROSIT MANAGEMENT LLC	84-4889286	0.20	315378
CORPORATION OF GUARDIANSHIP	56-1316877	0.04	275115
FORMATION HEALTHCARE GROUP LLC	26-1875188	0.13	0
CLAUDIA V PERDEI MD PA	45-1223808	0.09	356331
THE KRANMARS GROUP INC	82-3268495	0.02	56465

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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
SUNLINE CIVIL CONSTRUCTION INC	45-3844269	0.10	139196
IMIAN MANAGEMENT LLCIMIAN PARTNERS LLC	82-4016313	0.03	100923
CAROLINA TRUGGIES LLC DBA CT RACE WORX	45-0580937	0.04	58737
BLACKWELL LODI LLC DBA RELLAIRE	92-3663788	0.02	11630
THE QUAD PREPARATORY SCHOOL	46-5652622	0.87	4453952
PRESTIGE EMPLOYEE ADMINISTRATORS PERA	11-3442525	0.00	3639
ZIMNOCH FINANCIAL GROUP LLC	82-3531015	0.02	44186
YARRA SQUARE PARTNERS LP	83-1865708	0.00	593183
XPERTEKS COMPUTER CONSULTANCY INC	30-0005306	0.11	756883

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Part II Participating Employer Information (Continued).

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LA WEINER LLC	46-3535167	0.06	599891
INSTALLER INSTITUTE	59-3121706	0.00	0
WB RESIDENTIAL COMMUNITIES	13-4149417	0.02	1428828
JB SQUARED INC DBA CORAL SPRINGS MONTESSORI PRESCHOOL	65-1020809	0.00	11461
HIGHLANDER CORPORATION METRA ELECTRONICS CORPORATION	59-3087637	1.00	12969141
WB RESIDENTIAL COMMUNITIES INC	13-4149411	0.00	45759
WSCM II LLC	33-2110630	0.00	0
WB RESIDENTIAL COMMUNITIES INC	13-4149411	0.19	7107489
WATER WALL	45-4170969	0.00	189

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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
VSR SYSTEMS INC	13-4119550	0.10	839213
VR INVESTMENTS	27-3061318	0.08	751138
VOLUNTEER LAWYERS FOR JUSTICE	30-0528128	0.16	754727
ZUCKER ASSOCIATES PA	65-0420449	0.00	85676
VISUAL ARCHITECTURE DPC	82-4577316	0.34	2317520
VT ACQUISITION CO LLC DBA VERIFYTODAY	84-3030522	0.04	0
VERATICS INC	46-1979298	0.06	232755
BRUCE M BERGER AND COMPANY PA	65-0483347	0.00	230619
USA CORPORATE SERVICES INC	51-0343693	0.08	687626

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Part II Participating Employer Information (Continued).

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STAFFLINK OUTSOURCING INC SUSPENSE PLAN	65-0780000	0.00	118888
UPCLEAR INC	26-1106689	0.39	1844532
UNITED FIRST PARTNERS LLC	98-0673709	0.29	2643268
UNGER MEDICAL PC	81-1839138	0.10	2168182
STROCK COHEN PA	65-0650091	0.06	561165
UNDERSCORE MARKETING LLC	37-1429259	0.44	5475609
UDC	46-1812124	0.89	2344565
TWENTY ACRE CAPITAL	84-2050086	0.04	354129
TULLY LAW PC	81-3388201	0.17	1003958

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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	0.10	1243919
TRUEFORT INC	47-4866222	0.18	1235748
TRISPAN USA LLC	81-2377862	0.27	1157617
MRW CONSULTING GROUP LLP	26-4018249	0.00	11683
TRGP INVESTMENT PARTNERS LP	84-2396598	0.64	3316833
TRAILRUNNER INTERNATIONAL	81-2526827	0.34	2814939
FLORIDA KEYS OUTREACH COALITION INC	65-0409898	0.00	3060
TOP HAT HOME SERVICES	54-2094839	0.16	498702
TIKEHAU CAPITAL NORTH AMERICA LLC	82-1347250	0.98	5427758

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COUNCIL FOR EDUCATIONAL CHANGE INC	01-0638224	0.00	128588
TIDOSH DENTAL LABORATORY	36-4919110	0.02	156793
STAFFLINK OUTSOURCING PLAN EXPENSE ACCOUNT	01-0101010	0.00	58178
TENET EQUITY ADVISORS LLC	87-3282890	0.39	1601549
SOUTH PALM AMBULATORY SURGERY CENTER LLC	20-0313969	0.00	10803
TEAM8 LABS INC	61-1813570	0.15	811484
MOLD SPECIALISTS INC GLOBAL LINK SYSTEMS INC	65-0535048	0.03	650422
TALL PINES CAPITAL LLC	47-3714291	0.03	279106
SULLIVAN BRILL LLP	11-3585547	0.14	293504

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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	0.21	1590
ST GEORGES SOCIETY OF NY	23-7426425	0.06	334791
TROY INDUSTRIES INC	59-0932319	0.01	316107
STAR MOUNTAIN FUND MANAGEMENT LLC	90-0584004	0.97	4146259
STANDARD CORPORATE SERVICES LLC	92-1058241	1.05	4878967
STOCKWELL RESERVE BRANDS LLC	87-0855594	0.26	690771
PROBEAUTY DISTRIBUTORS INC	90-0056011	0.00	1644
SPOTLIGHT PA	92-0577182	0.21	507044
NOWACK OLSON PLLC	46-2415799	0.00	1316

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SPIRIT MANAGEMENT SERVICES	47-4107557	0.03	190406
EVOLVED OFFICE LLC	27-2864023	0.03	738831
SPIN CITY USA LLC	27-4200490	0.26	741673
STRAIGHT PATH IT SOLUTIONS	45-2480001	0.00	0
SOUTHERN EQUITIES LLC	20-4370216	0.01	60151
SMOOTH SPORTSWEAR LLC	26-0265128	0.32	2770778
SMART ARCHES	92-1054843	0.24	375916
SLIM MANAGEMENT INC	81-3569306	0.00	93274
SKYLLFUL INC	84-2521974	0.07	260074

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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
SJ ASSOCIATES LLC	13-3587353	0.28	1692421
SKOLNIK BENEFIT SOLUTIONS LLC DBA STRATEGIK PARTNERS	26-3964225	0.04	644537
LEE ASSOCIATES HOLDINGS CORP	13-2782294	0.00	0
COPYLITE PRODUCTS CORP	22-1982797	0.11	1798327
SIA INTERNATIONAL TRADING	85-3394815	0.03	301103
GREGG ROSSMAN PA	47-2111627	0.01	99516
SHVO CONCEPTS LLC	20-2281129	0.09	634545
SHOPLETCOM	13-3685351	0.07	1363304
LIMMER SERVICES INC DBA ACCENT APPLIANCE	75-2923492	0.00	121334

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SHIRT FACTORY USA LLC	46-1895543	0.06	109188
AGS CARGO USA INC	26-2323174	0.00	40163
FLORIDA KEYS LAND SURVEYING LLC	46-3045721	0.02	279539
SENSATIONAL DEVELOPMENT	26-4255113	0.00	30571
CIANCI HOMES INC DBA CIANCI CONSTRUCTION	20-2487546	0.01	144122
SECURING SAM INC	83-3446761	0.02	145157
SCAPE LANDSCAPE ARCHITECTURE DPC	81-4252394	1.09	6904990
SCALICE LAND SURVEYING PC	86-3625665	0.13	730435
EWING HEATING AIR INC	47-0863168	0.06	464781

