

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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) IRS NOTICE FL-2022-19
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	7225
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		
	6a(1)	6104
	6a(2)	6541
	6b	1
	6c	760
	6d	7302
	6e	3
	6f	7305
6g(1)		
6g(2)	3577	
6h	93	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

2A 2E 2F 2G 2J 2K 2R 2S 2T 3B 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

BLUESTAR RETIREMENT SERVICES, INC.

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 17 37 38 49 50 64 65 99	NONE	615155	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	90573	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	SPONSOR	52887	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 TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 37 49 50 62 99	TRUSTEE	24904	Yes ☒ No ☐	Yes ☒ No ☐	0	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	13000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL WARD HENDERSON

59-2678550

(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?
49 50 99	NONE	8366	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)

INDEPENDENT FINANCIAL PARTNERS

59-3331424

(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 28 51	NONE	6955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROLAND CRISS FIDUCIARY SERVICES

75-2866255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 14 31 37 50 99	NONE	6250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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.	
HOWARD CAPITAL MANAGEMENT 1145 HEMBREE RD ROSWELL, GA 30076	RANGE OF 0.40% 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.	
LISANTI SMALLCAP 777 THIRD AVENUE 14 FL NEW YORK, NY 10017	RANGE OF 0.40% 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.	
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.
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.
ALLIANZ GLOBAL INVESTMENTS 06-1349805	RATE OF 0.02-0.40% 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.
JPMORGAN 13-2624428	RANGE OF 0.50% OF AVERAGE DAILY BALANCE OF ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MORGAN STANLEY 36-3145972	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TCW 95-2749628	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)

(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)

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
METROPOLITAN WEST FUNDS 95-4597302	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MORGAN STANLEY 36-3145972	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB TRUST BANK	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TCW 95-2749628	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
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) 2015164		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
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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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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	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	511685	595843
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1625020	1461729
(9) Value of interest in common/collective trusts	1c(9)	1447799	2015164
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	142417307	176372069
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	1717874	2806228

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	147719685	183251033
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	31032	72781
k Total liabilities (add all amounts in lines 1g through 1j)	1k	31032	72781
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	147688653	183178252

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)	6035546	
(B) Participants	2a(1)(B)	17350831	
(C) Others (including rollovers)	2a(1)(C)	5676322	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		29062699
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	42	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	73312	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		73354
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4376433	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4376433
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		26381
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		17072262
c Other income	2c		4859
d Total income. Add all income amounts in column (b) and enter total	2d		50615988

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21211644	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21211644
f Corrective distributions (see instructions)	2f		164378
g Certain deemed distributions of participant loans (see instructions)	2g		-24789
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	769602	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	102536	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		897117
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22248350

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		28367638
l Transfers of assets:			
(1) To this plan	2l(1)		20208357
(2) From this plan	2l(2)		13086396

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ASSURANCE DIMENSION**

(2) EIN: **26-3429295**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒		
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.	☒		

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)
CONSOLIDATED MACHINE & TOOL HOLDING LLC 401K PLAN	82-0714527	001
LEITCH HEATING & AIR CONDITION 401(K) PROFIT SHARING PLAN AND TRUST	52-2157981	001
MM COASTAL WEALTH 401(K) PLAN	84-3909601	001
AGC RETIREMENT SAVINGS PLAN	58-0144470	003

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TRINET 401(K) PLAN	59-2615289	001
BIN INSURANCE HOLDINGS 401(K) PLAN	27-2221604	501

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 _____.



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

Financial Statements, Supplemental Schedule and
Independent Auditor's Report

AlphaStaff Retirement Savings Plan

(EIN): 65-0314170 Plan #333

December 31, 2021 and 2020

AlphaStaff Retirement Savings Plan

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
AlphaStaff Retirement Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We were engaged to perform an audit of the financial statements of **AlphaStaff Retirement Savings Plan** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 ("DOL") 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.

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2021 Financial Statements* section

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the certified information in the accompanying 2021 financial statements 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 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2021 Financial Statements* section of our report. We are required to be independent of the 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.

