

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 2022 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan 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	Filed with authorized/valid electronic signature.	01/14/2025	DAVID RATTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2025	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

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 8766
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) 7585
a(2) Total number of active participants at the end of the plan year		6a(2) 8025
b Retired or separated participants receiving benefits		6b 3
c Other retired or separated participants entitled to future benefits.....		6c 766
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 8794
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 5
f Total. Add lines 6d and 6e		6f 8799
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 4373
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 150
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 2V		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(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		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☐ 0 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

AMERITAS

47-0098400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 14 15 17 37 38 49 50 64 65 99	NONE	787862	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 15 37 49 50 99	NONE	113172	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 28 51	NONE	99731	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)

CHARLES SCHWAB BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 37 50 62	NONE	36619	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

FISHER PHILLIPS

58-0619559

(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?
29 50	NONE	17711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSURANCE DIMENSIONS

26-3429295

(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	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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 GLOBAL INVESTORS 06-1349805	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.	
AQR FUNDS TWO GREENWICH PLAZA GREENWICH, CT 06830	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.	
DIAMOND HILL FUNDS 31-6547095	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.	
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.	
FIDELITY INVESTMENTS 06-1194217	RATE OF 0.25% 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.	
FPA 04-3118452	RATE OF 0.06% 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.	
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.	
GOLDMAN SACHS 46-5215217	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.	
JPMORGAN 13-2624428	RATE OF 0.50% 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.	
KENSINGTON ASSET MANAGEMENT, LLC 901 S. MOPAC EXPY AUSTIN, TX 78746	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.	
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 777 THIRD AVENUE NEW YORK, NY 10017	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.	
LOCORR FUNDS 687 EXCELSIOR BLVD EXCELSIOR, MN 55331	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.	
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)	

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.	
STANDPOINT ASSET MANAGEMENT 4250 N DRINKWATER BLVD SCOTTSDALE, AZ 85251	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	ASSURANCE DIMENSION	b EIN:	26-3429295
c Position:	AUDITOR		
d Address:	4920 W CYPRESS ST SUITE 102 TAMPA, FL 33607	e Telephone:	813-443-5048

Explanation: TERMINATION OF AUDITOR

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 2022 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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) 3128379
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)

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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	595843	395571
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	1461729	1941156
(9) Value of interest in common/collective trusts.....	1c(9)	2015164	3128379
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	176372069	176202745
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	2806228	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	183251033	181667851

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	72781	1241
k Total liabilities (add all amounts in lines 1g through 1j)	1k	72781	1241

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	183178252	181666610
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	9333229	
(B) Participants	2a(1)(B)	26069561	
(C) Others (including rollovers)	2a(1)(C)	3421782	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		38824572
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	952	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	77336	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		78288
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5461568	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5461568
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		52604
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-38217714
c Other income	2c		6100
d Total income. Add all income amounts in column (b) and enter total	2d		6205418
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13866842	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13866842
f Corrective distributions (see instructions)	2f		148689
g Certain deemed distributions of participant loans (see instructions)	2g		27754
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	26262	
(2) Contract administrator fees	2i(2)	898711	
(3) Investment advisory and management fees	2i(3)	75507	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1000480
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15043765
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-8838347
l Transfers of assets:			
(1) To this plan	2l(1)		13255728
(2) From this plan	2l(2)		5929023

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: **BODINE PERRY, PLLC**

(2) EIN: **83-3033790**

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.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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)
SEQUOIA ONE 401(K) PLAN	46-4716239	001
COASTAL BUILDERS INC. 401K	52-1612110	001
THE HASKELL COMPANY TAX DEFERRED SAVINGS PLAN 401(K)	59-2387450	001
ABEL HR MULTI 401(K) AND SAVINGS PLAN	22-3163382	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)
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	333
KEY HR RETIREMENT SAVINGS PLAN	46-0657987	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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) 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 _____

Alphastaff Retirement Savings Plan

Financial Statements

For the Years Ended
December 31, 2022 and 2021



BodinePerry
Certified Public Accountants & Advisors

Table of Contents

Independent Auditors' Report.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	4
Statement of Changes in Net Assets Available for Benefits.....	5
Notes to Financial Statements.....	6
Supplementary Information	
Schedule H, Item 4i - Schedule of Assets (Held at Year End).....	13

3711 Starrs Centre Drive
Canfield, OH 44406

330.702.8100
BodinePerry.com

Independent Auditors' Report

Plan Management
Alphastaff Retirement Savings Plan
Sunrise, Florida

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

We have performed an audit of the accompanying financial statements of Alphastaff Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained a certification from Charles Schwab for the year ended December 31, 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

Basis for Opinion on the Financial Statements

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Alphastaff Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Alphastaff Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Auditors' Report on the 2021 Financial Statements

Predecessor auditors performed the audit of the year ended December 31, 2021 financial statements of Alphastaff Retirement Savings Plan. In accordance with ERISA Section 103(a)(3)(c) pursuant to 29 CFR 2520.103-8 of Department of Labor's Rules and Regulations for Reporting and Disclosure Under ERISA, their audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. In their report dated October 17, 2022, they indicated that in their opinion (a) the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(c).



Canfield, Ohio
October 10, 2023

Alphastaff Retirement Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments at fair value		
Mutual funds	\$ 173,259,015	\$ 176,372,069
Common collective trusts	3,128,379	2,015,164
Self-directed brokerage accounts	2,943,730	2,806,228
Total investments, at fair value	<u>179,331,124</u>	<u>181,193,461</u>
Receivables		
Participant contributions receivable	614,682	-
Employer contributions receivable	279,865	-
Notes receivable from participants	1,941,156	1,461,729
Total Receivables	<u>2,835,703</u>	<u>1,461,729</u>
Un-invested cash	<u>395,571</u>	<u>595,843</u>
Total assets	182,562,398	183,251,033
Liabilities		
Other liabilities	<u>1,241</u>	<u>72,781</u>
Net Assets Available for Benefits	<u><u>\$ 182,561,157</u></u>	<u><u>\$ 183,178,252</u></u>

See Independent Auditors' Report and Notes to Financial Statements.

Alphastaff Retirement Savings Plan

Statement of Changes in Net Assets Available For Benefits For the Year Ended December 31, 2022

Additions to Net Assets

Investment income:

Net appreciation in fair value of investments	\$ (38,165,110)
Dividends	5,461,568
Interest	952
Other income	6,100
Total Investment Income	<u>(32,696,490)</u>

Interest on notes receivable from participants	77,336
--	--------

Contributions:

Participant	26,684,243
Employer	9,613,094
Rollovers	3,421,782
Total Contributions	<u>39,719,119</u>

Total Additions	7,099,965
-----------------	-----------

Deductions from Net Assets

Benefits paid to participants	13,866,842
Corrective distributions	148,689
Deemed distributions	27,754
Administrative expenses	<u>1,000,480</u>

Total Deductions	<u>15,043,765</u>
------------------	-------------------

Change in Net Assets Available for Benefits	(7,943,800)
---	-------------

Transfers to the Plan	13,255,728
Transfers from the Plan	(5,929,023)

Net Assets Available for Benefits, Beginning of Year	<u>183,178,252</u>
--	--------------------

Net Assets Available for Benefits, End of Year	<u><u>\$ 182,561,157</u></u>
--	------------------------------

See Independent Auditors' Report and Notes to Financial Statements.

Alphastaff Retirement Savings Plan

Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

Note A - Description of Plan

The following description of 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 was formed on January 1, 2001 by the Alphastaff Group, Inc., (the "Employer" and "Plan Sponsor") and is a multiple-employer defined contribution plan with a 401(k)-provision covering all employees, as defined in the Plan document, who are 21 years of age or older. Employees are eligible on the first day of the following month after employment commences to make salary deferrals. The Company may also make profit sharing contributions to the Plan for participants who met the deferral eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute a percentage of their pre-tax annual compensation, as defined, subject to limitations imposed by the Internal Revenue Code ("IRC"). Participants who have attained age 50 during the Plan year may make an elective deferral contribution of up to the maximum dollar limit per the IRC. The percentage of deferral may be changed and it will be effective the next payroll that is administratively possible. Any such change will apply only after its effective date, and after it is executed and filed with the Plan Sponsor. Fund allocations may be changed by the participants at any time.

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, 2022 the Plan had transfers out of the Plan of approximately \$5,929,023 and transfers into the Plan of approximately \$13,255,728.

Participant Accounts

Each participant's account is credited with the participant's contribution and employer-provided matching contributions, Plan earnings (losses), and charged with management or service fees and allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined by the Plan. Additional administrative fees are charged by the custodian upon fund withdrawal. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions 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.