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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
SKY WERK DEVELOPMENT LLC	46-4870380	0.00	21928
SADDLE POINT MANAGEMENT LP	82-4227008	0.03	236564
BUILDERS SURPLUS HOUSTON LLC	20-2541017	0.07	1340230
ROYALTY SOLUTIONS LLC	83-2423459	0.01	220929
JASCKO CORP JASCKO SERVICE LOGISTICS CORP	82-3918453	0.19	3158774
ROYAL LEARNING INSTITUTE INC	46-4964310	0.00	17260
WEST COAST FIRE EQUIPMENT INC DBA WEST COAST ELECTRICAL	65-0089130	0.14	882418
ROTHSCHILD CAPITAL PARTNERS LLC	13-4006978	0.00	2
LIFE AUDIT PROFESSIONALS LLC	27-4481020	0.10	1028541

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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
RIVERMONT CAPITAL MANAGEMENT LP	85-1438646	0.07	282572
ETX SUCCESSOR REGIONAL HEALTH SERVICES INC	75-1925036	0.04	29065
RFH JACKSONVILLE	99-0925409	0.02	0
RESTOPROS OF SW FLORIDA	93-3732912	0.01	11131
INTERVAL SERVICING INTERNATIONAL COMPANY	65-0951495	0.00	827270
RESTORE FIRST HEALTH PA MANAGEMENT LLC	93-4305847	0.08	0
SAFEKEY TITLE CLOSINGS LLC	27-3085525	0.06	1241696
RESTOPROS FRANCHISING	84-2700496	0.07	108512
RESTOPROS OF CHARLOTTE	82-1889255	0.04	39851

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Part II Participating Employer Information (Continued).

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INTEGRATED FIRE SECURITY SOLUTIONS INC DBA IFSS	75-3213855	0.00	0
RESTORE FIRST HEALTH NJ	92-0759984	0.09	0
RESTORE FIRST HEALTH NE	88-3441735	0.12	0
MARSHALL PROPERTY SERVICES LLC	81-3722967	0.00	23847
RENAISSANCE MACRO RESEARCH LLC	27-4787633	0.27	3959901
CHIPTECH ONSITE INC	65-1128499	0.00	0
RELIANCE CREDIT PARTNERS LLC	81-2123920	0.10	361936
WALKING URGENT CARE INC	47-4314230	0.03	318415
REITDESIGN INC	13-3983021	0.01	707046

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SCHECK INVESTMENTS	88-0391277	0.00	3155
REDZONE LLC	46-1565010	0.02	63287
GEB COMPUTER TRAINING LTD DBA NEW HORIZONS COMPUTER LEARNING	20-4206941	0.40	4291037
REDBURN CAPITAL MANAGEMENT LLC	92-1927286	0.14	0
HOUSTON HOUSING MANAGEMENT CORPORATION	74-1760427	0.08	1799570
RAIO DENTAL PC	45-1290522	0.07	269716
ARAC ROOF IT FORWARD	27-1353338	0.10	588003
QUALITY READY MIX CO INC	11-3047746	0.07	160701
QUADRUM US CAPITAL CORP	36-4877653	0.93	5315856

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CAPE CORAL TITLE INSURANCE AGENCY INC	59-3080082	0.00	96
QUADRANGLE CONSULTING LP	46-3539591	0.23	2310149
JEFFREYS AUTOMOTIVE INC	75-1980815	0.03	419230
Q6 GROUP LLC	83-3439079	0.06	115437
LFMS LLC AKA LITTLE FLOWER MONTESORRI SCHOOL LLC	27-3250329	0.04	309351
PW ELECTRIC INC	11-2343098	0.07	149704
ACCELEVANT PREMIUM AUDIT LLC	83-1308224	0.00	27145
PROGRESSIVE MANAGEMENT OF NY V LLC	11-3234701	0.04	0
MIRABEL TECHNOLOGIES INC	03-0563768	0.08	0

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SMART STEP FUNDING LLC	83-3041425	0.17	1322449
GLOBAL COMMUNICATION NETWORKS INC	65-0778489	0.00	19325
PREMIER EQUITIES MANAGEMENT LLC	45-3005150	0.03	150431
PREMIER CONSULTING PARTNERS	27-2335917	0.13	1513375
PRIMED PROCESSING LLC	93-3697970	0.13	623201
PARAMOUNT HEALTHCARE SERVICE LLC	85-4064953	0.06	257481
YARBROUGHWILLIAMS HOULE INC	56-1422785	0.28	1906300
PHARMABLOCKUSA INC	45-4985671	1.25	5580639
SUNTYX LLC	38-4026124	0.30	1595647

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PETER FASANO	81-3510453	0.02	22656
PERFECTING FAITH CHURCH INC	11-3067138	0.01	81161
PERLMAN BAJANDAS YEVOLI AND ALBRIGHT PL	20-1161032	0.50	1706259
PROSERVE FIRE SYSTEM LLC	37-1864676	0.00	85110
PARSIFAL CAPITAL MANAGEMENT LP	83-1786984	0.21	0
PARADIGM BIOCAPITAL ADVISORS LP	85-1451055	0.36	1049859
COOPER LS DEVELOPMENT LLC	47-3288036	0.01	40210
OUT OF THE BLUE ENTERPRISES LLC	20-2380480	0.00	0
RDS ENTERPRISES INCMPC GOLD CONSULTING LLC	30-0642245	0.07	551659

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ONSYTE PERFORMANCE LLC	81-3470583	0.33	499656
ONWARD BRANDS LLC	93-1738690	0.29	1103593
CAROLINA OFFICE SOLUTIONS	56-2211526	0.12	2084679
BG AIR LONG ISLAND CORP	80-0923798	0.00	153
TURBINEACADEMYCOM LLC	47-3779452	0.06	317875
OBION CAPITAL	92-3965159	0.03	55814
SANFORDLEE COUNTY REGIONAL AIRPORT AUTHORITY	56-1847786	0.05	338906
NEW YORK CITY PHYSICAL THERAPY PLLC	32-0468912	0.50	1291960
NEW YORK CITY PSYCHOTHERAPY COLLECTIVE	87-2234339	0.00	3

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SMALLEY ASSOCIATES INC	56-2344927	0.00	173
NISHKAMA CAPITAL	46-2212693	0.33	2622803
RJS CONSULTANTS INC DBA PRESTIGE WINDOWS DOORS	65-0594274	0.00	0
NIEUW AMSTERDAM PROPERTY MANAGEMENT LLC	46-2854140	0.09	617069
JWC DISASTER SOLUTIONS LLC	85-3314402	0.07	470848
NEW YORK INSTITUTE OF FINANCE INC	80-0151037	0.04	501115
TEG DEVELOPERS LLC	88-1775718	0.00	20246
NEW PALTZ HOUSING ASSOCIATES	13-3075485	0.00	16553
CHAZIN COMPANY	20-8152652	0.77	3805796

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NETWOLF CYBER LLC	88-3823870	0.13	670734
LINNANE CONSTRUCTION LLC	27-1252249	0.12	251433
NEPHROLOGY PHYSICIANS	35-2082018	0.59	11044881
THIRD MILLENNIUM MINISTRIES INC	31-1598585	0.07	1212371
NORTHEAST ORAL MAXILLOFACIAL SURGERY	87-4627741	0.04	168607
CHRONWELL INC	81-4098097	0.00	822911
NAVIA VISION	75-1413993	0.02	113771
JARRARD NOWELL RUSSELL LLC	20-2078804	0.00	231468
NATELLI AND ASSOCIATES INC	85-2783486	0.03	84487