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Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with GAAP, 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the 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 2021 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 GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matter – 2021 Supplemental Schedules Required by ERISA

The 2021 supplemental schedule, Schedule H, line 4i – Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the 2021 financial statements but is supplementary information required by the DOL'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 2021 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS. 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 DOL'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, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – Report on the 2020 Financial Statements

We were engaged to audit the statement of net assets available for benefits of the Plan as of December 31, 2020. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institution. Our audit report, dated October 11, 2021, indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Assurance Dimensions

Tampa, Florida
October 17, 2022

ASSURANCE DIMENSIONS CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES

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AlphaStaff Retirement Savings Plan
Statements of Net Assets Available for Benefits
As of December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
<u>Assets</u>		
Noninterest-bearing cash	\$ 595,843	\$ 511,685
Investments, at fair value:		
Mutual funds	176,372,069	142,417,307
Common collective trusts	2,015,164	1,447,799
Self-directed brokerage accounts	2,806,228	1,717,874
Total investments, at fair value	<u>181,193,461</u>	<u>145,582,980</u>
Receivables:		
Notes receivable from participants	1,461,729	1,625,020
Total receivables	<u>1,461,729</u>	<u>1,625,020</u>
Total assets	<u>183,251,033</u>	<u>147,719,685</u>
<u>Liabilities</u>		
Payables:		
Other liabilities	72,781	31,032
Total liabilities	<u>72,781</u>	<u>31,032</u>
Net assets available for benefits	<u>\$ 183,178,252</u>	<u>\$ 147,688,653</u>

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

AlphaStaff Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$	17,103,502
Dividends and interest		4,376,475
Net investment income		<u>21,479,977</u>

Interest income on notes receivable from participants	73,312
---	--------

Contributions:

Participant	17,350,831
Employer	6,035,546
Rollovers	5,676,322
Total contributions	<u>29,062,699</u>
Total additions	<u>50,615,988</u>

Deductions from net assets attributed to:

Benefits paid to participants	21,211,644
Corrective distributions	164,378
Deemed distributions	(24,789)
Administrative expenses	897,117
Total deductions	<u>22,248,350</u>
Net increase	<u>28,367,638</u>

Transfers to the Plan	20,208,357
Transfers from the Plan	(13,086,396)

Net assets available for benefits

Beginning of year	147,688,653
End of year	<u><u>\$ 183,178,252</u></u>

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

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2021 and 2020

Note A – Description of Plan

The following description of the AlphaStaff Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

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

Administration

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

Contributions

Participants may contribute a percentage of their pre-tax annual compensation, as defined, subject to limitations imposed by the Internal Revenue Code (“IRC”). The maximum participant deferral for December 31, 2021 and 2020 was \$19,500. A participant who has attained the age of 50 may also make catch up contributions, subject to IRS limitations of \$6,500 for December 31, 2021 and 2020. Participants may also contribute amounts representing distributions from other qualified plans.

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

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

Plan Transfers

From year to year, the Plan has transfers in and out depending on which Employers are added or removed from the Plan. During the year ended December 31, 2021 the Plan had transfers out of the Plan of approximately \$13,086,000 and transfers into the Plan of approximately \$20,208,000.

Participant Accounts

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

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2021 and 2020

Note A – Description of Plan (continued)

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.

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.

Distribution of Benefits

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

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

Forfeitures

Non-vested benefits of terminated participants are forfeited on the date the participant receives a complete distribution of vested benefits. Forfeitures are used to reduce Plan administration costs and Employer contributions. During the year ended December 31, 2021, Employer contributions were reduced by approximately \$74,000 from forfeited non-vested accounts. As of December 31, 2021 and 2020, there were approximately \$145,000 and \$76,000 outstanding, respectively, that could be used to offset future Company contributions and any administrative expenses

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, each participant's account will become fully vested and non-forfeitable. All appropriate accounting provisions of the Plan will continue to apply until the accounts of all participants have been distributed.

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2021 and 2020

Note B – Summary of Significant Accounting Policies

Basis of Presentation

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

Use of Estimates

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

Valuation of Investments

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

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Fair Value Measurements

The FASB has established a framework for measuring fair value in ASC 820, *Fair Value Measurements*. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

<i>Level 1</i>	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
<i>Level 2</i>	Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
<i>Level 3</i>	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2021 and 2020

Note B – Summary of Significant Accounting Policies (continued)

Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

Common/collective trusts: Valued at NAV provided by the Custodian. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the trust, minus its liabilities, divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. There were no unfunded commitments to purchase investments at December 31, 2021 and 2020. Participant-directed redemptions have no restrictions and are recorded at the end of every business day.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