Alphastaff Retirement Savings Plan

Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

Note A - Description of Plan (continued)

Investment Options

Participants may direct contributions to any of the investment options offered by the Plan. The investment options include money market, mutual, and exchange-traded funds. The fund values are computed daily by the custodian and reflect changes in the unit values of the investments.

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.

Payment 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 invested 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.

Forfeited Accounts

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, 2022, Employer contributions were reduced by approximately \$57,959 from forfeited non-vested accounts. As of December 31, 2022 and 2021, there were approximately \$205,473 and \$144,654 outstanding, respectively, that could be used to offset future Company contributions and any administrative expenses.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Alphastaff Retirement Savings Plan

Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

Note B - Summary of Significant Accounting Policies (continued)

Participant Contribution Receivable

Participant contributions receivable represent participant deferrals withheld prior to December 31, 2022 and 2021. The balance is based on actual collections subsequent to year end. As of December 31, 2022 and 2021, participant contributions receivable totaled \$614,682 and \$0, respectively.

Employer Contribution Receivable

Employer contributions receivable represent employer matching contributions related to participant deferrals withheld prior to December 31, 2022 and 2021, as well as any discretionary profit sharing contributions approved during the years then ended. The balance is based on actual collections subsequent to year end. As of December 31, 2022 and 2021, employer receivable totaled \$279,865 and \$0, respectively.

Withdrawals and Exchanges

Withdrawals and exchanges between investment fund options by participants are recorded based upon the specific proceeds and cost of the investment at the date of withdrawal or exchange.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as of December 31, 2022 and 2021. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See note D for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed to participant accounts when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expense of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Sponsor. Expenses that are paid by the Plan Sponsor 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 expense are included in net appreciation of fair value of investments.

Alphastaff Retirement Savings Plan

Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

Note C - Investments

Unaudited Information Certified by the Plan Custodian

The December 31, 2022 and 2021 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the trustee in accordance with 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's investments were held in custodial accounts maintained by Charles Schwab for the years ended December 31, 2022 and 2021. The Plan administrator obtained a certification from the custodian as of December 31, 2022 and 2021 years ended from Charles Schwab. The information certified includes total investments and cash of \$179,726,695 and \$181,789,304 as of December 31, 2022 and 2021, respectively, and related total net investment loss of \$32,696,490 for year ended December 31, 2022.

Note D - Fair Value Measurements

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. The 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 value hierarchy under FASB ASC Topic 820 are described as follows:

Level 1 Fair Value Measurements

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Measurements

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 delivered principally from or corroborated by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

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

Alphastaff Retirement Savings Plan

Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

Note D - Fair Value Measurements (continued)

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, 2022 and 2021.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are reported as level 1.

Self-directed investments. Valued at the closing price reported on the active market in which the funds' individual securities are 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, 2022 and 2021. Participant-directed redemptions have no restrictions and are recorded at the end of every business day.

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

	Fair Value Measurements as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$173,259,015	-	-	\$173,259,015
Common/Collective Trusts	3,128,379	-	-	3,128,379
Self-directed Investments	2,943,730	-	-	2,943,730
	<u>\$179,331,124</u>	<u>-</u>	<u>-</u>	<u>\$179,331,124</u>

	Fair Value Measurements as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$176,372,069	-	-	\$176,372,069
Common/Collective Trusts	2,015,164	-	-	2,015,164
Self-directed Investments	2,806,228	-	-	2,806,228
	<u>\$181,193,461</u>	<u>-</u>	<u>-</u>	<u>\$181,193,461</u>

Note E - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Alphastaff Retirement Savings Plan

Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

Note F - Income Tax Status

The Plan has received a favorable determination from the Internal Revenue Service on August 29, 2013. Although the Plan has been amended since receiving the determination letter, the Plan Sponsor believes the Plan is designed and currently being operated in compliance with all applicable provisions of the Internal Revenue Service Code. Therefore, management believes that the Plan is qualified and that the related trust is exempt from taxation under the Internal Revenue Code.

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 2019.

Note G - 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 values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Note H - Related Party and 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 \$1,000,480 and \$897,000 in total during the year ended December 31, 2022 and 2021, respectively.

Note I - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2022 and 2021, to Form 5500:

	2022	2021
Net assets available for benefits per financial statements	\$ 182,561,157	\$ 183,178,252
Contributions receivable at year end	(894,547)	-
Net assets available for benefits per Form 5500	\$ 181,666,610	\$ 183,178,252

The following is a reconciliation of total contributions per the financial statements for the year ended December 31, 2022:

	2022
Total contributions per financial statements	\$ 39,719,119
Less: Contributions receivable at December 31, 2022	(894,547)
Add: Contributions receivable at December 31, 2021	-
Total contributions per Form 5500	\$ 38,824,572

Alphastaff Retirement Savings Plan

Notes to Financial Statements
For the Years Ended December 31, 2022 and 2021

Note J - Subsequent Events

Subsequent events have been evaluated through October 10, 2023, the date the financial statements are available to be issued.

Alphastaff Retirement Savings Plan

EIN: 65-0314170, PN 333

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

December 31, 2022

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Mutual Funds				
	Vanguard Target Retirement 2035 Fd 1	Mutual Funds	**	\$ 29,698,482
	Vanguard Target Retirement 2025 Fd 1	Mutual Funds	**	25,261,351
	Vanguard Target Retirement 2045 Fd 1	Mutual Funds	**	14,471,441
	Vanguard Institutional Index Fund	Mutual Funds	**	12,973,655
	Vanguard Growth Index Fd Admiral	Mutual Funds	**	12,550,551
	Vanguard Mid Cap Index Fund Instl	Mutual Funds	**	8,690,208
	Vanguard Target Retirement 2055 Inv	Mutual Funds	**	8,626,504
	Vanguard Small Cap 1	Mutual Funds	**	7,705,761
	Vanguard Value Index Admiral	Mutual Funds	**	6,638,221
	Fidelity Intl Index Fd	Mutual Funds	**	6,290,022
	Vanguard Target Retirement Incm Inv	Mutual Funds	**	5,707,858
	Vanguard Life Strat Mod Grwth Fund 1	Mutual Funds	**	4,381,489
	Vanguard Life Strategy Growth Fd 1	Mutual Funds	**	4,130,127
	Pimco Total Return Fund Instl Class	Mutual Funds	**	3,906,758
	Fidelity Treasury Port C L I	Mutual Funds	**	3,837,052
	Vanguard Total Bond Mkt Index Adm	Mutual Funds	**	3,041,699
	Vanguard Inflation Prot Sec Adm	Mutual Funds	**	2,635,136
	Vanguard Emrg Mkts Stk Index Fd Adm	Mutual Funds	**	2,191,135
	Vanguard Balanced Index Fd Admiral	Mutual Funds	**	1,959,172
	Vanguard Real Estate In Fd Adm Shrs	Mutual Funds	**	1,873,063
	Federated Instl High Yield Bnd Instl	Mutual Funds	**	1,369,796
	Ishares Gold ETF	Mutual Funds	**	1,335,854
	Vanguard Life Strategy Income Fd 1	Mutual Funds	**	941,957
	Invesco DB Commodity Index Tracking	Mutual Funds	**	934,333
	Vanguard Lifestrat Consvr Grth Fd 1	Mutual Funds	**	892,692
	Vanguard Short Term Bd Index Fd Adm	Mutual Funds	**	638,870
	Vanguard Target Retirement 2065	Mutual Funds	**	361,241
	GMO Quality R6	Mutual Funds	**	156,722
	GMO Resources R6	Mutual Funds	**	57,865
	Total Mutual Funds			173,259,015
Common collective trusts				
	Morley Stable Value Fund		**	3,128,379
Self-directed brokerage account				
			**	2,943,730
*	Notes receivable from participants	4.25-8.50%	**	1,941,156
	Un-invested Cash		**	395,571
Total Assets Held for Investment at Year End				\$ 181,667,851

* Denotes party-in-interest

** Investment is participant directed therefore historical cost is not required.

See Independent Auditors' Report

Multiple-Employer Plan Participating Employer Information

AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170	Plan Number: 333
For plan year (beginning/ending):	01/01/2022 - 12/31/2022