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SKS TRAINING INC	88-4050605	0.00	0
NATIONAL DENTAL LLC	47-4875676	0.54	4895120
NAPLES JET CENTER LLC	85-1018960	0.00	135
ACCREDITED PROPERTY MANAGEMENT LLC	84-3071396	0.00	453002
PANAM EXPORT SERVICES LLC	62-0972757	0.02	50860
MYRA ENTERTAINMENT LLC	20-8728142	0.00	85761
DISTILL VENTURES NORTH AMERICA INC	30-0936845	0.28	1342008
MYGEMMA INC	33-3430235	0.24	3298411
MYBUNDLE	83-4579430	0.04	53032

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DYNAMIC HR CONSULTING SERVICES INC	13-4334332	0.02	221150
MICHAEL WERNER INC	13-3546772	0.01	0
LYMION GROUP INC	83-1181666	0.02	52332
MVRE LLC	20-3129712	0.06	185499
LIMBS THINGS INC	58-2186476	0.21	864240
MUSERK	46-1007389	0.09	149931
INSPIRE TRUST COMPANY	88-3815916	0.35	1173857
M TOPROS DEVELOPMENT INC	47-5272799	0.23	910339
THERESE M ALBAN MD PA DBA ALBAN VISION	83-3432113	0.05	220431

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MPEARLROCK	99-0739298	0.05	84570
JJ INTERNATIONAL INC	63-1004938	0.08	748488
APPARO SOLUTIONS INC	57-1140089	0.20	1753325
MNS INTERNATIONAL LLC	46-1001458	0.19	2036428
CHAMPIONS FOR VETERANS	85-2491863	0.00	0
MMI WIRE AND STEEL INC	11-3550908	0.12	606433
AKB VENTURES DBA BENJAMIN FRANKLIN PLUMBING OF ALPHARETTA	88-1417973	0.00	5775
PROFESSIONAL FIGHTERS LEAGUE	81-4680978	0.42	1551174
DYNAMIC LIFE INSURANCE STRATEGIES LLC DBA LOWELLNEWMAN	30-1261817	0.00	0

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MILLENNIAL HEALTHCARE SERVICES	85-4063767	0.26	638427
OCTILLO LAW PLLC	83-1495003	0.13	1066909
MICHAELIS BOYD INC	36-4870728	0.06	151938
PHOENIX VENTURES ATLANTA LLC DBA BIG BEAR RESTORATION	87-3665395	0.00	3988
MFEG LLC	87-3077230	0.06	269951
WEAR FIRST SPORTSWEAR INC	13-3764897	0.18	2830710
MERKURY INNOVATIONS LLC	20-0164318	0.28	2981426
MEDICAL REJUVENATION SOLUTIONS	83-2124772	0.01	0
MEADOWBROOK II ASSOCIATES LP	13-3205353	0.00	184

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M BARRY AND CO	13-4096767	0.04	1447978
MAVEN SEARCH	61-1823795	0.20	0
MASCIONI BEHRMANN ARCHITECTURE PC	13-2721772	0.06	704748
THE MARTY LYONS FOUNDATION INC	13-3146696	0.01	147618
MAGMA GLOBAL LLC	45-5326081	0.18	1210612
M2 THE INSTITUTE FOR EXPERIENTIAL JEWISH EDUCATION	82-2548805	0.07	295862
LW FAMILY OFFICE LLC	84-3526716	0.01	332790
LUX CAPITAL MANAGEMENT LLC	73-1721842	1.10	8031020
LUMOS FOUNDATION USA INC	47-2301085	0.01	220983

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LMC US CORP	38-4037236	0.11	210409
MANHATTAN HOME DESIGN	80-0313925	0.00	6486
LIVEINTENT INC	26-4813536	0.00	0
LINQ VENTURE HOLDINGS LLC	93-2998059	0.00	0
LP3	20-0797864	0.17	3109276
LONG ISLAND CHILDRENS MUSEUM	11-3035221	0.11	2615465
EASTERLY INVESTMENT PARTNERS LLC	83-2400656	0.41	11516642
LANGER RESEARCH ASSOCIATES LLC	27-2526385	0.20	1181257
LANDMARK INVESTMENT PARTNERS	93-4212954	0.05	135937

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LANDING POINT	47-3625281	1.37	7201375
KWA ANALYTICS	82-1234710	1.23	5787140
KLF	92-3685013	0.11	355097
KRN SPECTRUM SALES	13-3304685	0.06	2835664
ARCLEDGE INC	93-4960099	0.12	352349
KOEPPEL AUTO GROUP	11-3238195	0.52	3716647
1 KOEPPEL NISSAN INC	11-2633496	0.20	1754270
KIDS CANVAS INC	27-3335011	0.00	26368
KEY SQUARE GROUP LP	47-5302128	0.09	3392923

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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
JML MEDICAL INC	22-3098047	0.03	1369470
JEAN ROUSSEAU INC	46-5588993	0.07	347974
JBS ASSOCIATES INC	13-4173041	0.00	13982
JAJ NYC LLC	82-2805234	0.03	306206
ITSCO	56-1994610	0.16	964246
ITREK	45-5230138	0.29	1860763
ISLAND ELEVATOR INSPECTION INC	22-3964122	0.19	1954335
ISLAND BOWLING SUPPLY	46-4445431	0.06	153538
ISLAND INSTRUMENT CORP	20-2543429	0.00	45019

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IRONYUN	47-3918270	0.12	175019
IRENIC CAPITAL MANAGEMENT LP	87-3544472	0.14	639823
INTERACT INTRANET INC	47-1829244	0.53	3539741
INNERSPACE ELECTRONICS INC	13-3491632	0.12	1049751
INGRAO INC	13-3747807	0.08	3114358
ICREDITWORKS INC	83-2944753	0.42	1615368
HYDRONIC SUPPLY COPIAGUE INC	84-3495481	0.21	3185303
H S	20-0363810	0.13	1561197
HOTT SALONS INC	84-4043282	0.01	40888

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ABC HOLDCO LLC	87-3225618	0.26	1886591
HOBO AUDIO COMPANY LLC	20-5404912	0.00	0
HIGH ROAD CAPITAL PARTNERS	20-5960098	0.14	926211
HIGHMARK NY LLC	46-2644686	0.50	3201795
HIDDENITE CAPITAL PARTNERS LP	84-4334836	0.03	24255
HUDSON EDGE INVESTMENT PARTNERS INC	52-1296988	0.40	6577974
HG US INC	38-4091582	4.46	18157014
HEMPSTEAD VILLAGE HOUSING ASSOCIATES LP	13-3058489	0.00	2937
HARMONYA INC	86-2197625	0.00	0

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HALO COLLAR	83-1328811	0.56	1232165
GRYPHONHR	83-1647428	0.05	121320
GREENWOOD MARKETING LLC	20-1847340	0.08	433357
GRIDSTOR	88-1650123	0.72	0
GOSHEN SENIOR HOUSING ASSOCIATES LP	13-3932559	0.01	72790
GOLDGLIT CO	32-0047135	0.00	346
GLORIA GATES CARE	93-1688237	0.49	127
GIRLS GONE STRONG LLC	46-3530519	0.03	199236
GHOST TREE CAPITAL	46-2174699	0.02	236206