<u>Fair Value Measurements at Reporting Date Using:</u>			
	Assets Measured at Fair Value at 12/31/2021	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual funds	\$ 176,372,069	176,372,069	\$ -
Self-directed investments	2,806,228	2,806,228	-
Total assets in the fair value hierarchy	179,178,297	179,178,297	-
Investments measured at net asset value	2,015,164		
Investments at fair value	\$ 181,193,461		

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

AlphaStaff Retirement Savings Plan

Notes to Financial Statements December 31, 2021 and 2020

Note C – Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee, a qualified institution. For the year ended December 31, 2021, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the Trustee, except for comparing such information to the related information included in the financial statements, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Note D – Income Tax Status

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

The Plan Administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2019.

Note E – Party-In-Interest Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or participants of the Plan, any person who provides services to the Plan, or an Employer whose employees are covered by the Plan. Certain Plan investments are managed by the Custodian. Transactions related to these investments qualify as party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid to parties-in-interest amounted to approximately \$897,000 in total during the year ended December 31, 2021.

Note F – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note G – Subsequent Events

Subsequent events have been evaluated through October 17, 2022, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

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

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

As of December 31, 2021

(a)	(b) Identity of issuer/ (c) Description of investment	(e) Current value
(i) Mutual funds:		
	VANGUARD TARGET RETIREMENT 2035 FD I	\$ 30,735,824
	VANGUARD TARGET RETIREMENT 2025 FD I	27,416,726
	VANGUARD GROWTH INDEX FD ADMIRAL	14,882,709
	VANGUARD TARGET RETIREMENT 2045 FD I	14,325,053
	VANGUARD INSTITUTIONAL INDEX FUND	13,278,776
	VANGUARD MID CAP INDEX FUND INSTL	9,592,159
	VANGUARD SMALL CAP I	7,670,755
	VANGUARD TARGET RETIREMENT 2055 INV	6,967,948
	VANGUARD TARGET RETIREMENT 2015 FD I	5,814,353
	FIDELITY INTL INDEX FD	5,498,911
	VANGUARD LIFE STRAT MOD GRWTH FUND I	5,390,072
	VANGUARD VALUE INDEX ADMIRAL	5,028,020
	VANGUARD LIFE STRATEGY GROWTH FD I	4,217,736
	FIDELITY TREASURY PORT C L I	3,082,699
	VANGUARD TOTAL BOND MKT INDEX ADM	2,869,394
	PIMCO TOTAL RETURN FUND INSTL CLASS	2,853,392
	INVESCO OPPENHEIMER DEV MKTS R6	2,851,401
	FEDERATED INSTL HIGH YIELD BND INSTL	2,510,612
	VANGUARD BALANCED INDEX FD ADMIRAL	2,213,601
	VANGUARD REAL ESTATE IN FD ADM SHRS	2,147,566
	VANGUARD INFLATION PROT SEC ADM	2,001,362
	VANGUARD TARGET RETIREMENT INCM INV	1,248,345
	ISHARES GOLD ETF	1,205,439
	VANGUARD LIFE STRATEGY INCOME FD I	941,570
	INVESCO DB COMMODITY INDEX TRACKING	541,617
	VANGUARD SHORT TERM BD INDEX FD ADM	522,775
	VANGUARD LIFESTRAT CONSRV GRTH FD I	520,151
	VANGUARD TARGET RETIREMENT 2065 INV	43,103
	Total mutual funds	176,372,069
(ii) Common collective trusts:		
	Morley Stable Value Fund	2,015,164
* (iii) Self-directed brokerage account:		2,806,228
	Notes receivable from participants (4.25% - 8.50%)	1,461,729
	Total investments and notes receivable from participants	\$ 182,655,190

