

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of 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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ALPHASTAFF RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/2001</u>					
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) <u>ALPHASTAFF GROUP, INC.</u> <u>1300 SAWGRASS CORPORATE PARKWAY</u> <u>SUITE 220</u> <u>SUNRISE, FL 33323</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>65-0314170</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>888-335-9545</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>65-0314170</u>	2c Plan Sponsor's telephone number <u>888-335-9545</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>65-0314170</u>					
2c Plan Sponsor's telephone number <u>888-335-9545</u>					
2d Business code (see instructions) <u>561300</u>					

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.	10/13/2021	DAVID RATTNER
	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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 7108
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) 6228
a(2) Total number of active participants at the end of the plan year		6a(2) 5478
b Retired or separated participants receiving benefits.....		6b 6
c Other retired or separated participants entitled to future benefits		6c 596
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 6080
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 3
f Total. Add lines 6d and 6e		6f 6083
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 3149
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 56
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3B 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan ALPHASTAFF RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 ALPHASTAFF GROUP, INC.	D Employer Identification Number (EIN) 65-0314170	

Part I	Service Provider Information (see instructions)
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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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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)

BLUESTAR RETIREMENT SERVICES, INC.

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 17 37 38 49 50 64 65 99	NONE	471929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRONVIEW CAPITAL MANAGEMENT

47-3195417

(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?
28 51	NONE	141775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALPHASTAFF GROUP, INC.

65-0314170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 14 15 31 37 49 50	SPONSOR	66048	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)

WEINSTEIN ZUGMAN, LLC

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?
10 50	NONE	14500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(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?
26 27	NONE	6014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 37 50 59 62 71 99	TRUSTEE	870	Yes ☒ No ☐	Yes ☒ No ☐	0	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
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
FEDERATED 25-1111467	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
GARTMORE 201 BISHOPSGATE LONDON, UNITED KINGDOM EC2M 3AE GB	RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
ABR 48 WALL ST NEW YORK, NY 10005	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
AIG 95-4715639	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
ALLIANCEBERNSTEIN 13-3191825	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
ALLIANZ FUNDS 06-1349805	RANGE OF 0.02 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS	

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
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
FPA 04-3118452	RATE OF 0.06% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
LAZARD 30 ROCKEFELLER PLAZA NEW YORK, NC 10005	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
LISANTI SMALLCAP PO BOX 588 PORTLAND, ME 04112	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
METROPOLITAN WEST FUNDS 95-4597302	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
MORGAN STANLEY 36-3145972	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0
(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.	
TCW 95-2749628	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)	

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 2020 This Form is Open to Public Inspection.	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan ALPHASTAFF 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 ALPHASTAFF GROUP, INC.				D Employer Identification Number (EIN) 65-0314170	
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: MORLEY STABLE VALUE FUND					
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY					
c EIN-PN 93-6274329-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1447799	
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)	
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	

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
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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)

(Complete as many entries as needed to report all participating plans)

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**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**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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>ALPHASTAFF RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALPHASTAFF GROUP, INC.</u>	D Employer Identification Number (EIN) <u>65-0314170</u>	

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	219119	511685
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	333035	0
(2) Participant contributions.....	1b(2)	214853	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1833144	1625020
(9) Value of interest in common/collective trusts	1c(9)	874367	1447799
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	117495702	142417307
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	1295059	1717874

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 122265279	147719685
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h 0	0
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 380	31032
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 380	31032
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l 122264899	147688653

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 4687597	
	(B) Participants	2a(1)(B) 12083759	
	(C) Others (including rollovers).....	2a(1)(C) 3398515	
(2)	Noncash contributions	2a(2) 0	20169871
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		94459
(A)	Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 0	
(B)	U.S. Government securities	2b(1)(B) 0	
(C)	Corporate debt instruments	2b(1)(C) 0	
(D)	Loans (other than to participants)	2b(1)(D) 0	
(E)	Participant loans.....	2b(1)(E) 94459	
(F)	Other	2b(1)(F) 0	
(G)	Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	94459
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	3740509
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 3740509	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	3740509
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	0
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	0
	(B) Other	2b(5)(B) 0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		15492826
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		39497665

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15784287	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15784287
f Corrective distributions (see instructions)	2f		162407
g Certain deemed distributions of participant loans (see instructions).....	2g		28873
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	17057	
(2) Contract administrator fees	2i(2)	471929	
(3) Investment advisory and management fees	2i(3)	152691	
(4) Other.....	2i(4)	66048	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		707725
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		16683292

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22814373
l Transfers of assets:			
(1) To this plan.....	2l(1)		6238866
(2) From this plan	2l(2)		3629485

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☒ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ASSURANCE DIMENSION

(2) EIN: 26-3429295

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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.	X		
4n	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
GUIDELINE 401(K) FOR THE SHADE ROOM	47-4474775	001	
INSPERITY 401(K) PLAN	76-0178498	001	
AGC RETIREMENT SAVINGS PLAN	58-0144470	003	
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

	Yes	No	Amount
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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
VALEO RESOURCES LL 401(K) PLAN	45-2648990	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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan ALPHASTAFF RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 ALPHASTAFF GROUP, INC.	D Employer Identification Number (EIN) 65-0314170

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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).....

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).....