(1) Name of participating employer	(2) EIN	(3) Percent of Total Contributions for Plan Year	(4) Aggregate Account Balances at End of Year Attributable to Participating Employer
3 Putt Bogey, LLC	26-4514559	0.00%	36,717
A Head for Profits, LLC	27-4478579	0.73%	1,251,024
A-1 Ambulance & Transport, Inc.	52-1987841	0.00%	209
A1157 Design Solutions LLC	81-4153663	0.83%	1,579,656
A4D, Inc.	30-0487134	0.44%	677,940
Abilita Bio, Inc.	47-1154656	0.20%	74,696
Absolute Storage Management, Inc.	42-1539026	1.66%	3,134,124
Acme Hospitality LLC	84-2720925	0.23%	138,175
Acme Lodging LLC	82-3750994	0.04%	14,181
Additive Manufacturing Services, LLC	46-2726046	0.15%	156,282
A dura LLC	88-4155593	0.14%	52,648
Advanced Merchant Services, Inc.	59-3564254	0.00%	11,209
AEGIS ENERGY ADVISORS CORP.	13-3804124	0.00%	81,459
AIB Sportsbrands Studios Inc.	82-2330423	0.04%	50,830
Air Protein, Inc	85-3560599	1.61%	651,011
AIVITA Biomedical, Inc.	81-1065485	0.81%	1,722,541
Albanese Group, LLC	20-0118451	0.01%	39,115
All Staging Unlimited - ASU	59-3190036	0.00%	11,176
All Weather Contractors, Inc.	13-4297491	0.00%	13,177
AlphaStaff Group, Inc.	65-0314170	1.56%	4,807,919
American Concrete Tile, Inc	20-4125139	0.00%	20,909
American Property Management	52-1552265	0.00%	5,493
Amerx Office Solutions, Inc.	87-0617164	0.00%	113,706
Amscot Structural Products	22-3482400	0.10%	895,488
Andover Properties, LLC	30-0268384	0.93%	651,161
APC Packaging, LLC	20-4594362	0.62%	1,243,448
Aralez Inc	30-1171582	0.05%	239,768
Aristea Therapeutics, Inc.	83-1074231	0.50%	421,669
Arrow Communication Enterprises Inc	06-0155089	0.00%	4,453
Atlantic Self Storage LLC	46-5543216	0.99%	1,318,253
Atlantic Shutters, Inc.	65-0860678	0.19%	765,403
Atlantix Partners , LLC	81-2810859	0.96%	1,185,975
ATR Management Inc	26-2940761	0.01%	3,872
Avidity Biosciences, Inc	46-1336960	8.97%	7,901,707
Avive Solutions, Inc.	82-1022669	1.82%	1,568,978
Ballast Services, Inc.	83-3880196	0.55%	215,348
Bay Lighting, LLC	57-1177345	0.42%	2,907,415
BelCosta Labs Long Beach LLC	82-1458583	0.09%	109,244
Bernie Heer, LLC	47-3260602	0.00%	25,185
Big Brothers/Big Sisters of Southwest Florida, Inc.	23-7410676	0.00%	13,006
BikeLane Insurance Services, LLC	46-5319506	0.00%	85,891
Billy Baker Grading, Inc.	58-2441095	0.00%	19,968
BIP, Inc.	65-0873488	0.00%	1,206
Biscayne Electric, Inc.	59-1423971	0.00%	40,415
BKM Capital Partners LP	46-1592939	1.41%	1,432,871
BKM Management Company LP	47-2917599	0.95%	1,047,830
Black Duck Florida, LLC	47-2029823	0.09%	93,918
Boehm Associates, Inc.	20-4114862	0.00%	19,292
Boyett Enterprises, LLC	43-2070006	0.36%	1,881,354
Brescott Corp dba HURRICANE SHUTTER CO	59-1919627	0.00%	62,624
Bridgelux, Inc.	71-0922356	0.72%	5,047,083
Bridgeport Capital Services, Inc.	65-0923124	0.15%	87,629
Bright Line, Inc.	65-0884980	0.00%	18,687
Brunning & Stang Construction Management, Inc.	58-2528729	0.00%	187,934
Brushfire Holdings LLC	20-3426664	0.00%	-
Bryan Does It, Inc.	11-3419662	0.00%	51,256
Bynum Furniture Group, Inc.	71-0519879	0.00%	6,955

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Cape Canaveral Shrimp Co., Inc.	59-3114562	0.22%	1,376,525
Capital Center for Surgery PLLC	87-3776876	0.18%	2,429,310
Case Direct, LLC	85-4275953	0.09%	479,080
Cash Flow Solutions, Inc.	22-3260838	0.00%	4,128
Cathcart AL 2 Operations, LLC	43-3038977	0.01%	3,009
Caudill Construction, Inc.	26-0474380	0.00%	41,235
Cearna, Inc.	27-2587244	0.22%	173,874
Centivax, Inc	84-3193481	0.16%	117,870
Certified Environmental Services dba Metro Rooter	59-3122438	0.00%	3,216
Certus Claims Administration, LLC	91-2130177	0.00%	594,888
CG Oncology, Inc.	37-1611499	1.87%	1,187,709
Citizen Storage Management, LLC	81-3800543	0.00%	309
Clinical Dynamix, Inc.	20-1928823	0.06%	23,160
CMB Leland Storage, LLC	85-1107863	0.01%	2,560
Coastal Builders	52-1612110	0.06%	-
Commercial Laundry Equipment Company, Inc.	54-1049750	0.00%	215,252
Competitive Innovations, LLC	54-1951345	2.59%	1,524,145
Concord Insurance Agency, LLC	01-0597573	0.50%	753,707
CONNECT Foundation	20-3049742	0.41%	1,006,720
Constant Companion	81-4606083	0.07%	42,322
Continental Title LLC dba AmeriPoint Title Houston	76-0558989	0.00%	136,996
Cortez Incorporated	59-1539536	0.15%	-
CREATIVE CHOICE HOMES	65-0298681	0.00%	280,023
Darzin Software Inc.	98-1584659	0.01%	2,364
De Keizer United States LLC	30-0948968	0.04%	77,453
Dealer Services Network, LLC	84-4135035	0.93%	2,214,311
Debut Biotechnology, Inc.	84-1804621	1.43%	712,463
Delta Aviation, Inc.	52-1617169	0.01%	18,163
Dermata Therapeutics, Inc.	86-3218736	0.45%	1,544,244
Devonshire AL Operations, LLC	27-4080423	0.01%	8,005
Diagnostic Instrument Group, Inc.	59-3260685	0.00%	2,625
Distinguished Programs Insurance Brokerage, LLC	13-4008090	7.75%	26,277,393
DIVERSIFIED HOME MORTGAGE, INC.	31-1838139	0.00%	3
DLE Process Servers, Inc	30-0501491	0.00%	-
Dominion Cable Services	46-3499584	0.00%	865
Dr. Rooter's Plumbing Sewer & Drain	00-0000000	0.00%	16,315
Eagles Mere Services, LLC	22-3674216	0.05%	249,316
eCommLink, Inc.	76-0511235	0.00%	284,891
Electrical Apparatus Repair Company, Inc.	58-1873498	0.00%	5,281
Emersonick LLC	26-0579029	0.00%	606
EnChannel Medical Ltd	35-2739232	0.26%	116,694
Endeavor Biomedcines, Inc.	83-2196227	0.25%	96,808
Enfinity Global Inc.	84-2740008	0.62%	391,512
Engenium Staffing, Inc.	46-4670222	0.08%	38,938
Enterprise Maintenance Contracting, Inc. dba Leonards Painting and Maintenance	64-0950052	0.00%	92,476
ExecuJet Charter Service, Inc.	59-3254677	0.08%	138,156
EXPERT SHUTTER SERVICES, INC.	65-0582737	0.00%	71,369
Exquisite Catering by Robert, Inc	20-8356568	0.28%	637,149
FCT Combustion Inc.	23-3031647	0.11%	88,446
Fenner & Esler Agency Inc	22-1693248	0.40%	2,503,601
Fenwick Group, LLC	22-3632343	0.00%	485,266
Flex Rehab Services	65-0975885	0.00%	98,134
FLX Lighting, Inc.	81-1350489	0.14%	76,654
Flynn Enterprises of Palm Beaches, Inc. dba Vulcan Pest Control	59-2687723	0.00%	18,340
Ford's Colony Country Club, Inc.	56-1159737	0.00%	307,271
Fullidity LLC	83-4326222	0.12%	188,646
Furniture Solutions Network, LLC	38-3982818	0.18%	108,811
Gali Service Industries	52-1743445	0.00%	173
Gang Management Services	59-3041968	0.00%	1,727
Genesis Government Solutions, Inc.	65-1150051	0.01%	130,537
Georgia Porch & Patio Rooms, Inc.	53-1562563	0.00%	42,471
Gilcrest Farms	58-1593981	0.00%	63,938
Gold Creek Foods, LLC	35-2209312	0.00%	20,452