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

See Independent Auditor's Report

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
AlphaStaff Group, Inc.	65-0314170	1.78%	\$0.00
Telecom Management, Inc.	01-0497005	0.13%	\$467,283.80
VOX, Inc.	01-0558316	0.03%	\$17,896.97
Concord Insurance Agency, LLC	01-0597573	0.29%	\$705,283.16
Realtec Community Services, Inc.	01-0622452	0.24%	\$1,465,758.83
MIA Consulting Group, Inc.	01-0743737	0.02%	\$159,044.53
Recourse Communications, Inc	04-2906741	0.60%	\$2,154,014.14
Tramz Hotels LLC	06-1628964	0.09%	\$521,719.90
South Broward Research, LLC	11-3704505	0.10%	\$226,907.92
Distinguished Programs Insurance Brokerage, LLC	13-4008090	8.99%	\$30,192,572.41
Albanese Group, LLC	20-0118451	0.03%	\$48,096.86
Take on the Day, LLC	20-2138917	0.10%	\$604,560.36
Ventron Management LLC	20-2273288	2.29%	\$1,940,130.49
Modulated Imaging, Inc	20-2484758	0.67%	\$1,436,356.77
CONNECT Foundation	20-3049742	0.43%	\$1,082,639.93
Brushfire Holdings, LLC	20-3426664	0.02%	\$60,356.79
Northeast FL Services Corp dba US Lawns Jacksonville West	20-3481703	0.01%	\$74,913.31
Blackburn Technologies, Inc. dba Liatrío	20-4134960	2.41%	\$2,265,202.50
APC Packaging, LLC	20-4594362	1.14%	\$1,231,216.23
Palette Payroll Services, Inc.	20-5498695	0.20%	\$469,692.90
Optivest Properties, LLC	20-8086064	1.54%	\$1,428,841.36
Exquisite Catering by Robert, Inc.	20-8356868	0.30%	\$653,456.30
Storage Pros Management LLC	20-8542338	0.37%	\$1,807,492.00
Fenner and Esler Insurance	22-1693248	0.51%	\$2,731,862.49
Amscot Structural Products	22-3482400	0.09%	\$1,140,939.24
Eagles Mere Services, LLC dba Sears Home Services	22-3674216	0.08%	\$276,117.72
Dealer Services Network Inc.	84-4135035	1.19%	\$2,367,037.41
FCT Combustion Inc.	23-3031647	0.13%	\$60,141.31
The Clarity Foundation	26-1095856	0.32%	\$426,571.56
Newpoint Midstream, LP.	26-1334321	0.01%	\$952,777.15
Iner Group, LLC	26-3107381	0.21%	\$234,200.69
ImaginAb, Inc.	26-4177873	1.66%	\$1,529,347.81
3 Putt Bogey, LLC	26-4514559	0.01%	\$46,658.03
Marktini, LLC	26-4752081	0.05%	\$110,852.72
Krez & Flores, LLP	27-1014829	0.32%	\$1,220,689.24
Pipeline Therapeutics, Inc.	27-1467257	2.35%	\$2,726,467.47
Stein Investment Company, LLC	27-2137886	0.09%	\$38,849.76
Jamiak LLC	27-2174987	0.04%	\$16,218.46
BIN Insurance Holdings, LLC	27-2221604	0.11%	\$0.00
Cearna, Inc.	27-2587244	0.58%	\$228,233.42
Devonshire AL Operations, LLC	27-4080423	0.02%	\$7,186.04
A Head for Profits, LLC	27-4478579	0.63%	\$1,189,036.14
Wayne Lee MD Plastic Surgery PLLC	27-4481869	0.56%	\$1,093,332.71
Pinellas Arrhythmia Associates, P.A	30-0105031	0.32%	\$1,402,466.61
Andover Properties, LLC	30-0268384	0.44%	\$436,325.47
A4D, Inc.	30-0487134	0.44%	\$836,905.43
DLE Process Servers	30-0501491	0.15%	\$167,379.81
De Keizer United States LLC	30-0948968	0.15%	\$111,871.94
Rancho Santa Fe Farms Golf Club, Inc.	33-0188123	0.53%	\$1,930,615.62
Transworld Shipping (USA) Inc.	33-0452565	1.72%	\$1,642,491.21
IRA Resources, Inc.	33-0695831	0.16%	\$0.00
eStudySite	33-0878726	0.02%	\$0.00
Long Beach Internal Medical Group, Inc.	33-0983097	0.36%	\$2,053,438.39
Cold Genesy, Inc.	37-1611499	1.34%	\$647,920.05