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).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____



A S S U R A N C E D I M E N S I O N S

Financial Statements, Supplemental Schedule and
Independent Auditor's Report

AlphaStaff Retirement Savings Plan

(EIN): 65-0314170 Plan #333

December 31, 2020 and 2019

AlphaStaff Retirement Savings Plan

Table of Contents

Independent Auditor’s Report.....	1-2
Financial Statements:	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-10
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	11



INDEPENDENT AUDITOR'S REPORT

To the Plan Committee Members and Plan Administrator of

AlphaStaff Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **AlphaStaff Retirement Savings Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility 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; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Charles Schwab Trust Bank, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets, notes receivable from participants, and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule as of or for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

ASSURANCE DIMENSIONS CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES

also d/b/a McNAMARA and ASSOCIATES, PLLC

TAMPA BAY: 4920 W Cypress Street, Suite 102 | Tampa, FL 33607 | Office: 813.443.5048 | Fax: 813.443.5053

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SOUTH FLORIDA: 2000 Banks Road, Suite 218 | Margate, FL 33063 | Office: 754.800.3400 | Fax: 813.443.5053

www.assurancedimensions.com



Other Matter - 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019 were audited by predecessor auditors. The predecessor auditors audited the financial statements of the Plan, which comprise the statement of the net assets available for benefits as of December 31, 2019, and in their report dated October 9, 2020, expressed an opinion that such financial statement presents fairly, in all material respects, net assets available for benefits of the Plan as of December 31, 2019, and the changes in net assets available for benefits for the year ended December 31, 2019, in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Assurance Dimensions

Tampa, Florida
October 11, 2021

AlphaStaff Retirement Savings Plan
Statements of Net Assets Available for Benefits
As of December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
<u>Assets</u>		
Noninterest-bearing cash	\$ 511,685	\$ 219,119
Investments, at fair value:		
Mutual funds	142,417,307	117,495,702
Common collective trusts	1,447,799	874,367
Self-directed brokerage accounts	1,717,874	1,295,059
Total investments, at fair value	<u>145,582,980</u>	<u>119,665,128</u>
Receivables:		
Notes receivable from participants	1,625,020	1,833,144
Participant contributions receivable	-	214,853
Employer contributions receivable	-	333,035
Total receivables	<u>1,625,020</u>	<u>2,381,032</u>
Total assets	<u>147,719,685</u>	<u>122,265,279</u>
<u>Liabilities</u>		
Payables:		
Excess contributions refundable	-	155,052
Other liabilities	31,032	380
Total liabilities	<u>31,032</u>	<u>155,432</u>
Net assets available for benefits	<u>\$ 147,688,653</u>	<u>\$ 122,109,847</u>

The accompanying notes are an integral part of these financial statements.

AlphaStaff Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$	15,461,960
Dividends and interest		3,771,375
Net investment income		<u>19,233,335</u>

Interest income on notes receivable from participants	94,459
---	--------

Contributions:

Participant	12,083,759
Employer	4,687,597
Rollovers	3,398,515
Total contributions	<u>20,169,871</u>
Total additions	<u>39,497,665</u>

Deductions from net assets attributed to:

Benefits paid to participants	15,784,287
Corrective distributions	7,355
Deemed distributions	28,873
Administrative expenses	707,725
Total deductions	<u>16,528,240</u>
Net increase	<u>22,969,425</u>

Transfers to the Plan	6,238,866
Transfers from the Plan	(3,629,485)

Net assets available for benefits

Beginning of year	122,109,847
End of year	<u><u>\$ 147,688,653</u></u>

The accompanying notes are an integral part of this financial statement.

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2020 and 2019

Note A – Description of Plan

The following description of the AlphaStaff 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 multiple-employer defined contribution plan established January 1, 2001. The Plan covers employees of the companies represented by AlphaStaff Group, Inc. (“Employer” or the “Company”) who have reached eligibility requirements as defined by individual Employer adoption agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

Administration

BlueStar Retirement Services, Inc. is the third party administrator of the Plan and is responsible for recordkeeping services, maintaining the investments of the Plan and reporting on the earnings and investments of the Plan. The Plan’s assets are held and managed by Charles Schwab Trust Bank (the “Custodian”). Contributions are held by the Custodian, who invests cash received, interest and dividend income, as directed by the participant, and makes distributions to participants.

Contributions

Participants may contribute a percentage of their pre-tax annual compensation, as defined, subject to limitations imposed by the Internal Revenue Code (“IRC”). The maximum participant deferral for December 31, 2020 and 2019 was \$19,500 and \$19,000, respectively. Participants may also make post-tax Roth deferral contributions to the Plan. A participant who has attained age 50 was eligible to participate in catch-up contributions, subject to IRS limitations of \$6,000 for December 31, 2020 and 2019. Participants may also contribute amounts representing distributions from other qualified plans.

Discretionary Employer-provided matching contributions may be made to the Plan. The match, if any, will be a specified percentage of the elective contributions the participant makes to the Plan. The Employers will determine the amount of the discretionary contributions, if any, they will make each Plan year. Employers can also elect to make a 401 (k) safe harbor plan design contribution, which aids the Employers in passing discrimination testing required by ERISA. Discretionary Employer-provided non-elective (profit sharing) contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers as defined in the Plan.

Employers represented by the Company may elect to make Roth elective contributions available to its employees who are participants. In addition, an Employer may elect to automatically enroll participants in the event a participant does not affirmatively elect to have a specified amount contributed to the Plan as an elective contribution or does not affirmatively elect to receive compensation in lieu of an elective contribution.

Plan Transfers

From year to year, the Plan has transfers in and out depending on which Employers are added or removed from the Plan. During the year ended December 31, 2020 the Plan had transfers out of the Plan of approximately \$3,629,000 and transfers into the Plan of approximately \$6,239,000.