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Gramercy Risk Management, LLC	38-3937473	0.90%	1,581,182
Green Heating & Cooling, Inc.	58-1915619	0.06%	152,497
Green Team, Inc.	54-1288962	0.12%	1,313,030
Grove Fund Management, LLC	20-4144828	0.00%	371,656
H.B. Trim Company, Inc.	65-0544190	0.25%	1,167,302
Harmony Recovery Group Personnel, LLC	82-4872136	0.00%	9,721
Hawk Creek Laboratory, Inc.	52-1190975	0.00%	55,584
High Tide Land Surveying, LLC	46-1258377	0.10%	600,819
Home Funding Group, LLC	00-0000000	0.00%	67,317
HORIZON COMMUNICATIONS SERVICES, INC.	65-1116767	0.00%	1,693
Hub City Storage, LLC	85-0510137	0.01%	3,074
Human Longevity, Inc.	46-3131906	0.64%	-
Humane Society of the Treas. Coast	59-0774235	0.29%	603,662
Hunter's Green Community Association, Inc.	59-2960805	0.05%	118,183
I-21 USA, Inc.	26-0003973	0.00%	9,271
IK & F, Inc.	54-1823914	0.00%	114,022
ImaginAb, Inc.	26-4177873	0.57%	1,486,542
Iner Group, LLC	26-3107381	0.25%	258,722
Institutional Associates, Inc.	58-1083531	0.00%	195
Intermatix Corporation	68-0550388	0.43%	4,891,083
Interoute US LLC	85-0613337	2.25%	2,083,918
Ironview Capital Management LLC	47-3195417	0.39%	598,503
Itautec America, Inc.	65-0280193	0.00%	-
Ivy Hall	52-2086834	0.00%	36,139
iXCells Biotechnologies USA, Inc	47-2788606	0.80%	265,609
Jamiak Inc.	27-2174987	0.02%	60,988
Jeffrey F Weber CPA PA	46-0826367	0.04%	157,651
Jewell Technical Consulting, Inc.	75-3077085	0.19%	477,006
JNET Communications LLC	32-0085863	0.00%	77,846
Joseph W Hodges, Jr., PC	58-2381719	0.00%	145,995
Kaifa Technology USA Inc.	82-3029199	0.13%	246,303
KARIKAS & KASARIS, PA	65-0747480	0.00%	4,168
Kiverdi, Inc.	26-4518220	0.31%	485,292
Krez & Flores, LLP	27-1014829	0.29%	861,253
Leach Capital LLC	94-3314698	0.01%	504,745
Liatrio, Inc.	20-4134960	2.57%	2,753,582
Lighthouse of Broward County, Inc.	59-1650909	0.00%	15,037
Lone Palm Golf Club, LLC	59-3681298	0.06%	359,704
Long Beach Internal Medical Group, Inc.	33-0983097	0.30%	1,793,136
Loyal Borrower Corporation	87-4645045	0.08%	32,531
M. G. Title Services, Inc.	59-3338415	0.00%	22,233
Mabwell Therapeutics, Inc.	83-1568218	0.45%	654,462
MailGate, LLC	88-3484431	0.01%	5,487
Maintenance and Reliability Technologies, Inc.	42-1637629	0.69%	1,815,513
Mallard Ready Mix, LLC	71-0819322	0.07%	431,803
Marc S. Lipschultz	82-4754200	0.06%	108,159
Marktini, LLP	26-4752081	0.05%	102,730
Mary Crowley Medical Research Center	75-2727375	0.57%	1,390,150
Mavrik Dental Systems Inc	81-5169309	0.45%	116,329
Mayer Brothers, Inc.	52-0706744	0.00%	149,682
MECO Company, LLC	83-2999244	0.61%	1,010,450
MF Medical Management, LLC	46-4032091	0.00%	6,288
MIA Consulting Group dba Mia Senior Living Solutions	01-0743737	0.00%	84,823
MIECO PETRO, INC.	59-2805138	0.00%	13,098
Miller Paint of Central Broward, LLC	34-1997805	0.00%	163,291
Miller Tire of Mexico, Missouri, L. L. C.	43-1820460	0.15%	526,321
Mizner Court Condo Association	65-0022539	0.00%	18,032
Modulated Imaging, Inc	20-2484758	1.05%	1,528,069
Mortgage Credit Reports, Inc.	52-1297848	0.00%	23,159
MSPX, Inc.	31-1779225	0.00%	324,033
Muvico Entertainment, LLC	65-0630866	0.00%	620,980
N2 Acquisition Company	83-3243991	0.00%	1,529,866
Neomorph, Inc.	84-3587069	1.58%	1,126,173

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Newman Law Associates, PLLC	46-1952250	0.22%	-
Newpoint Midstream, LP.	26-1334321	0.01%	757,552
Newpoint Thermal, LP dba GTS Energy	26-2278445	0.00%	22,014
North American Bullet Proof, Inc.	74-2630009	0.00%	12,717
North End Auto Parts, Inc.	52-1089248	0.00%	2,113
Northeast Florida Services Corp.	20-3481703	0.00%	-
Novvi, LLC	45-3174744	0.78%	1,530,516
NSA OP, LP	84-4010822	2.12%	819,710
Nucleus Medical Group	47-4897105	0.65%	-
O.H. Walker Insurance Agency, Inc.	56-1013409	0.00%	16,167
O'Brien Law, P.C.	46-1117510	0.23%	309,756
Ocelot Bio, Inc	84-4867793	0.67%	281,443
OH Leadership, PLLC	85-0505396	3.28%	1,345,463
Optimum Comp Advantage, Inc.	82-1059704	0.36%	237,222
Optivest Properties, LLC	20-8086064	1.59%	1,527,330
Orange Belt Pharmacy	59-2433592	0.00%	20,322
Our Kids of Miami-Dade/Monroe, Inc.	57-1140890	0.00%	868,346
Outcome Chains, Inc.	47-2202190	0.43%	738,288
Pace Homes, LLC	58-1635335	0.00%	36,640
Palette Payroll Services, Inc.	20-5498695	0.19%	360,730
Pardue Heid of Jacksonville	59-3511542	0.00%	1,669
Parliment Steel Products	33-1016158	0.00%	35,638
Pat's Electric, Inc.	59-2052787	0.00%	76,059
Pediatric Alternative Treatment Care Housing & Evaluation Services	65-1012818	0.00%	-
Peroni Portfolio Advisors, Inc.	47-5289807	0.12%	295,081
Personal Touch Painting, Inc.	22-3133836	0.00%	-
Personalized Stem Cells Inc.	30-1138204	0.05%	18,412
Pillsbury Cleaning & Restoration	59-2749586	0.00%	79,774
Pinellas Arrhythmia Associates, P.A	30-0105031	0.27%	1,226,931
Pipeline Therapeutics, Inc.	27-1467257	1.67%	2,865,905
Pogoda Management Co.	38-2968967	0.54%	1,902,546
Presidential Suites Ltd	65-0721873	0.14%	1,213,325
Primmune Therapeutics, Inc.	82-3006157	0.43%	250,615
Principal Senior Living Group, LLC	58-2357264	0.88%	942,222
ProciseDx, Inc.	84-2008036	1.68%	1,294,318
Purity Chemicals	27-0082210	0.00%	9,012
QST Ingredients and Packaging, Inc.	91-2121763	0.15%	119,993
Quantum Computing, Inc.	82-4533053	1.57%	705,926
Rancho Santa Fe Farms Golf Club, Inc.	33-0188123	0.88%	1,551,284
Realtec Community Services, Inc.	01-0622452	0.15%	1,113,617
Recourse Communications, Inc.	04-2906741	0.59%	1,887,706
Red Truck Supply, Inc.	56-1010278	0.00%	292,861
Resolute Tap Services, LLC	86-1149655	0.00%	7,816
Revelation Capital Management, LLC	46-4640111	0.29%	110,914
Rezo Therapeutics	87-4039235	0.06%	23,138
RHW Capital Management Group, LLC	45-4579343	0.05%	-
RHW Capital Management Group, LLC	45-4579343	0.00%	117,137
River Farm Ent. Inc. dba River Pine	58-1891724	0.02%	454,613
Rossi Law Group, A Professional Corporation	45-3735824	0.85%	2,574,687
Royal Senior Care, LLC and Royal Senior Care Management, LLC	80-0030722	0.00%	38,018
San Rafael Self Storage	94-3370327	0.00%	11,100
Santos OB/GYN Advanced Care, LLC	87-1872531	0.03%	12,232
Sarsen Consulting, Inc.	52-1965282	0.00%	529,700
School Readiness Coalition of Sarasota County	65-1110174	0.15%	699,547
Sea & Shoreline LLC	47-1297120	0.73%	480,580
Seacoast Surveyors LLC	87-1690235	0.05%	17,033
Selective HR Solutions	59-3196182	0.00%	676,340
SFJ Pharmaceuticals, Inc.	26-3907550	2.01%	2,401,533
Shared Pharmacy Services, LLC	33-1107739	0.00%	45,683
Shelley Dunson-Allen, MD PC	58-2654568	0.00%	4,500
Shibusu Systems LLC	83-4711101	0.02%	32
Shippers Commonwealth, LLC	54-2024699	0.00%	23,091
Sigyn Therapeutics, Inc.	47-2573116	0.14%	127,347