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GHISALLO GROUP LP	85-1667429	0.83	2588944
GARAGETEK	11-3575195	0.00	106245
GALILEO LIFE SCIENCES LLC	88-2490620	0.08	401176
GALILEO GLOBAL SECURITIES LLC	20-3885981	0.01	120245
FIRST ALLEGIANCE	52-2071537	0.23	1510889
FOUNDRAE	81-2155711	0.57	1484713
FOODPREP SOLUTIONS	84-4045446	0.31	867103
FOOD MATTERS AGAIN	61-1564540	0.01	89097
FLUSHING PODIATRY ASSOCIATES PLLC	32-0456950	0.04	245999

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FINANCIAL MANAGEMENT ASSOCIATES LTD	11-2916150	0.00	574908
FD GALLERY LLC	27-1981240	0.16	3535927
FRED BLACK LLC	87-4626608	0.00	4418
FAMULUS HEALTH LLC	85-0743533	0.02	10363
FAIRWAY CONSULTING GROUP	46-4347943	0.15	2170044
EYE5	87-0926098	0.06	95562
EXUS NORTH AMERICA MANAGEMENT PARTNERS LLC	82-5431535	1.33	14
HEDLEY MAY LP	20-1344894	0.08	1081221
EXACT CAPITAL GROUP LLC	81-3483009	0.00	17431

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EVERGREEN TRADING	90-0450518	1.26	12549469
ETFCOM	81-2050515	0.22	587240
THE EQUITY ALLIANCE ADVISORS LLC	87-1842358	0.06	302729
ENERGY TRANSITION CAPITAL MANAGEMENT LLC	85-3435447	0.15	369743
EMPIRE VALORIZE LLC	81-1651700	0.14	512215
WB RESIDENTIAL COMMUNITIES	13-4149417	0.00	410
ELDORADO COFFEE ROASTERS LTD	11-2540546	0.52	3942893
ELARA FOODSERVICE DISPOSABLES LLC	27-2981248	0.03	292995
EHOME	11-3324006	0.18	1260338

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EDWARD TYLER NAHEM FINE ART LLC	13-3444996	0.10	1386470
EDIBLE SCHOOLYARD NYC	27-1237249	0.01	0
EDGY BEES INC	82-4381603	0.00	62368
EASTERLY ASSET MANAGEMENT OPERATIONS LLC	85-2435274	0.51	2144544
EAGLE HEALTH INVESTMENTS LP	84-4363226	0.18	920881
EAEF	46-2236659	0.10	1332020
DUNE REAL ESTATE PARTNERS LP	90-0511007	0.72	11576657
DRIVOSITY LLC	81-1133381	0.17	700611
DONOVAN STUDIOS	20-5501498	0.04	1484213

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DOCUMENT AGILITY INC	46-1130816	0.02	84917
DISTINGUISHED GROUP	13-4008090	4.94	46459808
DISARONNO INTERNATIONAL	98-1149885	1.23	7407078
DIGITAL GADGETS LLC	88-2992130	0.27	2707889
DIAMOND STANDARD INC	82-4285004	0.00	61037
DENTAL SOLUTIONS GROUP LLC	47-4113917	0.00	59955
DENCITYWORKS ARCHITECTURE PLLC	81-3400765	0.03	0
DEL CORONA SCARDIGLI	46-5689370	0.46	2214216
DEBRA OF AMERICA	11-2519726	0.06	1633

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DEAN INC	25-1584142	0.09	0
DCS FREIGHT	26-2956667	0.02	195067
DOWNTOWN CAPITAL PARTNERS INC	84-3741864	0.28	1998307
CYVATARAI INC	84-2384418	0.06	467039
CYTIUM INVESTMENT MANAGEMENT LLC	92-3308602	0.17	1426097
CYBER ASSESSMENT INC	84-2246479	0.00	46811
CASTLE CONNOLLY PRIVATE HEALTH PARTNERS LLC	47-1061531	0.06	8
CRYSTALWARE	46-1773700	0.00	131584
UNIFY	41-2266627	0.00	12474

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CRESTWOOD CAPITAL MANAGEMENT LP	27-0178572	0.03	2499634
CREATIVE MARKETING ALLIANCE INC	22-2761584	0.12	2087387
CP INTERNATIONAL CORPORATION	22-3251292	0.00	1695874
TREVILLE HOLDINGS LLC	93-1507451	0.81	3709096
COURT SUPPORT INC	11-3629812	0.15	2017247
CORE DEVELOPMENT GROUP	46-1362912	0.47	2973316
COPPER TECHNOLOGIES	87-1783697	0.15	418047
CONNEX INTERNATIONAL LLC	20-4854308	0.03	0
COMPLETE VENTURE GROUP LLC	85-0513434	0.02	21610

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COMPLETE CDG LLC	84-4458353	0.00	0
COINFUND MANAGEMENT LLC	82-3809669	0.37	1202424
THE CENTER FOR NEW YORK CITY NEIGHBORHOODS INC	83-0506416	0.72	2613730
CL TRADING OF MIAMI	65-0565438	0.01	0
CLAAR ADVISORS LLC	46-1237663	0.10	1192963
CIVILIAN	82-0597901	0.06	331063
CITYSWITCH TOWER LLC	38-4062424	0.15	1469674
CINEMA ARTS CENTRE	11-2368182	0.01	77226
CINCTIVE CAPITAL MANAGEMENT LP	83-3418335	0.87	3649468

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OMLI LLC DBA PARC STREET GROUP	83-4515496	0.06	0
CHASE DENTAL CARE PLLC	45-4236176	0.07	425744
COSMETIC EXECUTIVE WOMEN INC	13-2735995	0.20	6956988
COSMETIC EXECUTIVE WOMEN FDN	13-3563114	0.07	1291423
CENTER FOR ACTIVE DESIGN	46-1016582	0.30	3002375
CEIS REVIEW INC	13-3934298	0.13	1438642
CEDARVIEW CAPITAL MANAGEMENT LP	20-1259708	0.00	1339498
CASTLEFORGE PARTNERS	86-3510319	0.03	186233
CARAVEL MANAGEMENT LLC	20-4677504	0.02	0

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EPRODIGY UT LLC	45-3790482	0.13	696899
CAPITALAND INTERNATIONAL LLC	82-1094407	0.54	3047441
CAPE CLASSICS INC	13-3359111	0.11	1276436
CALVION CAPITAL MANAGEMENT LP	82-2312991	0.00	0
CABLE SCOPE INC	41-2212899	0.24	705804
CAAAV ORGANIZING ASIAN COMMUNITIES	13-3526938	0.08	213083
BROOKLINE HOUSING ASSOCIATES LLC	13-3894112	0.02	46521
BUILD UP JUSTICE NYC	13-2605599	0.96	4974406
BRIARWOOD CHASE MANAGEMENT LLC	46-3923905	0.45	3552375

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BRANDGLICK BRAND PC	11-3187151	0.21	4920410
BOW STREET LLC	27-4778332	0.18	1909478
BORNITE CAPITAL MANAGEMENT LP	84-3120030	0.09	830027
BUILDING OWNERS AND MANAGERS ASSOCIATION OF GREATER NY INC	13-2629736	0.06	213370
REZIP CO DBA BLUEAVOCADO	26-1944076	0.06	289546
BLOOM SUSTAINABLE MATERIALS	45-2895994	0.14	367625
BEACONLIGHT CAPITAL LLC	27-0771768	0.18	3162856
BIRCH GROVE CAPITAL LP	20-5289508	0.67	0
BH3 MANAGEMENT LLC	27-1217896	0.43	0