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2020 and 2019

Note A – Description of Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Employer's contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants are 100% vested in any safe harbor contributions made by an Employer. Any other Employer match contributions are subject to the individual vesting schedules. Automatic 100% vesting occurs upon attainment of normal retirement age (65) and in the event of disability, death or upon termination of the Plan.

Investment Options

Upon enrollment in the Plan, a participant may elect to have their participant and Employer contributions, and related earnings thereon, allocated to one or more mutual funds or common collective trust options. The Plan's investments in mutual funds and a common collective trust are stated at fair value, which is based on quoted market prices at year-end as reported by the Custodian. The Plan allows for self-directed brokerage accounts. The self-directed brokerage accounts are invested in shares of registered investment companies.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans generally have initial terms of less than five years unless they are for the purchase of a participant's primary residence. Principal and interest are paid ratably through payroll deductions. Loans are secured by the balances in the participant accounts and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through weekly payroll deductions.

Notes receivable from participants are measured at their unpaid principal balances any accrued but unpaid interest. In the event of default, the unpaid portion of the participant's loan will be treated as a taxable distribution as of the first day of the second calendar quarter following the calendar quarter in which the participant failed to make a required installment payment.

The Plan has implemented certain requirements by the CARES Act, which allows participants to receive coronavirus-related relief for loan repayment. Participants with loans were permitted to suspend loan payments between May 27, 2020 and December 31, 2020. The Plan also implemented the optional provisions allowed by the CARES Act to permit participant loans up to \$100,000 due to the coronavirus.

Distribution of Benefits

Upon termination of service and in the event of death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, as defined in the Plan agreement, less any applicable taxes. Participants may also request in-service distributions at age 59 ½ and as a qualified reservist. Benefits may be received when a participant demonstrates a situation of financial hardship as defined by the IRC.

If a participant's vested account balance is \$5,000 or less, the Plan Administrator will direct the Custodian that any amount exceeding \$1,000 be distributed to an Individual Retirement Account or Annuity for the participant's benefit. If the vested account balance is \$1,000 or less, the Plan Administrator may direct the Custodian to distribute this amount as a lump sum distribution without the participant's consent.

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2020 and 2019

Note A – Description of Plan (continued)

Distribution of Benefits (continued)

The Plan has implemented certain requirements by the CARES Act, which allows for coronavirus-related distributions from January 1, 2020, to December 30, 2020 up to an aggregate limit of \$100,000. These distributions are not subject to the 10% early withdrawal penalty.

Forfeitures

Non-vested benefits of terminated participants are forfeited on the date the participant receives a complete distribution of vested benefits. Forfeitures are used to reduce Plan administration costs and Employer contributions. During the year ended December 31, 2020, Employer contributions were reduced by approximately \$24,000 from forfeited non-vested accounts. As of December 31, 2020 and 2019, there were approximately \$76,000 and \$65,000 outstanding, respectively, that could be used to offset future Company contributions and any administrative expenses

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 terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, each participant's account will become fully vested and non-forfeitable. All appropriate accounting provisions of the Plan will continue to apply until the accounts of all participants have been distributed.

Note B – Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and the changes in net assets available for benefits and disclosure of contingent assets and liabilities during the reporting period. Actual results could differ from these estimates.

Valuation of Investments

The Plan's investments are stated at fair value. If available, quoted market prices are used to value investments. Shares of mutual funds and common collective trust are valued at the net asset value of shares held by the Plan at year end.

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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2020 and 2019

Note B – Summary of Significant Accounting Policies (continued)

Fair Value Measurements

The FASB has established a framework for measuring fair value in ASC 820, *Fair Value Measurements*. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

<i>Level 1</i>	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.
<i>Level 2</i>	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.
<i>Level 3</i>	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

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, 2020 and 2019.

Mutual funds: Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts: Valued at NAV provided by the Custodian. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the trust, minus its liabilities, divided by the number of units outstanding. 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. There were no unfunded commitments to purchase investments at December 31, 2020 and 2019. Participant-directed redemptions have no restrictions and are recorded at the end of every business day.

Self-directed investments. Valued at the closing price reported on the active market in which the funds' individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2020 and 2019

Note B – Summary of Significant Accounting Policies (continued)

Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

<u>Fair Value Measurements at Reporting Date Using:</u>			
	Assets Measured at Fair Value at 12/31/2020	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual funds	\$ 142,417,307	\$ 142,417,307	\$ -
Self-directed investments	1,717,874	1,717,874	-
Total assets in the fair value hierarchy	144,135,181	144,135,181	-
Investments measured at net asset value	1,447,799		
Investments at fair value	\$ 145,582,980		

<u>Fair Value Measurements at Reporting Date Using:</u>			
	Assets Measured at Fair Value at 12/31/2019	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual funds	\$ 117,495,702	\$ 117,495,702	\$ -
Self-directed investments	1,295,059	1,295,059	-
Total assets in the fair value hierarchy	118,790,761	118,790,761	-
Investments measured at net asset value	874,367		
Investments at fair value	\$ 119,665,128		

Note C – Certified Investments

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the Custodian, except for comparing such information to the related information included in the financial statements and supplemental schedule. The Plan Administrator has obtained a certification from the Custodian that the information provided to the Plan Administrator by the Custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, is complete and accurate. Such information includes all investments, notes receivable from participants, investment income, and the information in the supplemental schedule of assets (held at end of year).

Note D – Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated August 29, 2013 stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

The Plan Administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2018.