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
Simplify Genomics	86-2229548	0.11%	341,638
Socoloff Management	65-0708384	0.00%	13,934
South Broward Research, LLC	11-3704505	0.08%	220,082
Southeast Woodcrafters, Inc.	73-1662181	0.18%	68,742
Spectator Health, Inc	84-2889901	0.02%	-
Spurlin Industries, Inc.	58-1558078	0.00%	14,597
St. Peters Self Storage, LLC	85-3165584	0.00%	-
Starfish Specialty Insurance Services, LLC	86-2997465	0.71%	235,358
Stein Investment Company, LLC	27-2137886	0.09%	62,334
STERLING INDUSTRIES II, INC.	59-3104561	0.00%	66,302
Storage Pros Management, LLC	20-8542338	0.29%	1,615,068
Suburban Franchise Systems, Inc.	58-1868829	0.00%	3,305
Suncoast Portable Sanitation, Inc.	20-4186602	0.00%	12
Susan B Bozeman Designs, Inc.	58-2373758	0.18%	1,459,739
SW Florida Institute	65-0731659	0.00%	7,205
Synaptic Medical Corporation	81-5030057	0.77%	501,561
Take on the Day, LLC	20-2138917	0.09%	557,631
TEC Automation Inc.	58-2023213	0.00%	85,980
Telecom Management, Inc.	01-0497005	0.10%	429,889
Tentarix Biotherapeutics, Inc.	85-1866575	1.21%	550,833
The Alliance for Eating Disorders Awareness	65-1080905	0.00%	2,835
The Clarity Foundation	26-1095856	0.13%	320,522
The Collective (Living) Paper Factory, Inc.	83-3291701	0.06%	27,603
The London Companies	59-2610019	0.00%	153
The Norwood Agency, Inc.	21-0526910	0.00%	88,613
The Partnership, Inc.	65-0522900	0.41%	885,339
The Riggs Group, P.C.	52-1750806	0.13%	2,139,971
Thomas A Hicks Electric, Inc.	58-1565038	0.00%	35,391
Tile Outlets of America, LLC	75-3063545	0.51%	1,161,557
TNT Delivery & Warehousing LLC.	87-4825996	0.00%	20,815
Top Self Storage, LLC	47-2656845	0.00%	-
Town Center Management, Inc.	58-1981852	0.00%	18,015
Tramz Hotels	06-1628964	0.00%	417,552
Transworld Shipping (USA) Inc.	33-0452565	0.71%	1,535,608
Tropical Aluminum & Screen	65-0682523	0.00%	444
Tubby Todd Bath Co. LLC	47-4062572	0.49%	228,795
Unitec Distribution Systems	52-0551098	0.00%	37,954
United Automation Solutions, Inc.	82-4583696	0.00%	-
Uniters North America, LLC	27-0610208	0.06%	905,776
Valley Health Care, Inc.	55-0695143	0.00%	117,267
VasCon LLC	65-1053223	0.00%	7,834
Velocity Engage Inc	32-0467048	0.00%	7,070
Ventron Management LLC	20-2273288	1.68%	2,014,301
Verity Packaging, Inc.	84-4162154	0.11%	51,086
Vetstem, Inc	87-1346570	0.41%	169,172
Vetted Security Solutions, LLC	45-5289377	0.99%	862,211
Vicinitas Therapeutics Inc	88-0561889	0.10%	38,678
Villa Royale Operating Company LLC	84-2259894	0.00%	218
Virginia Shredders	52-2046627	0.00%	2,425
VirtualWorks Group Inc.	26-4749250	0.00%	116,098
VOX, Inc.	56-1952356	0.01%	20,087
Waychoff's Heating & Air Conditioning, Inc.	52-2437540	0.00%	14,984
Wayne Lee MD Plastic Surgery PLLC	27-4481869	0.23%	940,645
Webster Sport Center	59-2322918	0.00%	19,236
Wegman Associates of Georgia, Inc.	58-1543692	0.00%	371,829
Whispering Sands Condominium Association, Inc	59-1402207	0.07%	73,115
Windward Design Group	65-0615685	0.00%	8,033
Wollenweber's Trucking & Warehousing	52-1008657	0.02%	131,985
Wood Designs (WDM, Inc.)	56-1891497	0.08%	52,724
Woodham & Associates of Florida, LLC.	45-3365460	0.03%	92,263
WT Media, LLC	26-1423902	0.00%	1,028,049
Wynne Properties Group, LLC	85-3735982	0.01%	6,008
XLR8 Services, Inc.	46-2537143	0.86%	791,466

(1) Name of participating employer	(2) EIN	(3) Percent of Total Contributions for Plan Year	(4) Aggregate Account Balances at End of Year Attributable to Participating Employer
ZEE MEDICAL SERVICE CO.	59-1766733	0.00%	7,095
Zyrion Technology, Inc.	22-3759626	0.00%	83,176

Multiple-Employer Plan Participating Employer Information

AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170	Plan Number: 333
For plan year (beginning/ending):	01/01/2022 - 12/31/2022

<i>(1) Name of participating employer</i>	<i>(2) EIN</i>	<i>(3) Percent of Total Contributions for Plan Year</i>	<i>(4) Aggregate Account Balances at End of Year Attributable to Participating Employer</i>
3 Putt Bogey, LLC	26-4514559	0.00%	36,717
A Head for Profits, LLC	27-4478579	0.73%	1,251,024
A-1 Ambulance & Transport, Inc.	52-1987841	0.00%	209
A1157 Design Solutions LLC	81-4153663	0.83%	1,579,656
A4D, Inc.	30-0487134	0.44%	677,940
Abilita Bio, Inc.	47-1154656	0.20%	74,696
Absolute Storage Management, Inc.	42-1539026	1.66%	3,134,124
Acme Hospitality LLC	84-2720925	0.23%	138,175
Acme Lodging LLC	82-3750994	0.04%	14,181
Additive Manufacturing Services, LLC	46-2726046	0.15%	156,282
Adura LLC	88-4155593	0.14%	52,648
Advanced Merchant Services, Inc.	59-3564254	0.00%	11,209
AEGIS ENERGY ADVISORS CORP.	13-3804124	0.00%	81,459
AIB Sportsbrands Studios Inc.	82-2330423	0.04%	50,830
Air Protein, Inc	85-3560599	1.61%	651,011
AIVITA Biomedical, Inc.	81-1065485	0.81%	1,722,541
Albanese Group, LLC	20-0118451	0.01%	39,115
All Staging Unlimited - ASU	59-3190036	0.00%	11,176
All Weather Contractors, Inc.	13-4297491	0.00%	13,177
AlphaStaff Group, Inc.	65-0314170	1.56%	4,807,919
American Concrete Tile, Inc	20-4125139	0.00%	20,909
American Property Management	52-1552265	0.00%	5,493
Amerx Office Solutions, Inc.	87-0617164	0.00%	113,706
Amscot Structural Products	22-3482400	0.10%	895,488
Andover Properties, LLC	30-0268384	0.93%	651,161
APC Packaging, LLC	20-4594362	0.62%	1,243,448
Aralez Inc	30-1171582	0.05%	239,768
Aristea Therapeutics, Inc.	83-1074231	0.50%	421,669
Arrow Communication Enterprises Inc	06-0155089	0.00%	4,453
Atlantic Self Storage LLC	46-5543216	0.99%	1,318,253
Atlantic Shutters, Inc.	65-0860678	0.19%	765,403
Atlantix Partners , LLC	81-2810859	0.96%	1,185,975
ATR Management Inc	26-2940761	0.01%	3,872
Avidity Biosciences, Inc	46-1336960	8.97%	7,901,707
Avive Solutions, Inc.	82-1022669	1.82%	1,568,978
Ballast Services, Inc.	83-3880196	0.55%	215,348
Bay Lighting, LLC	57-1177345	0.42%	2,907,415
BelCosta Labs Long Beach LLC	82-1458583	0.09%	109,244
Bernie Heer, LLC	47-3260602	0.00%	25,185
Big Brothers/Big Sisters of Southwest Florida, Inc.	23-7410676	0.00%	13,006
BikeLane Insurance Services, LLC	46-5319506	0.00%	85,891
Billy Baker Grading, Inc.	58-2441095	0.00%	19,968
BIP, Inc.	65-0873488	0.00%	1,206
Biscayne Electric, Inc.	59-1423971	0.00%	40,415
BKM Capital Partners LP	46-1592939	1.41%	1,432,871