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
Pogoda Management Co.	38-2968967	0.97%	\$2,321,921.80
Gramercy Risk Management, LLC	38-3937473	1.01%	\$1,518,444.52
Furniture Solutions Network, LLC	38-5982818	0.16%	\$57,757.76
Absolute Storage Management, Inc.	42-1539026	2.30%	\$3,506,210.36
Maintenance and Reliability Technologies, Inc.	42-1637629	0.90%	\$1,974,358.36
Miller Tire of Mexico, Missouri, LLC	43-1820460	0.18%	\$566,219.98
Boyett Enterprises, LLC	43-2070006	0.43%	\$2,242,815.91
Cathcart AL 2 Operations, LLC	43-3038977	0.01%	\$1,607.33
Woodham & Associates of Florida, LLC.	45-3365460	0.05%	\$312,674.58
Rossi Law Group, A Professional Corporation	45-3735824	0.94%	\$2,754,056.67
RHW Capital Management Group, LLC	45-4579343	0.01%	\$2,150.17
Vetted Security Solutions, LLC	45-5289377	1.79%	\$743,582.64
Jeffrey F Weber CPA PA	46-0826367	0.55%	\$197,238.44
O'Brien Law, P.C.	46-1117510	0.29%	\$280,755.23
High Tide Land Surveying, LLC	46-1258377	0.15%	\$687,350.76
Avidity Biosciences, Inc	46-1336960	6.83%	\$5,801,864.24
BKM Capital Partners LP	46-1592939	1.40%	\$1,219,261.37
Newman Law Associates, PLLC	46-1952250	0.10%	\$122,327.24
XLR8 Services, Inc.	46-2537143	1.00%	\$572,018.89
Additive Manufacturing Services, LLC	46-2726066	0.20%	\$120,311.01
Human Longevity, Inc.	46-3131906	1.41%	\$4,361,977.36
Engenium Staffing, Inc.	46-4670222	0.12%	\$37,910.51
Atlantic Self Storage, LLC, Ash Const, LLC and GC Mgmt Serv	46-5543216	1.08%	\$1,232,563.72
Sea and Shoreline LLC	47-1297712	0.82%	\$285,469.24
Black Duck Florida, LLC	47-2029823	0.11%	\$78,148.97
Outcome Chains, Inc.	47-2202190	1.01%	\$882,922.23
Sigyn Therapeutics, Inc.	47-2573116	0.10%	\$82,490.27
Top Self Storage, LLC	47-2656845	0.00%	\$0.00
iXCells Biotechnologies USA, Inc	47-2788606	0.23%	\$67,107.49
BKM Management Company LP	47-2917599	1.00%	\$926,733.86
Mullen, Bergin, Roberts & Co dba Ironview	47-3195417	0.32%	\$576,561.66
Tubby Todd	47-4062572	0.26%	\$80,946.90
Peroni Portfolio Advisors, Inc.	47-5289807	0.16%	\$309,850.40
Wollenweber's Trucking&Warehousing	52-1008657	0.02%	\$172,219.82
Coastal Builders	52-1612110	0.17%	\$650,262.38
Delta Aviation, Inc.	52-1617169	0.01%	\$20,210.87
The Riggs Group, P.C.	52-1750806	0.18%	\$2,579,451.53
Green Team, Inc.	54-1288962	0.16%	\$1,525,264.76
Competitive Innovations, LLC	54-1951345	2.16%	\$999,501.33
Red Truck Supply, Inc.	56-1010278	0.13%	\$398,907.52
Wood Designs (WDM, Inc.)	56-1891497	0.05%	\$29,992.55
Bay Lighting LLC	57-1177345	0.64%	\$3,349,517.56
Anchor Heating and Air Conditioning Co., Inc.	58-1116681	0.02%	\$0.00
Wegman Associates of Georgia, Inc.	58-1543692	0.03%	\$602,301.58
River Farm Ent. Inc. dba River Pine	58-1897247	0.03%	\$538,717.48
Green Heating and Cooling, Inc.	58-1915619	0.07%	\$154,299.75
Principal Senior Living Group, LLC	58-2357264	1.14%	\$887,495.88
Susan B Bozeman Designs, Inc.	58-2373758	0.25%	\$1,756,329.97
Shelley Dunson-Allen, MD PC	58-2654568	0.01%	\$3,162.27
Humane Society of the Treas. Coast	59-0774235	0.32%	\$699,351.12
Whispering Sands Condominium Association, Inc	59-1402207	0.09%	\$53,325.52
Cortez Incorporated	59-1539536	0.21%	\$193,836.49
Hunter's Green Community Association, Inc.	59-2960805	0.06%	\$117,856.55
Cape Canaveral Shrimp Co., Inc.	59-3114562	0.36%	\$1,559,108.68