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2020 and 2019

Note E – Party-In-Interest Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or participants of the Plan, any person who provides services to the Plan, or an Employer whose employees are covered by the Plan. Certain Plan investments are managed by the Custodian. Transactions related to these investments qualify as party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid to parties-in-interest amounted to approximately \$708,000 in total during the year ended December 31, 2020.

Note F – 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 statements of net assets available for benefits.

Note G – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits for financial statement purposes	\$ 147,688,653	\$ 122,109,847
Plus: participant contributions receivable	-	155,052
Net assets available for benefits per the Form 5500	<u>\$ 147,688,653</u>	<u>\$ 122,264,899</u>

The following is a reconciliation of total deductions per the financial statements to the Form 5500 for the year ended December 31, 2020:

Total deductions per the financial statement	\$ 16,528,240
Plus: prior year refund of excess contributions	<u>155,052</u>
Total deductions per the Form 5500	<u>\$ 16,683,292</u>

Note H – Subsequent Events

Subsequent events have been evaluated through October 11, 2021, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

AlphaStaff Retirement Savings Plan (EIN): 65-0314170 Plan #333

Schedule H, Line 4i- Schedule of Assets (Held at End of Year)

As of December 31, 2020

(a)	(b) Identity of issuer/ (c) Description of investment	(e) Current value
(i) Mutual funds:		
	VANGUARD TARGET RETIREMENT 2035 FD I	\$ 23,407,465
	VANGUARD TARGET RETIREMENT 2025 FD I	21,429,232
	VANGUARD TARGET RETIREMENT 2045 FD I	11,928,002
	VANGUARD GROWTH INDEX FD ADMIRAL	10,813,020
	VANGUARD INSTITUTIONAL INDEX FUND	10,811,951
	VANGUARD MID CAP INDEX FUND INSTL	7,385,611
	VANGUARD SMALL CAP I	6,026,008
	VANGUARD LIFE STRAT MOD GRWTH FUND I	5,904,372
	VANGUARD TARGET RETIREMENT 2015 FD I	5,769,774
	VANGUARD TARGET RETIREMENT 2055 INV	5,253,299
	FIDELITY INTL INDEX FD	4,149,380
	VANGUARD VALUE INDEX ADMIRAL	3,990,077
	FIDELITY TREASURY PORT C L I	3,909,966
	VANGUARD LIFE STRATEGY GROWTH FD I	3,584,948
	INVESCO OPPENHEIMER DEV MKTS R6	2,640,022
	PIMCO TOTAL RETURN FUND INSTL CLASS	2,531,475
	FEDERATED INSTL HIGH YIELD BND INSTL	2,213,080
	VANGUARD BALANCED INDEX FD ADMIRAL	1,555,329
	VANGUARD INFLATION PROT SEC ADM	1,418,231
	VANGUARD TARGET RETIREMENT INCM INV	1,206,296
	VANGUARD TOTAL BOND MKT INDEX ADM	963,090
	ISHARES GOLD ETF	959,019
	VANGUARD REAL ESTATE IN FD ADM SHRS	949,682
	VANGUARD LONG TERM BOND ETF	824,482
	VANGUARD LIFE STRATEGY INCOME FD I	812,258
	VANGUARD INTRM TRM TRSY INDX ADMIRAL	590,046
	VANGUARD SHORT TERM BD INDEX FD ADM	569,637
	VANGUARD LIFESTRAT CONSRV GRTH FD I	525,551
	ISHARES INTERNATIONAL TRSRY BND ETF	178,028
	INVESCO DB COMMODITY INDEX TRACKING	117,976
	Total mutual funds	<u>142,417,307</u>
(ii) Common collective trusts:		
	Morley Stable Value Fund	1,447,799
* (iii) Self-directed brokerage account:		1,717,874
	Notes receivable from participants (4.25% - 8.50%)	1,625,020
	Total investments and notes receivable from participants	<u>\$ 147,208,000</u>

* Represents a party-in-interest as defined by ERISA.

See Accountant's Opinion

Multiple Employer Plan Participating Employer Information

AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170	Plan Number: 333
For plan year (beginning/ending:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
AlphaStaff Group, Inc.	65-0314170	3.81%
The London Companies	59-2610019	0.00%
Total Reproductions, Inc.	59-2545686	0.00%
MIECO PETRO, INC.	59-2805138	0.00%
DIVERSIFIED SYSTEMS OF JAX, INC.	59-3502658	0.00%
MORRISON BUILDERS, INC.	65-0471833	0.00%
Arrow Communication Enterprises Inc	06-0155089	0.00%
INDOOR AIR QUALITY SPECIALISTS, INC.	59-3703557	0.00%
GRANNY NANNIES OF NORTH AMERICA	59-3048097	0.00%
KARIKAS & KASARIS, PA	65-0747480	0.00%
EXPERT SHUTTER SERVICES, INC.	65-0582737	0.00%
Orange Belt Pharmacy	59-2433592	0.00%
ZEE MEDICAL SERVICE CO.	59-1766733	0.00%
HORIZON COMMUNICATIONS SERVICES, INC.	65-1116767	0.00%
3 Putt Bogey, LLC	26-4514559	0.01%
A-1 Ambulance & Transport, Inc.	52-1987841	0.00%
A4D, Inc.	30-0487134	0.86%
Absolute Storage Management	42-1539026	2.98%
Budget Ace Hardware	65-1001658	0.00%
Additive Manufacturing Services, LLC	46-2726066	0.23%
Advanced Merchant Services, Inc.	59-3564254	0.00%
AeroGen-Tek	83-2999244	1.13%
Red Truck Supply, Inc.	56-1010278	0.20%
A Head for Profits, LLC	27-4478579	0.59%
AIB Sportsbrands Studios Inc.	82-2330423	0.18%
Albanese Group, LLC	20-0118451	0.04%
The Alliance for Eating Disorders Awareness, Inc.	65-1080905	0.09%
All Staging Unlimited - ASU	59-3190036	0.00%
All Weather Contractors, Inc.	13-4297491	0.00%
American Concrete Tile, Inc	20-4125139	0.00%
AmeriPoint Title Houston	76-0558989	0.00%
Amerx Office Solutions, Inc.	87-0617164	0.00%
American Property Management	52-1552265	0.00%
Amscot Structural Products	22-3482400	0.04%
Anchor Heating & Air Conditioning	58-1116681	0.00%
Anchor Heating & Air Conditioning	58-1116681	0.65%
Andover Properties, LLC	30-0268384	0.38%
APC Packaging, LLC	20-4594362	2.32%
Astro-Tek Industries, LLC.	20-3934966	1.22%
Atlantic Coast Aluminum, Inc.	59-2757520	0.00%
Atlantix Partners	81-2810859	2.05%
Atlantic Self Storage LLC	46-5543216	1.00%
Atlantic Shutters, Inc.	65-0860678	0.33%
Atlantic Title & Trust	20-1026096	0.00%
Avalon Flooring, LLC	65-0868780	0.00%