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BEACON HOME SERVICES	26-4468853	0.16	899058
BCS VALUATIONS INC	13-3578139	0.06	1848966
BARCLAY HEIGHTS HOUSING ASSOCIATES	13-3187569	0.01	9807
WBPGRIFFON	85-3671284	0.46	7782353
BABYLON SENIOR HOUSING ASSOCIATES	13-4154575	0.02	233224
AYG HOLDINGS GROUP LLC	81-3986579	0.03	278861
AXIOM ASSET ADVISORS	46-5510534	0.05	1188395
THE AWARD GROUP INC	13-3870711	0.05	168895
ATLAS FOUNDATION FOR AUTISM	46-4790635	0.09	311902

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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
ATAKAMA INC	46-5490533	0.14	799462
ACCOUNTING SOLUTIONS OF NY	82-3326152	0.16	624319
ARW HOME	80-0259553	0.39	2174419
ARC GROUP	65-1131379	0.13	1324145
ARARAT CAPITAL	81-0732601	0.34	2111565
COLLECTIV LLC	84-3757765	0.22	612250
APTIVITI INC	45-3365897	0.23	709245
APTIVE DIAGNOSTICS LLC	87-3410626	0.01	13250
APPARATUS LLC	45-5034854	0.74	5665330

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APOS	76-0850980	0.32	1604095
APOLLO THEATER	13-3630066	0.33	3206759
ANDROVIA LIFESCIENCES LLC	47-2964940	0.01	207853
AMGC INC	20-1580292	0.05	140267
ALVAREZ FUNERAL HOME INC	31-1789352	0.00	0
ALTIUM CAPITAL MANAGEMENT LLC	82-2066653	0.21	1911365
ALLIED CLIMATE PARTNERS INC	93-2878604	0.08	136140
ALGORHYTHM IO INC	47-1372861	0.02	224444
AGL CREDIT MANAGEMENT	83-1656668	1.30	6627390

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ADVANCED OPTOWAVE CORPORATION	45-0554832	0.18	1139426
ADTC HEALTH CORP	85-2440360	0.00	79252
ADLER WINDOWS INC	11-3486398	0.70	3939045
AMERICAN DENTAL OFFICES PLLC	26-2710441	0.00	204727
ACQSIS	20-5027425	0.03	1051779
ABSOLENT AMERICAS INC	74-3196019	0.01	0
ABACUS GROUP LLC	13-3972572	0.23	8545568
614 GROUP	36-4749686	0.04	575864
25 WEST 86TH STREET OPERATING CORP	13-3499302	0.02	187982

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SHANNON RIVER	02-0657358	0.20	3026121
SABER REAL ESTATE NORTH LLC	02-0710300	0.01	169216
OLD HILL PARTNERS INC	06-1446044	0.00	234295
NATIONAL MEDICAL FELLOWSHIPS INC	01-0963657	0.01	0
MAQUETTE	84-2246909	0.01	9
LONG ISLAND SPINE REHABILITATION MEDICINE PC	03-0596066	0.31	5783487
FINEX CREDIT UNION	75-3103689	0.16	2373481
CROSSWALK INC	92-2486909	0.05	49740
DISARONNO INGREDIENTS	01-0592258	0.06	105225

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DEVPOST INC	06-1833986	0.15	1292470
HARRIS KEENAN GOLDFARB PLLC	06-1669997	0.13	1536614
826NYC INC	20-0526710	0.04	68007
PRESTIGE EMPLOYEE ADMINISTRATORS INC SUSPENSE ACCOUNT	87-1231499	0.00	7853626
SANTA FE ELECTRIC INC	59-2807241	0.00	41193
RESTORE FIRST HEALTH PENN	93-4705940	0.05	0
ISRAEL M NEIMAN CPA PC	20-0692495	0.03	116100
SHERMAN ARCHITECTURE PC DBA SHERMAN ARCHITECTS	99-1883491	0.00	0
STUDIO DELSON ARCHITECTURE PC	99-1992805	0.09	2151630

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BIG INITIATIVES INCORPORATED DBA BIG REUSE	46-5083170	0.10	638697
PC RECYCLER INC DBA SECURIS	35-2343644	0.28	1344582
FRAZER ENTERPRISES INC	56-1962716	0.05	169202
JM COPPER BEECH VENTURES LLC	99-2659024	0.06	55709
CHEMFINITY TECHNOLOGIES INC	88-3803773	0.10	270515
LAZARUS KARP EHRLICH MCCOURT LLP	83-4702401	0.19	312842
STAC FOUR LLC	99-2705905	0.00	0
BAR HOLDINGS LLC	92-0920581	0.01	5958
CUSTOM FX INC	13-3998337	0.28	410659

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SPIVAK ARCHITECTS PC	13-4076117	0.08	143032
THREADIQ LIMITED	35-2755111	0.13	301544
MORDFIN LLP	11-2288784	0.10	494510
PRELUDE GROWTH PARTNERS MANAGEMENT COMPANY LLC	82-3067520	0.16	185776
DELORENZO HOME SOLUTIONS INC	93-4791088	0.01	7420
SHEEPDOG ENGINEERING TECHNOLOGY INC	92-1879282	0.07	1046390
BLACKHAWK DATA LLC	83-0830484	0.43	834031
RESONANT GROWTH PARTNERS LLC	99-0639539	0.03	51856
RIGHT CLICK SOLUTIONS LLC	20-4236880	0.14	782558

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CERTIFIED OF NY INCCERTIFIED GI INC	13-3809640	0.25	4258280
HAWORTH BARBER GERSTMAN LLC	27-2346719	0.34	2590949
ARTIS ENERGY INTELLIGENCE LLC	61-1798641	0.08	339628
PROSMILE MANAGEMENT LLC PARTICIPATING EMPLOYERS	83-3902306	2.01	18577126
ARTIS ENERGY SOLUTIONS LLC	38-4009659	0.00	162183
DTOUCH NEW YORK LTDDTOUCH SF LLC	20-3883274	0.10	1183034
BSL SERVICES INC PARTICIPATING EMPLOYERS	22-3204241	0.18	1915957
MADAKET INC	45-4482441	0.22	1286754
AFFINITY ASSET ADVISORS LLC	82-1567490	0.35	425899

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THE INSTITUTE FOR HUMAN IDENTITY	13-2752728	0.07	74938
JKOLB INC DBA THE MEN WITH TOOLS	46-3210923	0.05	49896
PROGUARD PROTECTION SERVICES INC	84-1554650	0.07	84440
PLAYGARDEN ASSOCIATES LLC PARTICIPATING EMPLOYERS	26-0337133	0.00	50981
CENTRAL VALLEY ADVISORS DBA THE SALVETTI GROUP	46-4658639	0.13	3028552
SPIIRALL LLC	88-1857527	0.06	2
YULA CORPORATION	13-1524542	0.13	3459963
MEDIACO LLC	99-3814710	0.17	168463
GATEWAY TO NEW HOPE OPERATING LLC	47-1563591	0.05	167042