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
ExecuJet Charter Service, Inc.	59-3254677	0.11%	\$153,234.83
Lighthouse Jewelry UTC, LLC	61-1741765	0.05%	\$0.00
The Partnership Inc.	65-0522900	0.74%	\$946,260.62
HB Trim Company, Inc.	65-0544190	0.21%	\$1,284,897.95
Presidential Suites Ltd	65-0721873	0.20%	\$1,325,864.85
Atlantic Shutters, Inc.	65-0860678	0.44%	\$898,923.43
Bridgeport Capital Services, Inc.	65-0923124	0.07%	\$35,437.77
Pediatric Alternative Treatment Care Housing & Eval Services	65-1012818	0.01%	\$119,384.30
The Alliance for Eating Disorders Awareness	65-1080905	0.02%	\$3,452.06
The School Readiness Coalition	65-1110174	0.19%	\$862,118.26
Genesis Government Solutions, Inc.	65-1150051	0.01%	\$228,647.67
Intematix Corporation	68-0550388	0.47%	\$6,081,674.69
Mallard Ready Mix, LLC	71-0819322	0.07%	\$482,882.62
Bridgelux, Inc.	71-0922356	1.04%	\$6,925,767.61
Mary Crowley Medical Center	75-2727375	0.60%	\$1,865,084.90
Tile Outlets of America, LLC	75-3063545	0.67%	\$1,290,814.49
Jewell Technical Consulting, Inc.	75-3077085	0.21%	\$506,328.69
NSA OP, LP	80-0895356	0.48%	\$156,198.29
FLX Lighting, Inc.	81-1350489	0.11%	\$34,343.35
Everhive Corporation	81-1774034	0.00%	\$0.00
Learning Adventures Preschool, LLC	81-2604734	0.01%	\$0.00
Atlantix Partners LLC	81-2810859	0.60%	\$1,042,972.85
Citizen Storage Management, LLC	81-3800543	0.00%	\$509.51
A1157 Design Solutions LLC dba CULTURA	81-4153663	0.92%	\$1,535,736.15
Constant Companion	81-4606083	0.08%	\$23,188.07
Synaptic Medical Corporation	81-5030057	0.58%	\$280,448.83
Mavrik Dental Systems Inc	81-5169309	0.09%	\$25,283.66
Optimum Comp Advantage, Inc.	82-1059704	0.43%	\$458,790.93
BelCosta Labs Long Beach LLC	82-1458583	0.09%	\$94,102.33
AIB Sportsbrands Studios Inc.	82-2330423	0.12%	\$62,797.48
Primmune Therapeutics, Inc.	82-3006157	0.39%	\$119,667.82
Kaifa Technology USA Inc.	82-3029199	0.18%	\$232,602.70
Acme Lodging LLC	82-3750994	0.01%	\$1,530.84
Quantum Computing, Inc.	82-4533053	1.28%	\$433,937.04
Marc S. Lipschultz	82-4754200	0.09%	\$125,327.24
MECO Company, LLC	83-2999244	0.84%	\$1,171,305.39
N2 Acquisition Company Inc.	83-3243991	3.92%	\$2,804,150.79
The Collective (Living) Paper Factory, Inc.	83-3291701	0.32%	\$106,352.71
Shibusu Systems LLC	83-4711101	0.02%	\$5,107.43
Acme Hospitality LLC	84-2720925	0.21%	\$86,274.37
Enfinity Global LLC	84-2740008	0.46%	\$204,693.99
Spectator Health, Inc	84-2889901	0.03%	\$9,376.59
Centivax, Inc	84-3193481	0.26%	\$73,308.70
Verity Packaging, Inc.	84-4162154	0.04%	\$13,430.38
Ocelot Bio, Inc	84-4867793	0.27%	\$79,656.48
OH Leadership, LLC dba One Health	85-0505396	1.44%	\$428,656.94
Interoute US LLC	85-0613337	5.53%	\$1,648,262.83
CMB Leland Storage, LLC	85-1107863	0.00%	\$0.00
Tentarix Biotherapeutics, Inc.	85-1866575	1.07%	\$322,179.10
St. Peters Self Storage, LLC	85-3165584	0.00%	\$263.06
Handy Mini Storage	85-3735982	0.00%	\$1,391.12
Case Direct LLC	85-4275953	1.50%	\$449,153.20
Starfish Specialty Programs Group, LLC	86-2997465	0.08%	\$183,976.27
Dermata Therapeutics, Inc.	86-3218736	3.98%	\$1,669,573.44