Multiple Employer Plan Participating Employer Information**AlphaStaff Retirement Savings Plan**

Employer Identification Number: 65-0314170	Plan Number: 333
For plan year (beginning/ending:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Bay Lighting, LLC	57-1177345	0.79%
BelCosta Labs Long Beach LLC	82-1458583	0.06%
Ironview Capital Management	47-3195417	0.38%
Bernie Heer, LLC	47-3260602	0.00%
Beverly A Morris P.L.	59-3615425	0.00%
Big Brothers/Big Sisters of Southwest Florida, Inc.	23-7410676	0.00%
BikeLane Insurance Services, LLC	46-5319506	0.18%
Billy Baker Grading, Inc.	58-2441095	0.00%
BIN Insurance Holdings, LLC	27-2221604	5.10%
BIP, Inc.	65-0873488	0.00%
Biscayne Electric, Inc.	59-1423971	0.00%
Black Duck Florida, LLC	47-2029823	0.14%
Boehm Associates, Inc.	20-4114862	0.00%
Boyett Enterprises, LLC	43-2070006	0.48%
Brandon Storage Center	82-0852101	0.00%
Bridgeport Capital Services, Inc.	65-0923124	0.06%
Bright Line, Inc.	65-0884980	0.00%
Brunning & Stang Construction Management, Inc.	58-2528729	0.00%
Brushfire Holdings LLC	20-3426664	0.07%
Bryan Does It, Inc.	11-3419662	0.00%
Bynum Furniture Group, Inc.	71-0519879	0.00%
Cape Canaveral Shrimp Co., Inc.	59-3114562	0.41%
Cash Flow Solutions, Inc.	22-3260838	0.00%
Caudill Construction, Inc.	26-0474380	0.00%
CREATIVE CHOICE HOMES	65-0298681	0.00%
Certus Claims Administration, LLC	91-2130177	0.51%
Certified Environmental Services	59-3122438	0.00%
CG Oncology, Inc.	37-1611499	0.91%
Chesapeake Bay Storage Partners	56-2428771	0.00%
Children of America, Inc.	27-1806233	0.00%
Citizen Storage	81-3800543	0.00%
The Clarity Foundation	26-1095856	0.24%
Clinical Diagnostic Solutions, Inc.	20-1792965	1.56%
Cloud Nine Theater Partners, LLC	45-3182048	0.00%
Competitive Innovations, LLC	54-1951345	0.26%
Coastal Surveying of Texas, Inc.	86-1146085	0.17%
Coastal Wealth LLC	81-4627781	0.20%
Commercial Laundry Equipment Company, Inc.	54-1049750	0.01%
Commercial Residential Construction	65-0708410	0.00%
Concord Insurance Agency, LLC	01-0597573	0.39%
CONNECT Foundation	20-3049742	0.56%
Constant Companion	81-4606083	0.00%
Cortez Inc.	59-1539536	0.21%
Coastal Builders	52-1612110	0.15%