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BLS HOTEL MANAGEMENT	92-2884935	0.12	481427
THE GROVE AT CENTERTON LLC	82-2955647	0.00	60376
SHELTER HAVEN HOSPITALITY INC	26-3468216	0.06	513360
NORTHCOAST CIVIL LS PE PC	11-3115854	0.24	986982
RIDGE MANAGEMENT LP	87-3772541	0.09	110582
LINKS CAR WASH LLC	93-4771737	0.24	260208
SANAR WELLNESS INSTITUTE INC	47-3612405	0.04	168093
SUNRIVER MANAGEMENT LLC	36-4817651	0.35	5471158
GILCO RESTORATION INC	20-2017949	0.07	894176

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WORTH STREET VETERINARY CENTER PLLC	61-1603659	0.12	1238344
HICKORY GLOBAL PARTNERS LLC	45-1259868	0.06	588109
NEW PAGE AT 63 MAIN LLC	46-2448380	0.01	7817
45 BUYERS GROUP INC	11-3075132	0.29	1100955
THE LIONS TALENT MANAGEMENT LLC	88-3567012	0.12	864896
OPTIMED HOSPITALISTS PLLC	27-3571225	0.45	3957469
HENDERSON MILL DENTAL CARE PC	58-1527744	0.19	5707296
SCHUBERT SALZER INC	58-2494657	0.15	1534352
PARAMOUNT REALTY SERVICES INC	22-3383023	0.57	4842854

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KANE FOOTWEAR LLC	85-2689038	0.26	474683
TWW LLC	84-4581916	0.08	490912
WATEROUS ENERGY FUND MANAGEMENT US LLC	82-3643763	0.05	1300580
N E BRANDS LLC	90-0803584	0.03	32593
THE GIVE TO GIVE FOUNDATION	47-2793705	0.01	10127
GARNET CREDIT MANAGEMENT LLC	99-4673658	0.14	256605
SERAFINA BROADWAY LTD	52-2383578	0.03	31597
GRID GROUP LLC	47-2547934	0.04	351535
RELM LLC	92-0978511	0.09	90492

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OWLS NEST PARTNERS LLC	81-5335638	0.15	510804
MCCLURE CONTRACTING INC	20-4213794	0.05	940765
FEDERATE LEGAL INC	93-4974445	0.01	16271
HERITAGE OAKS RETIREMENT LIVING INC	33-2881844	0.03	45608
SUPERIOR DRY KILN INC DBA BOLDESIGN	56-2255873	0.01	0
CONTENUR USA CORP	32-0792533	0.00	3115
LIVING GROUP LLC DBA GOVERNMENT OFFICE FURNITURE	82-3673293	0.00	1002
LION CARE SERVICES LLC	88-1512007	0.03	118584
ORCHID SECURITY INC	93-4807036	0.12	132653

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WEST BABYLON FAMILY HEALTH NP PC	99-1664163	0.03	281814
CRITICAL MATERIALS RECOVERY LLC	93-3590135	0.03	37181
CARLISLE GOLF GROUP	33-2514782	0.07	76765
POPAI HEALTH INC	99-2935426	0.00	2287
LYKOS GLOBAL MANAGEMENT LP	93-1633165	0.06	67623
JAMES T HUGHES SHEET METAL INC	04-2450696	0.10	108859
BRISBOIS AND KUE VETERINARY SERVICES	20-4732645	0.05	1423108
CAERUS VENTURES LLC	35-2796848	0.06	62201
ECONCRETE INC	32-0489644	0.07	104684

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RATCHFORD LAW GROUP PC	20-3991830	0.09	742732
BHM TUMNUS LLC	33-2571972	0.01	10671
1970 GROUP INC	84-5060464	0.16	890476
BLUESPINE INC	93-4058863	0.05	49849
DUTCHESS COUNTY SPCA INC	14-1340058	0.01	67347
PROPERXPM LLC	30-1388862	0.17	1144927
CAROLINA MOLECULAR INC	33-4741085	0.01	12293
FOR WELLNESS LABS INC	92-3467061	0.05	358868
MOLEN ASSOCIATES	76-0582108	0.02	113950

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POINT FORTY ONE ENTERPRISES LLC	99-1446488	0.05	50360
EDGEWOOD COIN LLC	84-4922507	0.01	11576
KACS HOLDINGS LLC DBA AUTO ER	46-3020347	0.12	127331
POWERCON PTS INC	38-3928857	0.04	5320663
JASON MARKK INC DE	86-3800624	0.11	762611
SUPERNORMAL TECHNOLOGIES INC	85-0622629	0.07	183750
FIREFLY SERVICES LLC	27-0788503	0.00	3345
STILLWATER LLC	61-1658478	0.01	1687842
T2 CONSULTING LLC	47-1280414	0.02	41918

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
BEKERMAN DENTAL PRACTICE SOLUTIONS	99-3924092	0.02	21820
ENTEGRO US INC	88-2365370	0.03	33058
STORMBORN HOLDINGS DBA NELSON BUILDERS	88-2447647	0.03	31773
VALENCE INTELLIGENCE	99-1944517	0.02	241381
BUHIVE LLC	26-1455789	0.00	4244
XRI SERVICES CO LLC	81-3631550	0.48	5180046
MEMPHIS ELECTRONIC INC	26-0125567	0.06	1062361
MEET PERRY INC	99-2067246	0.05	50897
LUMINAS LLC	82-3296396	0.13	2400926

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Part II Participating Employer Information (Continued).

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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
VISTA DEVELOPMENT CONSTRUCTION LLC	82-2743911	0.04	45849
SUNCREST CAPITAL LLC	86-2581638	0.02	19014
INTELLIGENT MEMORY AMERICA INC	87-4802162	0.01	19150
BARON PROPERTY GROUP LLC	86-3851597	0.03	734729
SUNCOAST BUILDING AND DEVELOPMENT LLO	83-1192937	0.04	37052
CONTINENTAL ABSTRACT SERVICES LLC	99-5118691	0.01	35789
ZENTHIC INC	39-2592746	0.00	0
ESPRESSO CLINICAL	39-2322900	0.02	21632
FIDELIS SOLUTIONS LLC	39-2801525	0.00	476

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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
THATS NICE LLC	13-3874656	0.04	44210
AZURA PARTNERS US LLC	86-2489904	0.05	297158
GRIFFEN ENTERPRISES INC	65-0742060	0.00	491
HYGIA LIVING CORP	85-2132075	0.00	2583
FISHER DACHS ASSOCIATES INC	13-2945831	0.10	99185
EMBER INFRASTRUCTURE MANAGEMENT LP	82-4272241	0.50	532238
NATIONAL CHRISTIAN FOUNDATION ORLANDO	26-0181206	0.01	445350
AXM LLC	84-4195934	0.09	114031
IBEX INVESTORS LLC	33-1042318	0.02	16576

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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
FAILTE CARE CORPORATION	55-0869151	0.00	2858
TUMALO CREEK TRANSPORTATION LLC	20-2258491	0.04	41762
J J INTERNATIONAL PRINTERS INC	22-3914246	0.03	507623
TRILANTIC CAPITAL MANAGEMENT LP	26-4600829	0.24	13631210
NOT WOOD INC DBA SUPERSEDE	88-4328067	0.03	30445
GREENBELT CAPITAL MANAGEMENT LP	87-3225574	0.09	2684320
TRICE MEDICAL INC	45-4037098	0.20	204619
REDBRICK LMD LLC	46-5116886	0.07	73624
TBDCYBER LLC	93-2006844	0.02	24293

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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
RESIHEALTH OF OHIO PROFESSIONAL CORPORATION	92-1235889	0.02	16045
PREMIER SURGERY CENTER OF THE CAROLINAS LLC	93-4697149	0.00	3169
ARGUS INTELLIGENCE LLC	26-4521704	0.01	14501
BRICKHOUSE ELECTRONICS LLC	20-2110255	0.04	38556
GREENSBORO CEREBRAL PALSY ASSOCIATION	56-0591312	0.00	17265

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 _____

Prestige Employee Administrators

Retirement Savings Plan

FINANCIAL STATEMENTS
DECEMBER 31, 2025

PrestigePEO™

Skibbie CPA pc.