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
Vetstem, Inc	87-1346570	0.08%	\$22,392.61
Capital Center for Surgery PLLC	87-3776876	0.43%	\$2,497,144.53
QST Ingredients and Packaging, Inc.	91-2121763	0.25%	\$77,450.77
Certus Claims Administration, LLC	91-2130177	0.33%	\$761,327.01
Jones Services Co.	06-1442242	0.00%	\$0.00
Bryan Does It, Inc.	11-3419662	0.00%	\$62,013.66
Home Funding Group, LLC	12-2222222	0.00%	\$66,689.35
All Weather Contractors, Inc.	13-4297491	0.00%	\$16,145.18
Atlantic Title & Trust	20-1026096	0.00%	\$0.00
Clinical Dynamix, Inc.	20-1928823	0.00%	\$0.00
Pharmaforce	20-2600937	0.00%	\$0.00
King Title Settlement Services	20-3010394	0.00%	\$0.00
Astro-Tek Industries, LLC.	20-3934966	0.00%	\$0.00
Boehm Associates, Inc.	20-4114862	0.00%	\$23,323.68
American Concrete Tile, Inc	20-4125139	0.00%	\$26,005.60
Grove Fund Management, LLC	20-4144828	0.00%	\$459,932.05
Suncoast Portable Sanitation, Inc.	20-4186602	0.00%	\$14.09
JES Construction East, LLC	20-4415720	0.00%	\$0.00
The Norwood Agency, Inc.	21-0526910	0.00%	\$110,882.02
Personal Touch Painting, Inc.	22-3133836	0.00%	\$4,485.53
Cash Flow Solutions, Inc.	22-3260838	0.00%	\$4,978.00
Panera Bread of NJ	22-3632343	0.00%	\$571,074.80
Zyrion Technology, Inc.	22-3759626	0.00%	\$100,140.81
Big Brothers/Big Sisters of Southwest Florida, Inc.	23-7410676	0.00%	\$16,412.67
I-21 USA, Inc.	26-0003973	0.00%	\$11,180.57
Caudill Construction, Inc.	26-0474380	0.00%	\$49,074.51
WT Media, LLC	26-1423902	0.00%	\$1,216,212.19
FocusOps, LLC	26-2257796	0.00%	\$0.00
GTS Energy	26-2278445	0.00%	\$27,024.30
VirtualWorks Group Inc.	26-4749250	0.00%	\$138,602.07
Purity Chemicals	27-0082210	0.00%	\$10,603.45
MSPX, Inc.	31-1779225	0.00%	\$392,008.86
DIVERSIFIED HOME MORTGAGE, INC.	31-1838139	0.00%	\$3.44
JNET Communications LLC	32-0085863	0.00%	\$93,673.37
Velocity Engage Inc	32-0467048	0.00%	\$8,597.56
Parliment Steel Products	33-1016158	0.00%	\$45,303.45
Shared Pharmacy Services, LLC	33-1107739	0.00%	\$54,261.40
Miller Paint Centers	34-1997805	0.00%	\$484,564.76
Gold Creek Foods, LLC	35-2209312	0.00%	\$24,846.86
Lime Fresh Mexican Grill	35-2563297	0.00%	\$0.00
Ironview Employee Benefits	38-3839231	0.00%	\$0.00
RHW Capital Management Group, LLC	45-4579343	0.00%	\$106,008.00
Dominion Cable Services	46-3499584	0.00%	\$1,047.36
MF Medical Management, LLC	46-4032091	0.00%	\$7,420.53
BikeLane Insurance Services, LLC	46-5319506	0.00%	\$102,924.68
Heritage Oaks of Englewood, LLC	47-3175814	0.00%	\$0.00
Bernie Heer, LLC	47-3260602	0.00%	\$30,372.87
Unitec Distribution Systems	52-0551098	0.00%	\$48,785.68
Mayer Brothers, Inc.	52-0706744	0.00%	\$188,337.40
North End Auto Parts, Inc.	52-1089248	0.00%	\$2,510.24
Hawk Creek Laboratory, Inc.	52-1190975	0.00%	\$69,510.24
Mortgage Credit Reports, Inc.	52-1297848	0.00%	\$27,580.65
American Property Management	52-1552265	0.00%	\$6,624.85
Gali Service Industries	52-1743445	0.00%	\$196.54