Multiple Employer Plan Participating Employer Information

AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170	Plan Number: 333
For plan year (beginning/ending:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
CULTURA	81-4153663	1.09%
Custom Kar Tops, Inc.	59-1449556	0.00%
Dealer Services Network, LLC	22-3978729	1.30%
De Keizer United States LLC	30-0948968	0.24%
Delta Aviation, Inc.	52-1617169	0.02%
Dermata Therapeutics, LLC	47-2638854	0.09%
Bellaire At Devonshire	27-4080423	0.00%
Diagnostic Instrument Group, Inc.	59-3260685	0.00%
DIVERSIFIED HOME MORTGAGE, INC.	31-1838139	0.00%
DLE Process Servers, Inc	30-0501491	0.10%
Dockside Marine	22-3666825	0.00%
DOLAudt	XX0003003	0.00%
Dominion Cable Services	46-3499584	0.00%
Distinguished Programs Group	13-4008090	11.03%
Clinical Dynamix, Inc.	20-1928823	0.00%
eCommLink, Inc.	76-0511235	0.00%
Edelweiss Payroll Services, LLC	82-2363598	0.00%
Electrical Apparatus Repair Company, Inc.	58-1873498	0.00%
EmerSonic Logistics	26-0579029	0.00%
Encore Theater Partners, LLC	47-2520883	0.00%
Enterprise Maintenance Contracting, Inc. dba Leonards Paintin	64-0950052	0.00%
Equity Auto Finance, Inc.	59-2816732	0.00%
eStudySite	33-0878726	0.86%
EverHive	81-1774034	0.11%
Evurge Solutions	81-3960743	0.00%
ExecuJet Charter Service, Inc.	59-3254677	0.10%
Expert Medical Transcription, Inc.	65-0391980	0.00%
Exquisite Catering by Robert, Inc.	20-8356868	0.31%
Falcon Practice Management LLC	20-2584718	0.00%
FCT Combustion Inc.	23-3031647	0.13%
Fenner & Esler Insurance	22-1643248	0.72%
Flex Rehab Services	65-0975885	0.00%
FLX Lighting, Inc.	81-1350489	0.01%
FocusOps, LLC	26-2257796	0.00%
Ford's Colony Country Club, Inc.	56-1159737	0.00%
Frontier Hospitality LLC	84-4884265	0.00%
Furniture Solutions Network, LLC	38-5982818	0.08%
Gali Service Industries	52-1743445	0.00%
Gang Management Services	59-3041968	0.02%
Genesis Government Solutions, Inc.	65-1150051	0.02%
Georgia Porch & Patio Rooms, Inc.	53-1562563	0.00%
Gilcrest Farms	58-1593981	0.00%
Gold Creek Foods, LLC	35-2209312	0.00%
Gramercy Risk Management, LLC	38-3937473	3.96%

Multiple Employer Plan Participating Employer Information

AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170	Plan Number: 333
For plan year (beginning/ending:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Green Heating & Cooling, Inc.	58-1915619	0.05%
Green Team, Inc.	54-1288962	0.22%
Greentree Marketing Services, Inc.	45-5497367	0.00%
Grove Fund Management, LLC	20-4144828	0.00%
Ironview Employee Benefits	38-3839231	0.00%
Harmony Recovery Group Personnel, LLC	82-4872136	0.03%
Hawk Creek Laboratory, Inc.	52-1190975	0.00%
H.B. Trim Company, Inc.	65-0544190	0.91%
Heritage Oaks of Englewood, LLC	47-3175814	0.02%
High Tide Land Surveying	46-1258377	0.20%
HLI	46-3131906	1.85%
Joseph W Hodges, Jr., PC	58-2381719	0.00%
Home Funding Group, LLC	12-2222222	0.00%
Hornafius Insurance Agency	25-1694681	0.00%
Acme Hospitality LLC	84-2720925	0.06%
Humane Society of the Treas. Coast	59-0774235	0.40%
Hunter's Green	59-2960805	0.09%
Brescott Corp dba HURRICANE SHUTTER CO	59-1919627	0.00%
I-21 USA, Inc.	26-0003973	0.00%
IK & F, Inc.	54-1823914	0.00%
Iner Group, LLC	26-3107381	0.22%
Institutional Associates, Inc.	58-1083531	0.00%
Inugo Systems LLC	82-3183354	0.00%
IRA Resources, Inc.	33-0695831	0.30%
Ivy Hall	52-2086834	0.00%
Jamiak Inc.	27-2174987	0.02%
JES Construction East, LLC	20-4415720	0.00%
Jewell Technical Consulting, Inc.	75-3077085	0.25%
JNET Communications LLC	32-0085863	0.00%
Jones Services Co.	06-1442242	0.00%
Weber CPA	46-0826367	0.07%
Kaifa Technology USA Inc.	82-3029199	0.32%
Krez & Flores, LLP	27-1014829	0.71%
King Title Settlement Services	20-3010394	0.00%
Kingdom Magic Vacation, Inc.	36-4529105	0.00%
LaVista Consulting	58-2527158	0.00%
Learning Adventures Preschool	81-2604734	0.01%
Leitch Heating and Air Conditioning	52-2157981	0.00%
Leland Storage	85-1107863	0.00%
Liatrion	20-4134960	2.51%
Lighthouse of Broward County, Inc.	59-1650909	0.00%
Pandora Store, The Mall @ UTC	61-1741765	0.10%
Lime Fresh Mexican Grill	35-2563297	0.01%
Acme Lodging LLC	82-3750994	0.00%