BKM Management Company LP	47-2917599	0.95%	1,047,830
Black Duck Florida, LLC	47-2029823	0.09%	93,918
Boehm Associates, Inc.	20-4114862	0.00%	19,292
Boyett Enterprises, LLC	43-2070006	0.36%	1,881,354
Brescott Corp dba HURRICANE SHUTTER CO	59-1919627	0.00%	62,624
Bridgelux, Inc.	71-0922356	0.72%	5,047,083
Bridgeport Capital Services, Inc.	65-0923124	0.15%	87,629
Bright Line, Inc.	65-0884980	0.00%	18,687
Brunning & Stang Construction Management, Inc.	58-2528729	0.00%	187,934
Brushfire Holdings LLC	20-3426664	0.00%	-
Bryan Does It, Inc.	11-3419662	0.00%	51,256
Bynum Furniture Group, Inc.	71-0519879	0.00%	6,955
Cape Canaveral Shrimp Co., Inc.	59-3114562	0.22%	1,376,525
Capital Center for Surgery PLLC	87-3776876	0.18%	2,429,310
Case Direct, LLC	85-4275953	0.09%	479,080
Cash Flow Solutions, Inc.	22-3260838	0.00%	4,128
Cathcart AL 2 Operations, LLC	43-3038977	0.01%	3,009
Caudill Construction, Inc.	26-0474380	0.00%	41,235
Cearna, Inc.	27-2587244	0.22%	173,874
Centivax, Inc	84-3193481	0.16%	117,870
Certified Environmental Services dba Metro Rooter	59-3122438	0.00%	3,216
Certus Claims Administration, LLC	91-2130177	0.00%	594,888
CG Oncology, Inc.	37-1611499	1.87%	1,187,709
Citizen Storage Management, LLC	81-3800543	0.00%	309
Clinical Dynamix, Inc.	20-1928823	0.06%	23,160
CMB Leland Storage, LLC	85-1107863	0.01%	2,560
Coastal Builders	52-1612110	0.06%	-
Commercial Laundry Equipment Company, Inc.	54-1049750	0.00%	215,252
Competitive Innovations, LLC	54-1951345	2.59%	1,524,145
Concord Insurance Agency, LLC	01-0597573	0.50%	753,707
CONNECT Foundation	20-3049742	0.41%	1,006,720
Constant Companion	81-4606083	0.07%	42,322
Continental Title LLC dba AmeriPoint Title Houston	76-0558989	0.00%	136,996
Cortez Incorporated	59-1539536	0.15%	-
CREATIVE CHOICE HOMES	65-0298681	0.00%	280,023
Darzin Software Inc.	98-1584659	0.01%	2,364
De Keizer United States LLC	30-0948968	0.04%	77,453
Dealer Services Network, LLC	84-4135035	0.93%	2,214,311
Debut Biotechnology, Inc.	84-1804621	1.43%	712,463
Delta Aviation, Inc.	52-1617169	0.01%	18,163
Dermata Therapeutics, Inc.	86-3218736	0.45%	1,544,244
Devonshire AL Operations, LLC	27-4080423	0.01%	8,005
Diagnostic Instrument Group, Inc.	59-3260685	0.00%	2,625
Distinguished Programs Insurance Brokerage, LLC	13-4008090	7.75%	26,277,393
DIVERSIFIED HOME MORTGAGE, INC.	31-1838139	0.00%	3
DLE Process Servers, Inc	30-0501491	0.00%	-
Dominion Cable Services	46-3499584	0.00%	865
Dr. Rooter's Plumbing Sewer & Drain	00-0000000	0.00%	16,315
Eagles Mere Services, LLC	22-3674216	0.05%	249,316
eCommLink, Inc.	76-0511235	0.00%	284,891
Electrical Apparatus Repair Company, Inc.	58-1873498	0.00%	5,281
Emersonick LLC	26-0579029	0.00%	606
EnChannel Medical Ltd	35-2739232	0.26%	116,694
Endeavor Biomedicines, Inc.	83-2196227	0.25%	96,808
Enfinity Global Inc.	84-2740008	0.62%	391,512
Engenium Staffing, Inc.	46-4670222	0.08%	38,938
Enterprise Maintenance Contracting, Inc. dba Leonards Painting and Maintenance	64-0950052	0.00%	92,476

ExecuJet Charter Service, Inc.	59-3254677	0.08%	138,156
EXPERT SHUTTER SERVICES, INC.	65-0582737	0.00%	71,369
Exquisite Catering by Robert, Inc	20-8356568	0.28%	637,149
FCT Combustion Inc.	23-3031647	0.11%	88,446
Fenner & Esler Agency Inc	22-1693248	0.40%	2,503,601
Fenwick Group, LLC	22-3632343	0.00%	485,266
Flex Rehab Services	65-0975885	0.00%	98,134
FLX Lighting, Inc.	81-1350489	0.14%	76,654
Flynn Enterprises of Palm Beaches, Inc. dba Vulcan Pest Control	59-2687723	0.00%	18,340
Ford's Colony Country Club, Inc.	56-1159737	0.00%	307,271
Fullidity LLC	83-4326222	0.12%	188,646
Furniture Solutions Network, LLC	38-3982818	0.18%	108,811
Gali Service Industries	52-1743445	0.00%	173
Gang Management Services	59-3041968	0.00%	1,727
Genesis Government Solutions, Inc.	65-1150051	0.01%	130,537
Georgia Porch & Patio Rooms, Inc.	53-1562563	0.00%	42,471
Gilcrest Farms	58-1593981	0.00%	63,938
Gold Creek Foods, LLC	35-2209312	0.00%	20,452
Gramercy Risk Management, LLC	38-3937473	0.90%	1,581,182
Green Heating & Cooling, Inc.	58-1915619	0.06%	152,497
Green Team, Inc.	54-1288962	0.12%	1,313,030
Grove Fund Management, LLC	20-4144828	0.00%	371,656
H.B. Trim Company, Inc.	65-0544190	0.25%	1,167,302
Harmony Recovery Group Personnel, LLC	82-4872136	0.00%	9,721
Hawk Creek Laboratory, Inc.	52-1190975	0.00%	55,584
High Tide Land Surveying, LLC	46-1258377	0.10%	600,819
Home Funding Group, LLC	00-0000000	0.00%	67,317
HORIZON COMMUNICATIONS SERVICES, INC.	65-1116767	0.00%	1,693
Hub City Storage, LLC	85-0510137	0.01%	3,074
Human Longevity, Inc.	46-3131906	0.64%	-
Humane Society of the Treas. Coast	59-0774235	0.29%	603,662
Hunter's Green Community Association, Inc.	59-2960805	0.05%	118,183
I-21 USA, Inc.	26-0003973	0.00%	9,271
IK & F, Inc.	54-1823914	0.00%	114,022
ImaginAb, Inc.	26-4177873	0.57%	1,486,542
Iner Group, LLC	26-3107381	0.25%	258,722
Institutional Associates, Inc.	58-1083531	0.00%	195
Intematix Corporation	68-0550388	0.43%	4,891,083
Interoute US LLC	85-0613337	2.25%	2,083,918
Ironview Capital Management LLC	47-3195417	0.39%	598,503
Itautec America, Inc.	65-0280193	0.00%	-
Ivy Hall	52-2086834	0.00%	36,139
iXCells Biotechnologies USA, Inc	47-2788606	0.80%	265,609
Jamiak Inc.	27-2174987	0.02%	60,988
Jeffrey F Weber CPA PA	46-0826367	0.04%	157,651
Jewell Technical Consulting, Inc.	75-3077085	0.19%	477,006
JNET Communications LLC	32-0085863	0.00%	77,846
Joseph W Hodges, Jr., PC	58-2381719	0.00%	145,995
Kaifa Technology USA Inc.	82-3029199	0.13%	246,303
KARIKAS & KASARIS, PA	65-0747480	0.00%	4,168
Kiverdi, Inc.	26-4518220	0.31%	485,292
Krez & Flores, LLP	27-1014829	0.29%	861,253
Leach Capital LLC	94-3314698	0.01%	504,745
Liatrion, Inc.	20-4134960	2.57%	2,753,582
Lighthouse of Broward County, Inc.	59-1650909	0.00%	15,037
Lone Palm Golf Club, LLC	59-3681298	0.06%	359,704
Long Beach Internal Medical Group, Inc.	33-0983097	0.30%	1,793,136