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator, Plan Management and Participants
Prestige Employee Administrators Retirement Savings Plan

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

We have performed an audit of the financial statements of Prestige Employee Administrators Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2025, and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 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.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental 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).

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.

September 22, 2026

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025, AND 2024

	2025	2024
ASSETS		
Investments at fair value	$ 722,690,575	$ 547,046,269
RECEIVABLES		
Employer contributions	3,882,291	3,081,754
Participant contributions	2,583,385	2,162,537
Other	55,507	44,924
Participant notes receivable	7,488,150	6,135,317
TOTAL RECEIVABLES	14,009,333	11,424,532
NET ASSETS AVAILABLE FOR BENEFITS	$ 736,699,908	$ 558,470,801

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS	
Additions to net assets attributable to:	
Participant contributions	$ 73,146,170
Employer contributions	31,353,321
Rollover contributions	11,996,223
Net appreciation in fair value of investments	77,172,290
Investment Dividends	25,387,656
Interest income on notes receivable from participants	509,586
TOTAL ADDITIONS	219,565,246
DEDUCTIONS	
Deductions to net assets attributable to:	
Benefits paid to participants	82,086,936
Administrative expenses	2,376,285
Corrective distributions	486,053
TOTAL DEDUCTIONS	84,949,274
NET INCREASE (DECREASE)	134,615,972
TRANSFERS To (From) the PLAN	43,613,135
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	558,470,801
End of year	$ 736,699,908

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.

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 $240,153 and $251,658 as of December 31, 2025, and 2024, respectively.

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, 2025, or 2024. 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, 2025, and September 22, 2026, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the 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, 2025, and 2024, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025 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.

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, 2025, and 2024.

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.

4. Fair Value Measurements (continued…)

The fair value of the Plan's participant-directed investments as of December 31, 2025, and 2024 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.

12/31/2025	Level 1	Level 2	Level 3	Total
Mutual funds	691,777,025			691,777,025
Self-directed brokerage accounts	-	19,673,434		19,673,434
Total assets in the fair value hierarchy	691,777,025	19,673,434	-	711,450,459
Investments measured at net asset value*				11,240,116
Investments at fair value	691,777,025	19,673,434	-	722,690,575

12/31/2024	Level 1	Level 2	Level 3	Total
Mutual funds	521,346,918			521,346,918
Self-directed brokerage account	-	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

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, 2025.

Fund	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
MetLife Stable Value Fund Class 0	286,957	N/A	Daily	N/A
MetLife Stable Value Fund Class J	10,953,159	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, 2025, and 2024.

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 2025, fees were also paid to BKS Financial Investments, Signature Securities Group, Equitable Advisors, Andrew Degroat, 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, 2025, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions.

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, 2025, and 2024 and for the year ended December 31, 2025.

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, 2025, total transfers into the Plan were $96,039,426 and total transfers out of the Plan were $52,426,291.

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) – page 1 of 2
December 31, 2025 87-1231461 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	**	8,112,316
	American Funds Capital Inc. Bldr R6	Mutual Funds	**	2,594,640
	American Funds Conservative Growth and I	Mutual Funds	**	1,183,418
	American Funds Growth and Income Portfol	Mutual Funds	**	2,399,584
	American Funds Growth Portfolio Class R-	Mutual Funds	**	3,112,442
	American Funds Moderate Growth and Incom	Mutual Funds	**	3,137,682
	BlackRock Health Sciences K	Mutual Funds	**	7,099,370
	BlackRock Mid Cap Growth Eq Port CL K	Mutual Funds	**	147
	DFA US Targeted Value I	Mutual Funds	**	4,858,870
	Dodge & Cox Stock Fund	Mutual Funds	**	27,536,646
	Federated Hermes High Yield Bond Fund	Mutual Funds	**	210
	Fidelity Advisor Total Bd Cl Z	Mutual Funds	**	10,077,627
	Franklin Utilities R6	Mutual Funds	**	2,420,788
	iShares MSCI EAFE International Index K	Mutual Funds	**	249,855
	MFS Diversified Income Fund	Mutual Funds	**	650,460
	MFS Global Equity Mutual Fund Class R6	Mutual Funds	**	41
	MFS Mid Cap Value Fund Cl R6	Mutual Funds	**	3,522,936
	Putnam Small Cap Growth Fund R6	Mutual Funds	**	4,426,397
	Schwab Fundamental US Large Index Fund	Mutual Funds	**	1,778
	T Rowe Price Capital Appreciation I	Mutual Funds	**	1,120,185
	T Rowe Price Retirement 2005 Fund I	Mutual Funds	**	449,649
	T Rowe Price Retirement 2010 Fund I	Mutual Funds	**	445,406
	T Rowe Price Retirement 2015 Fund I	Mutual Funds	**	2,813,655
	T Rowe Price Retirement 2020 Fund I	Mutual Funds	**	4,826,932
	T Rowe Price Retirement 2025 Fund I	Mutual Funds	**	17,035,178
	T Rowe Price Retirement 2030 Fund I	Mutual Funds	**	38,108,578
	T Rowe Price Retirement 2035 Fund I	Mutual Funds	**	48,893,451
	T Rowe Price Retirement 2040 Fund I	Mutual Funds	**	53,291,724
	T Rowe Price Retirement 2045 Fund I	Mutual Funds	**	55,705,400
	T Rowe Price Retirement 2050 Fund I	Mutual Funds	**	44,592,690
	T Rowe Price Retirement 2055 Fund I	Mutual Funds	**	43,198,307
	T Rowe Price Retirement 2060 Fund I	Mutual Funds	**	28,425,404
	T Rowe Price Retirement 2065 Fund I	Mutual Funds	**	7,148,509
	T. Rowe Price Financial Services I	Mutual Funds	**	3,028,816
	T. Rowe Price Spectrum Income Fund Cl I	Mutual Funds	**	184
	Thornburg International Value R6	Mutual Funds	**	6,334,049