Multiple Employer Plan Participating Employer Information

AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170	Plan Number: 333
For plan year (beginning/ending:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Long Beach Internal Medical Group, Inc.	33-0983097	0.52%
Mainsail Solutions, Inc.	59-3554698	0.00%
Mallard Ready Mix, LLC	71-0819322	0.08%
Marc S. Lipschultz	82-4754200	0.25%
Marktini, LLP	26-4752081	0.05%
Mayer Brothers, Inc.	52-0706744	0.00%
Mazzarella's Automotive Services	59-3667174	0.00%
Mary Crowley Medical Research Center	75-2727375	0.75%
MF Medical Management, LLC	46-4032091	0.00%
MIA Senior Living Solutions	01-0743737	0.06%
Miller Paint Centers	34-1997805	0.00%
Miller Tire of Mexico, Missouri, L. L. C.	43-1820460	0.23%
Mizner Court Condo Association	65-0022539	0.00%
Modulated Imaging, Inc	20-2484758	0.99%
Mortgage Credit Reports, Inc.	52-1297848	0.00%
Maintenance and Reliability Technologies dba M & R Tech	42-1637629	1.12%
MSPX, Inc.	31-1779225	0.00%
Muvico Entertainment, LLC	65-0630866	0.00%
N2 Acquisition Company	83-3243991	14.14%
North American Bullet Proof, Inc.	74-2630009	0.00%
Newpoint Midstream	26-1334321	0.06%
GTS Energy	26-2278445	0.00%
North End Auto Parts, Inc.	52-1089248	0.00%
The Norwood Agency, Inc.	21-0526910	0.00%
O'Brien Law, P.C.	46-1117510	0.40%
O.H. Walker Insurance Agency, Inc.	56-1013409	0.00%
Optimum Comp Advantage, Inc.	82-1059704	0.57%
Optivest Properties, LLC dba Optivest Properties	20-8086064	1.50%
Our Kids, Inc.	57-1140890	0.00%
Outcome Chains, Inc.	47-2202190	0.59%
Pace Homes, LLC	58-1635335	0.00%
Palette Payroll Services, Inc.	20-5498695	0.23%
Panera Bread of NJ	22-3632343	0.00%
Paper Factory Hotel	83-3291701	0.08%
Paramont Property Management LLC	46-5291935	0.00%
Pardue Heid of Jacksonville	59-3511542	0.00%
Parliment Steel Products	33-1016158	0.00%
PATCHES PPEC	65-1012818	0.01%
Pat's Electric, Inc.	59-2052787	0.00%
Pharmaforce	20-2600937	0.00%
Peroni Portfolio Advisors, Inc.	47-5289807	0.21%
Personal Touch Painting, Inc.	22-3133836	0.00%
Pillsbury Cleaning & Restoration	59-2749586	0.00%
Pinellas Arrhythmia Associates, P.A	30-0105031	0.42%

Multiple Employer Plan Participating Employer Information

AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170	Plan Number: 333
For plan year (beginning/ending:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Pipeline Therapeutics, Inc.	27-1467257	2.11%
Pogoda Management Co.	38-2968967	0.85%
Presidential Suites Ltd	65-0721873	0.29%
Prevail Sport, Jackson, Delk, Inc.	58-2364279	0.00%
Principal Senior Living Group, LLC	58-2357264	1.32%
Providence Women's Healthcare	58-2654568	0.02%
Purity Chemicals	27-0082210	0.00%
Quantum Computing	82-4533053	0.19%
Rancho Santa Fe Farms Golf Club, Inc.	33-0188123	0.69%
Recourse Communications, Inc.	04-2906741	0.65%
Realtec Community Services, Inc.	01-0622452	0.30%
Recovery First, Inc.	33-1004926	0.00%
Red Fiber II, LLC dba Custom Kar Tops	82-5045661	0.00%
Resolute Tap Services, LLC	86-1149655	0.00%
RHW Capital Management Group, LLC	45-4579343	0.00%
The Riggs Group, P.C.	52-1750806	0.25%
River Farm Ent. Inc. dba River Pine	58-1891724	0.04%
Dr. Rooter's Plumbing Sewer & Drain	XX0001720	0.00%
Rossi Law Group	45-3735824	1.24%
Royal Senior Care	80-0030722	0.00%
Ryan Weaver Insurance, Inc.	26-0791996	0.02%
Robert W Emery DDS, PLLC	36-4623467	0.68%
San Rafael Self Storage	94-3370327	0.05%
Sarsen Consulting, Inc.	52-1965282	0.00%
School Readiness Coalition of Sarasota County	65-1110174	0.25%
Sears Home Services	22-3674216	0.08%
Sea & Shoreline LLC	47-1297712	0.15%
Selective HR Solutions	59-3196182	0.00%
Southeast Settlement and Title Co.	58-2531756	0.00%
The Shade Room, LLC	47-4102358	0.00%
Shared Pharmacy Services, LLC	33-1107739	0.00%
Shippers Commonwealth, LLC	54-2024699	0.00%
Southern Network Communications	81-1289278	0.00%
Socoloff Management	65-0708384	0.00%
South Broward Research, LLC	11-3704505	0.23%
Spurlin Industries, Inc.	58-1558078	0.00%
Stein Investment Company, LLC	27-2137886	0.03%
STERLING INDUSTRIES II, INC.	59-3104561	0.00%
Bellaire at Stone Port	43-3038977	0.00%
Storage Pros Management LLC	20-8542338	0.51%
Suburban Franchise Systems, Inc.	58-1868829	0.00%
Suncoast Portable Sanitation, Inc.	20-4186602	0.00%
Susan B Bozeman Designs, Inc.	58-2373758	0.52%
SW Florida Institute	65-0731659	0.00%

Multiple Employer Plan Participating Employer Information**AlphaStaff Retirement Savings Plan**

Employer Identification Number: 65-0314170	Plan Number: 333
For plan year (beginning/ending:	01/01/2020 - 12/31/2020