Loyal Borrower Corporation	87-4645045	0.08%	32,531
M. G. Title Services, Inc.	59-3338415	0.00%	22,233
Mabwell Therapeutics, Inc.	83-1568218	0.45%	654,462
MailGate, LLC	88-3484431	0.01%	5,487
Maintenance and Reliability Technologies, Inc.	42-1637629	0.69%	1,815,513
Mallard Ready Mix, LLC	71-0819322	0.07%	431,803
Marc S. Lipschultz	82-4754200	0.06%	108,159
Marktini, LLP	26-4752081	0.05%	102,730
Mary Crowley Medical Research Center	75-2727375	0.57%	1,390,150
Mavrik Dental Systems Inc	81-5169309	0.45%	116,329
Mayer Brothers, Inc.	52-0706744	0.00%	149,682
MECO Company, LLC	83-2999244	0.61%	1,010,450
MF Medical Management, LLC	46-4032091	0.00%	6,288
MIA Consulting Group dba Mia Senior Living Solutions	01-0743737	0.00%	84,823
MIECO PETRO, INC.	59-2805138	0.00%	13,098
Miller Paint of Central Broward, LLC	34-1997805	0.00%	163,291
Miller Tire of Mexico, Missouri, L. L. C.	43-1820460	0.15%	526,321
Mizner Court Condo Association	65-0022539	0.00%	18,032
Modulated Imaging, Inc	20-2484758	1.05%	1,528,069
Mortgage Credit Reports, Inc.	52-1297848	0.00%	23,159
MSPX, Inc.	31-1779225	0.00%	324,033
Muvico Entertainment, LLC	65-0630866	0.00%	620,980
N2 Acquisition Company	83-3243991	0.00%	1,529,866
Neomorph, Inc.	84-3587069	1.58%	1,126,173
Newman Law Associates, PLLC	46-1952250	0.22%	-
Newpoint Midstream, LP.	26-1334321	0.01%	757,552
Newpoint Thermal, LP dba GTS Energy	26-2278445	0.00%	22,014
North American Bullet Proof, Inc.	74-2630009	0.00%	12,717
North End Auto Parts, Inc.	52-1089248	0.00%	2,113
Northeast Florida Services Corp.	20-3481703	0.00%	-
Novvi, LLC	45-3174744	0.78%	1,530,516
NSA OP, LP	84-4010822	2.12%	819,710
Nucleus Medical Group	47-4897105	0.65%	-
O.H. Walker Insurance Agency, Inc.	56-1013409	0.00%	16,167
O'Brien Law, P.C.	46-1117510	0.23%	309,756
Ocelot Bio, Inc	84-4867793	0.67%	281,443
OH Leadership, PLLC	85-0505396	3.28%	1,345,463
Optimum Comp Advantage, Inc.	82-1059704	0.36%	237,222
Optivest Properties, LLC	20-8086064	1.59%	1,527,330
Orange Belt Pharmacy	59-2433592	0.00%	20,322
Our Kids of Miami-Dade/Monroe, Inc.	57-1140890	0.00%	868,346
Outcome Chains, Inc.	47-2202190	0.43%	738,288
Pace Homes, LLC	58-1635335	0.00%	36,640
Palette Payroll Services, Inc.	20-5498695	0.19%	360,730
Pardue Heid of Jacksonville	59-3511542	0.00%	1,669
Parliment Steel Products	33-1016158	0.00%	35,638
Pat's Electric, Inc.	59-2052787	0.00%	76,059
Pediatric Alternative Treatment Care Housing & Evaluation Services	65-1012818	0.00%	-
Peroni Portfolio Advisors, Inc.	47-5289807	0.12%	295,081
Personal Touch Painting, Inc.	22-3133836	0.00%	-
Personalized Stem Cells Inc.	30-1138204	0.05%	18,412
Pillsbury Cleaning & Restoration	59-2749586	0.00%	79,774
Pinellas Arrhythmia Associates, P.A	30-0105031	0.27%	1,226,931
Pipeline Therapeutics, Inc.	27-1467257	1.67%	2,865,905
Pogoda Management Co.	38-2968967	0.54%	1,902,546
Presidential Suites Ltd	65-0721873	0.14%	1,213,325
Primmune Therapeutics, Inc.	82-3006157	0.43%	250,615

Principal Senior Living Group, LLC	58-2357264	0.88%	942,222
ProciseDx, Inc.	84-2008036	1.68%	1,294,318
Purity Chemicals	27-0082210	0.00%	9,012
QST Ingredients and Packaging, Inc.	91-2121763	0.15%	119,993
Quantum Computing, Inc.	82-4533053	1.57%	705,926
Rancho Santa Fe Farms Golf Club, Inc.	33-0188123	0.88%	1,551,284
Realtec Community Services, Inc.	01-0622452	0.15%	1,113,617
Recourse Communications, Inc.	04-2906741	0.59%	1,887,706
Red Truck Supply, Inc.	56-1010278	0.00%	292,861
Resolute Tap Services, LLC	86-1149655	0.00%	7,816
Revelation Capital Management, LLC	46-4640111	0.29%	110,914
Rezo Therapeutics	87-4039235	0.06%	23,138
RHW Capital Management Group, LLC	45-4579343	0.05%	-
RHW Capital Management Group, LLC	45-4579343	0.00%	117,137
River Farm Ent. Inc. dba River Pine	58-1891724	0.02%	454,613
Rossi Law Group, A Professional Corporation	45-3735824	0.85%	2,574,687
Royal Senior Care, LLC and Royal Senior Care Management, LLC	80-0030722	0.00%	38,018
San Rafael Self Storage	94-3370327	0.00%	11,100
Santos OB/GYN Advanced Care, LLC	87-1872531	0.03%	12,232
Sarsen Consulting, Inc.	52-1965282	0.00%	529,700
School Readiness Coalition of Sarasota County	65-1110174	0.15%	699,547
Sea & Shoreline LLC	47-1297120	0.73%	480,580
Seacoast Surveyors LLC	87-1690235	0.05%	17,033
Selective HR Solutions	59-3196182	0.00%	676,340
SFJ Pharmaceuticals, Inc.	26-3907550	2.01%	2,401,533
Shared Pharmacy Services, LLC	33-1107739	0.00%	45,683
Shelley Dunson-Allen, MD PC	58-2654568	0.00%	4,500
Shibusu Systems LLC	83-4711101	0.02%	32
Shippers Commonwealth, LLC	54-2024699	0.00%	23,091
Sigyn Therapeutics, Inc.	84-4210559	0.14%	127,347
Simplify Genomics	86-2229548	0.11%	341,638
Socoloff Management	65-0708384	0.00%	13,934
South Broward Research, LLC	11-3704505	0.08%	220,082
Southeast Woodcrafters, Inc.	73-1662181	0.18%	68,742
Spectator Health, Inc	84-2889901	0.02%	-
Spurlin Industries, Inc.	58-1558078	0.00%	14,597
St. Peters Self Storage, LLC	85-3165584	0.00%	-
Starfish Specialty Insurance Services, LLC	86-2997465	0.71%	235,358
Stein Investment Company, LLC	27-2137886	0.09%	62,334
STERLING INDUSTRIES II, INC.	59-3104561	0.00%	66,302
Storage Pros Management, LLC	20-8542338	0.29%	1,615,068
Suburban Franchise Systems, Inc.	58-1868829	0.00%	3,305
Suncoast Portable Sanitation, Inc.	20-4186602	0.00%	12
Susan B Bozeman Designs, Inc.	58-2373758	0.18%	1,459,739
SW Florida Institute	65-0731659	0.00%	7,205
Synaptic Medical Corporation	81-5030057	0.77%	501,561
Take on the Day, LLC	20-2138917	0.09%	557,631
TEC Automation Inc.	58-2023213	0.00%	85,980
Telecom Management, Inc.	01-0497005	0.10%	429,889
Tentarix Biotherapeutics, Inc.	85-1866575	1.21%	550,833
The Alliance for Eating Disorders Awareness	65-1080905	0.00%	2,835
The Clarity Foundation	26-1095856	0.13%	320,522
The Collective (Living) Paper Factory, Inc.	83-3291701	0.06%	27,603
The London Companies	59-2610019	0.00%	153
The Norwood Agency, Inc.	21-0526910	0.00%	88,613
The Partnership, Inc.	65-0522900	0.41%	885,339
The Riggs Group, P.C.	52-1750806	0.13%	2,139,971