PRESTIGE EMPLOYEE ADMINISTRATORS RETIREMENT SAVINGS PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of the Period) – page 2 of 2
December 31, 2025 87-1231461 PN 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Vanguard Cash Reserves Federal Adm	Mutual Funds	**	3
	Vanguard Energy Admiral	Mutual Funds	**	3,312,946
	Vanguard Federal Money Market	Mutual Funds	**	82,316
	Vanguard Growth Index Fund Institutional	Mutual Funds	**	60,185,562
	Vanguard Information Technology Index Ad	Mutual Funds	**	21,958,516
	Vanguard Institutional Index	Mutual Funds	**	72,394,532
	Vanguard Intermediate-Term Treasury Fund	Mutual Funds	**	8,138,092
	Vanguard Mid Cap Index Instl	Mutual Funds	**	15,488,075
	Vanguard Real Estate Index Admiral	Mutual Funds	**	3,515,990
	Vanguard Small Cap Index Inst	Mutual Funds	**	14,790,808
	Vanguard Total International Stock Index	Mutual Funds	**	15,997,105
	Vanguard Total Stock Market Index Admira	Mutual Funds	**	990,501
	Vanguard Treasury Money Market	Mutual Funds	**	8
	Dodge & Cox Global Bond Fund	Mutual Funds	**	1,276,730
	Fidelity US Bond Index	Mutual Funds	**	1,277,942
	JPMorgan Mid Cap Growth R6	Mutual Funds	**	7,810,780
	PGIM High Yield R6	Mutual Funds	**	3,957,450
	PIMCO Income Fund	Mutual Funds	**	3,286,416
	Schwab Emerging Market Equity Index Fund	Mutual Funds	**	4,173,651
	T Rowe Price Retirement 2070 Fund I	Mutual Funds	**	21,572
	Vanguard Inflation-Protected Sec Instl	Mutual Funds	**	6,225,799
	Vanguard Short-Term Corporate Bond Index	Mutual Funds	**	1,999,271
	Vanguard Short-Term Inf Prot Index Admir	Mutual Funds	**	2,434
	Vanguard Total World Stock Index Admiral	Mutual Funds	**	8,087,202
	Fidelity SDBA	Self-Directed Brokerage Accounts	**	19,673,434
	MetLife Stable Value Fund Class 0	Collective Trust Funds	**	286,957
	MetLife Stable Value Fund Class J	Collective Trust Funds	**	10,953,159
*	Participant Loans	Interest Rates 4.25% to 10.5%		7,488,150
	Total Assets Held			$ 730,178,725

**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		72,394,532
	Vanguard	VIGIX - Vanguard Growth Index Fund Institutional		60,185,562
	T. Rowe Price	TRIKX - T Rowe Price Retirement 2045 Fund I		55,705,400
	T. Rowe Price	TRHDX - T Rowe Price Retirement 2040 Fund I		53,291,724
	T. Rowe Price	TRFJX - T Rowe Price Retirement 2035 Fund I		48,893,451
	T. Rowe Price	TRJLX - T Rowe Price Retirement 2050 Fund I		44,592,690
	T. Rowe Price	TRJMX - T Rowe Price Retirement 2055 Fund I		43,198,307
	T. Rowe Price	TRFHX - T Rowe Price Retirement 2030 Fund I		38,108,578
	T. Rowe Price	TRLNX - T Rowe Price Retirement 2060 Fund I		28,425,404
	Dodge & Cox	DOXGX - Dodge & Cox Stock Fund		27,536,646
	Vanguard	VITAX - Vanguard Information Technology Index Ad		21,958,516
	Fidelity	FISDB - Fidelity SDBA		19,673,434
	T. Rowe Price	TREHX - T Rowe Price Retirement 2025 Fund I		17,035,178
	Vanguard	VTSNX - Vanguard Total International Stock Index		15,997,105
	Vanguard	VMCIX - Vanguard Mid Cap Index Instl		15,488,075
	Vanguard	VSCIX - Vanguard Small Cap Index Inst		14,790,808
	Metlife	QMLJQ - MetLife Stable Value Fund Class J		10,953,159
	Fidelity	FBKWX - Fidelity Advisor Total Bd Cl Z		10,077,627
	Vanguard	VFIUX - Vanguard Intermediate-Term Treasury Fund		8,138,092
	Wells Fargo	EKWYX - Allspring Precious Metals Instl.		8,112,316
	Vanguard	VTWAX - Vanguard Total World Stock Index Admiral		8,087,202
	JPMorgan	JMGMX - JPMorgan Mid Cap Growth R6		7,810,780
	T. Rowe Price	TRMOX - T Rowe Price Retirement 2065 Fund I		7,148,508
	BlackRock	SHSKX - BlackRock Health Sciences K		7,099,370
	Thornburg	TGIRX - Thornburg International Value R6		6,334,049
	Vanguard	VIPIX - Vanguard Inflation-Protected Sec Instl		6,225,799
	Dimensional Fund Advisors	DFFVX - DFA US Targeted Value I		4,858,870
	T. Rowe Price	TRDBX - T Rowe Price Retirement 2020 Fund I		4,826,931
	Putnam Investments	PLKGX - Putnam Small Cap Growth Fund R6		4,426,397
	Charles Schwab	SFENX - Schwab Emerging Market Equity Index Fund		4,173,651
	Prudential	PHYQX - PGIM High Yield R6		3,957,450
	MFS	MVCKX - MFS MID CAP VALUE FUND CL R6		3,522,936
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		3,515,990
	Vanguard	VGELX - Vanguard Energy Admiral		3,312,946
	Pimco	PIMIX - PIMCO Income Fund		3,286,416
	American Funds	RBAGX - American Funds Moderate Growth and Incom		3,137,682
	American Funds	RGWGX - American Funds Growth Portfolio Class R-		3,112,442
	T. Rowe Price	TFIFX - T. Rowe Price Financial Services I		3,028,816
	T. Rowe Price	TRUBX - T Rowe Price Retirement 2015 Fund I		2,813,655
	American Funds	RIRGX - American Funds Capital Inc. Bldr R6		2,594,640
	Franklin/Templeton	FUFRX - Franklin Utilities R6		2,420,788
	American Funds	RGNGX - American Funds Growth and Income Portfol		2,399,584
	Vanguard	VSCSX - Vanguard Short-Term Corporate Bond Index		1,999,271
	Fidelity	FXNAX - Fidelity US Bond Index		1,277,942
	Dodge & Cox	DODLX - Dodge & Cox Global Bond Fund		1,276,730
	American Funds	RINGX - American Funds Conservative Growth and I		1,183,418
	T. Rowe Price	TRAIX - T ROWE PRICE Capital Appreciation I		1,120,185
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		990,501
	MFS	DIFHX - MFS DIVERSIFIED INCOME FUND		650,460
	T. Rowe Price	TRAJX - T Rowe Price Retirement 2005 Fund I		449,649
	T. Rowe Price	TRPUX - T Rowe Price Retirement 2010 Fund I		445,406
	Metlife	QDWFQ - Metlife Stable Value Class 0		286,957
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		249,855
	Vanguard	VMFXX - Vanguard Federal Money Market		82,316
	T. Rowe Price	TRVQX - T. Rowe Price 2070 Retirement Class I		21,572
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		2,434
	Charles Schwab	SFLNX - Schwab Fundamental US Large Index Fund		1,778
	Federated Hermes	FIHLX - Federated Hermes High Yield Bond Fund		210
	T. Rowe Price	TSPNX - T. Rowe Price Spectrum Income Fund Cl I		184
	BlackRock	BMGKX - BlackRock Mid Cap Growth Eq Port CL K		147
	MFS	MWEMX - Mfs Global Equity Mutual Fund Class R6		41
	Vanguard	VUSXX - Vanguard Treasury Money Market		8
	Vanguard	VMRXX - Vanguard Cash Reserves Federal Adm		3
	Participant Loans	4.25% - 10.50%		7,488,150

//classification/confidential

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

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 12/31/2025

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

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)
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) 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.

SIGN HERE	Andrew Lubash	10/14/26	ANDREW LUBASH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	15,449
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	12,261
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	11,955
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3,454
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	15,409
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	15,409
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	9,504
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	11,425
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	50
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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