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Thomas A Hicks Electric, Inc.	58-1565038	0.00%
Take on the Day	20-2138917	0.10%
TEC Automation Inc.	58-2023213	0.00%
Tentarix Biotherapeutics, Inc.	85-1866575	0.00%
Tile Outlets of America	75-3063545	0.84%
Top Self Storage, LLC	47-2656845	0.05%
Town Center Management, Inc.	58-1981852	0.00%
TPI	65-0522900	0.66%
Tracy Construction and Development Corp.	65-0925380	0.00%
Tramz Hotels	06-1628964	0.06%
Transworld Shipping (USA) Inc.	33-0452565	0.68%
Treasure Village Montessori	65-0842097	0.00%
Tropical Aluminum & Screen	65-0682523	0.00%
United Automation Solutions, Inc.	82-4583696	0.01%
Unitec Distribution Systems	52-0551098	0.00%
Urecon Systems II	59-3222462	0.00%
US Lawns Jacksonville West	20-3481703	0.02%
Valeo Resources	45-2648990	0.19%
Valley Health Care, Inc.	55-0695143	0.00%
VasCon LLC	65-1053223	0.00%
Virginia Shredders	52-2046627	0.00%
Velocity Engage Inc	32-0467048	0.00%
Ventron Management LLC	20-2273288	2.87%
Vetted	45-5289377	0.16%
VirtualWorks Group Inc.	26-4749250	0.00%
VOX, Inc.	01-0558316	0.03%
Vulcan Pest Control	59-2687723	0.00%
WANdisco, Inc.	20-3515984	0.00%
Waychoff's Heating & Air Conditioning, Inc.	52-2437540	0.00%
Wayne Lee MD Plastic Surgery PLLC	27-4481869	0.74%
Wegman Associates of Georgia, Inc.	58-1543692	0.05%
Webster Sport Center	59-2322918	0.00%
Whispering Sands Condominium Association, Inc	59-1402207	0.06%
Windward Design Group	65-0615685	0.00%
Wollenweber's Trucking & Warehousing	52-1008657	0.02%
Wood Designs (WDM, Inc.)	56-1891497	0.05%
Woodham & Associates	45-3365460	0.13%
WT Media, LLC	26-1423902	0.00%
XLR8 Services, Inc.	46-2537143	0.90%
Zyrion Technology, Inc.	22-3759626	0.00%
AEGIS ENERGY ADVISORS CORP.	65-0314170	0.13%
Steven M. Bogart, Inc.	59-3266617	0.00%
M. G. Title Services, Inc.	59-3338415	0.00%
Itautec America, Inc.	65-0280193	0.00%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2020****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of 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) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan ALPHASTAFF RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 333
	1c Effective date of plan 01/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AlphaStaff Group, Inc. 1300 Sawgrass Corporate Parkway Suite 220 Sunrise FL 33323	2b Employer Identification Number (EIN) 65-0314170
	2c Plan Sponsor's telephone number 888-335-9545
	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		<u>10/13/21</u>	DAVID RATTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/13/21</u>	DAVID RATTNER
	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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	7,108
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)	6,228
a(2) Total number of active participants at the end of the plan year		6a(2)	5,478
b Retired or separated participants receiving benefits		6b	6
c Other retired or separated participants entitled to future benefits		6c	596
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	6,080
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	3
f Total. Add lines 6d and 6e		6f	6,083
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3,149
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	56
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3B 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

AlphaStaff Retirement Savings Plan (EIN): 65-0314170 Plan #333

Schedule H, Line 4i- Schedule of Assets (Held at End of Year)

As of December 31, 2020

(a)	(b) Identity of issuer/ (c) Description of investment	(e) Current value
(i) Mutual funds:		
	VANGUARD TARGET RETIREMENT 2035 FD I	\$ 23,407,465
	VANGUARD TARGET RETIREMENT 2025 FD I	21,429,232
	VANGUARD TARGET RETIREMENT 2045 FD I	11,928,002
	VANGUARD GROWTH INDEX FD ADMIRAL	10,813,020
	VANGUARD INSTITUTIONAL INDEX FUND	10,811,951
	VANGUARD MID CAP INDEX FUND INSTL	7,385,611
	VANGUARD SMALL CAP I	6,026,008
	VANGUARD LIFE STRAT MOD GRWTH FUND I	5,904,372
	VANGUARD TARGET RETIREMENT 2015 FD I	5,769,774
	VANGUARD TARGET RETIREMENT 2055 INV	5,253,299
	FIDELITY INTL INDEX FD	4,149,380
	VANGUARD VALUE INDEX ADMIRAL	3,990,077
	FIDELITY TREASURY PORT C L I	3,909,966
	VANGUARD LIFE STRATEGY GROWTH FD I	3,584,948
	INVESCO OPPENHEIMER DEV MKTS R6	2,640,022
	PIMCO TOTAL RETURN FUND INSTL CLASS	2,531,475
	FEDERATED INSTL HIGH YIELD BND INSTL	2,213,080
	VANGUARD BALANCED INDEX FD ADMIRAL	1,555,329
	VANGUARD INFLATION PROT SEC ADM	1,418,231
	VANGUARD TARGET RETIREMENT INCM INV	1,206,296
	VANGUARD TOTAL BOND MKT INDEX ADM	963,090
	ISHARES GOLD ETF	959,019
	VANGUARD REAL ESTATE IN FD ADM SHRS	949,682
	VANGUARD LONG TERM BOND ETF	824,482
	VANGUARD LIFE STRATEGY INCOME FD I	812,258
	VANGUARD INTRM TRM TRSY INDX ADMIRAL	590,046
	VANGUARD SHORT TERM BD INDEX FD ADM	569,637
	VANGUARD LIFESTRAT CONSRV GRTH FD I	525,551
	ISHARES INTERNATIONAL TRSRY BND ETF	178,028
	INVESCO DB COMMODITY INDEX TRACKING	117,976
	Total mutual funds	<u>142,417,307</u>
(ii) Common collective trusts:		
	Morley Stable Value Fund	1,447,799
* (iii) Self-directed brokerage account:		1,717,874
	Notes receivable from participants (4.25% - 8.50%)	1,625,020
	Total investments and notes receivable from participants	<u>\$ 147,208,000</u>

* Represents a party-in-interest as defined by ERISA.

See Accountant's Opinion