Thomas A Hicks Electric, Inc.	58-1565038	0.00%	35,391
Tile Outlets of America, LLC	75-3063545	0.51%	1,161,557
TNT Delivery & Warehousing LLC.	87-4825996	0.00%	20,815
Top Self Storage, LLC	47-2656845	0.00%	-
Town Center Management, Inc.	58-1981852	0.00%	18,015
Tramz Hotels	06-1628964	0.00%	417,552
Transworld Shipping (USA) Inc.	33-0452565	0.71%	1,535,608
Tropical Aluminum & Screen	65-0682523	0.00%	444
Tubby Todd Bath Co. LLC	47-4062572	0.49%	228,795
Unitec Distribution Systems	52-0551098	0.00%	37,954
United Automation Solutions, Inc.	82-4583696	0.00%	-
Uniters North America, LLC	27-0610208	0.06%	905,776
Valley Health Care, Inc.	55-0695143	0.00%	117,267
VasCon LLC	65-1053223	0.00%	7,834
Velocity Engage Inc	32-0467048	0.00%	7,070
Ventron Management LLC	20-2273288	1.68%	2,014,301
Verity Packaging, Inc.	84-4162154	0.11%	51,086
Vetstem, Inc	87-1346570	0.41%	169,172
Vetted Security Solutions, LLC	45-5289377	0.99%	862,211
Vicinitas Therapeutics Inc	88-0561889	0.10%	38,678
Villa Royale Operating Company LLC	84-2259894	0.00%	218
Virginia Shredders	52-2046627	0.00%	2,425
VirtualWorks Group Inc.	26-4749250	0.00%	116,098
VOX, Inc.	56-1952356	0.01%	20,087
Waychoff's Heating & Air Conditioning, Inc.	52-2437540	0.00%	14,984
Wayne Lee MD Plastic Surgery PLLC	27-4481869	0.23%	940,645
Webster Sport Center	59-2322918	0.00%	19,236
Wegman Associates of Georgia, Inc.	58-1543692	0.00%	371,829
Whispering Sands Condominium Association, Inc	59-1402207	0.07%	73,115
Windward Design Group	65-0615685	0.00%	8,033
Wollenweber's Trucking & Warehousing	52-1008657	0.02%	131,985
Wood Designs (WDM, Inc.)	56-1891497	0.08%	52,724
Woodham & Associates of Florida, LLC.	45-3365460	0.03%	92,263
WT Media, LLC	26-1423902	0.00%	1,028,049
Wynne Properties Group, LLC	85-3735982	0.01%	6,008
XLR8 Services, Inc.	46-2537143	0.86%	791,466
ZEE MEDICAL SERVICE CO.	59-1766733	0.00%	7,095
Zyrion Technology, Inc.	22-3759626	0.00%	83,176

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 2022 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information—enter all requested information					
1a Name of plan ALPHASTAFF RETIREMENT SAVINGS PLAN	<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;">333</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2001</td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan 01/01/2001	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 65-0314170</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 888-335-9545</td> </tr> <tr> <td>2d Business code (see instructions) 561300</td> </tr> </table>	2b Employer Identification Number (EIN) 65-0314170	2c Plan Sponsor's telephone number 888-335-9545	2d Business code (see instructions) 561300	
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		10/16/2023	DAVID RATTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/16/2023	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 (2022)
v. 220413

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	8,766
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)	7,585
a(2) Total number of active participants at the end of the plan year		6a(2)	8,025
b Retired or separated participants receiving benefits		6b	3
c Other retired or separated participants entitled to future benefits		6c	766
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	8,794
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	5
f Total. Add lines 6d and 6e		6f	8,799
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4,373
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	150
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 2V			
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

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 No. 1510-0110
1510-0089**2022**This Form is Open to Public
Inspection**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

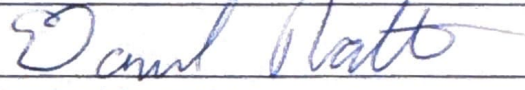
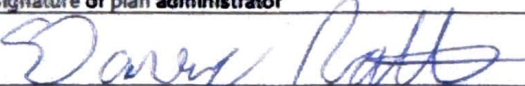
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here: ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan ALPHASTAFF RETIREMENT SAVINGS PLAN	1b Three-digit plan number (PIN) ▶ 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		6/6/24	DAVID RATTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6/6/24	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 (2022)
v. 220413

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**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- 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) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information**1a** Name of plan

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

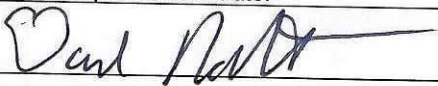
Suite 220

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		1/14/2025	DAVID RATTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		1/14/2025	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 (2022)
v. 220413

Continuation of 2022 Form 5500
Schedule H, line 5b - Additional Plans

Plan Name: AlphaStaff Retirement Savings Plan

EIN: 65-0314170

Plan Sponsor's Name: AlphaStaff Group, Inc.

Plan Number: 333

5(b) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
Northeast Florida Services Corporation	20-3481703	1

Alphastaff Retirement Savings Plan

EIN: 65-0314170, PN 333

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

December 31, 2022

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Mutual Funds				
	Vanguard Target Retirement 2035 Fd 1	Mutual Funds	**	\$ 29,698,482
	Vanguard Target Retirement 2025 Fd 1	Mutual Funds	**	25,261,351
	Vanguard Target Retirement 2045 Fd 1	Mutual Funds	**	14,471,441
	Vanguard Institutional Index Fund	Mutual Funds	**	12,973,655
	Vanguard Growth Index Fd Admiral	Mutual Funds	**	12,550,551
	Vanguard Mid Cap Index Fund Instl	Mutual Funds	**	8,690,208
	Vanguard Target Retirement 2055 Inv	Mutual Funds	**	8,626,504
	Vanguard Small Cap 1	Mutual Funds	**	7,705,761
	Vanguard Value Index Admiral	Mutual Funds	**	6,638,221
	Fidelity Intl Index Fd	Mutual Funds	**	6,290,022
	Vanguard Target Retirement Incm Inv	Mutual Funds	**	5,707,858
	Vanguard Life Strat Mod Grwth Fund 1	Mutual Funds	**	4,381,489
	Vanguard Life Strategy Growth Fd 1	Mutual Funds	**	4,130,127
	Pimco Total Return Fund Instl Class	Mutual Funds	**	3,906,758
	Fidelity Treasury Port C L I	Mutual Funds	**	3,837,052
	Vanguard Total Bond Mkt Index Adm	Mutual Funds	**	3,041,699
	Vanguard Inflation Prot Sec Adm	Mutual Funds	**	2,635,136
	Vanguard Emrg Mkts Stk Index Fd Adm	Mutual Funds	**	2,191,135
	Vanguard Balanced Index Fd Admiral	Mutual Funds	**	1,959,172
	Vanguard Real Estate In Fd Adm Shrs	Mutual Funds	**	1,873,063
	Federated Instl High Yield Bnd Instl	Mutual Funds	**	1,369,796
	Ishares Gold ETF	Mutual Funds	**	1,335,854
	Vanguard Life Strategy Income Fd 1	Mutual Funds	**	941,957
	Invesco DB Commodity Index Tracking	Mutual Funds	**	934,333
	Vanguard Lifestrat Consvr Grth Fd 1	Mutual Funds	**	892,692
	Vanguard Short Term Bd Index Fd Adm	Mutual Funds	**	638,870
	Vanguard Target Retirement 2065	Mutual Funds	**	361,241
	GMO Quality R6	Mutual Funds	**	156,722
	GMO Resources R6	Mutual Funds	**	57,865
	Total Mutual Funds			173,259,015
Common collective trusts				
	Morley Stable Value Fund		**	3,128,379
Self-directed brokerage account				
			**	2,943,730
*	Notes receivable from participants	4.25-8.50%	**	1,941,156
	Un-invested Cash		**	395,571
Total Assets Held for Investment at Year End				\$ 181,667,851

* Denotes party-in-interest

** Investment is participant directed therefore historical cost is not required.

See Independent Auditors' Report