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
Sarsen Consulting, Inc.	52-1965282	0.00%	\$524,763.00
A-1 Ambulance & Transport, Inc.	52-1987841	0.00%	\$251.87
Virginia Shredders	52-2046627	0.00%	\$2,855.42
Ivy Hall	52-2086834	0.00%	\$43,509.80
Leitch Heating and Air Conditioning	52-2157981	0.00%	\$0.00
Waychoff's Heating & Air Conditioning, Inc.	52-2437540	0.00%	\$17,833.65
Georgia Porch & Patio Rooms, Inc.	53-1562563	0.00%	\$51,186.06
Commercial Laundry Equipment Company, Inc.	54-1049750	0.00%	\$260,643.73
IK & F, Inc.	54-1823914	0.00%	\$142,990.00
Shippers Commonwealth, LLC	54-2024699	0.00%	\$27,846.68
Valley Health Care, Inc.	55-0695143	0.00%	\$144,884.24
O.H. Walker Insurance Agency, Inc.	56-1013409	0.00%	\$20,055.33
Ford's Colony Country Club, Inc.	56-1159737	0.00%	\$590,737.51
Chesapeake Bay Storage Partners	56-2428771	0.00%	\$0.00
Our Kids, Inc.	57-1140890	0.00%	\$1,064,398.80
Institutional Associates, Inc.	58-1083531	0.00%	\$298.65
Spurlin Industries, Inc.	58-1558078	0.00%	\$16,767.83
Thomas A Hicks Electric, Inc.	58-1565038	0.00%	\$65,669.21
Gilcrest Farms	58-1593981	0.00%	\$72,737.35
Pace Homes, LLC	58-1635335	0.00%	\$45,917.01
Suburban Franchise Systems, Inc.	58-1868829	0.00%	\$3,955.31
Electrical Apparatus Repair Company, Inc.	58-1873498	0.00%	\$6,321.15
Town Center Management, Inc.	58-1981852	0.00%	\$21,705.66
TEC Automation Inc.	58-2023213	0.00%	\$119,044.41
Prevail Sport, Jackson, Delk, Inc.	58-2364279	0.00%	\$0.00
Joseph W Hodges, Jr., PC	58-2381719	0.00%	\$200,441.40
Billy Baker Grading, Inc.	58-2441095	0.00%	\$23,947.98
LaVista Consulting	58-2527158	0.00%	\$0.00
Brunning & Stang Construction Management, Inc.	58-2528729	0.00%	\$237,516.47
Biscayne Electric, Inc.	59-1423971	0.00%	\$55,137.21
Lighthouse of Broward County, Inc.	59-1650909	0.00%	\$18,197.03
Brescott Corp dba HURRICANE SHUTTER CO	59-1919627	0.00%	\$75,233.77
Pat's Electric, Inc.	59-2052787	0.00%	\$91,034.64
Webster Sport Center	59-2322918	0.00%	\$22,844.46
Vulcan Pest Control	59-2687723	0.00%	\$21,888.80
Pillsbury Cleaning & Restoration	59-2749586	0.00%	\$99,622.12
Atlantic Coast Aluminum, Inc.	59-2757520	0.00%	\$0.00
Gang Management Services	59-3041968	0.00%	\$1,902.66
STERLING INDUSTRIES II, INC.	59-3104561	0.00%	\$79,355.64
Certified Environmental Services	59-3122438	0.00%	\$3,861.27
All Staging Unlimited - ASU	59-3190036	0.00%	\$12,125.95
Selective HR Solutions	59-3196182	0.00%	\$812,629.68
Urecon Systems II	59-3222462	0.00%	\$0.00
Diagnostic Instrument Group, Inc.	59-3260685	0.00%	\$3,097.97
Pardue Heid of Jacksonville	59-3511542	0.00%	\$1,973.93
Mainsail Solutions, Inc.	59-3554698	0.00%	\$0.00
Advanced Merchant Services, Inc.	59-3564254	0.00%	\$13,415.60
Beverly A Morris P.L.	59-3615425	0.00%	\$0.00
Mazzarella's Automotive Services	59-3667174	0.00%	\$0.00
Enterprise Maintenance Contracting, Inc. dba Leonards Painting and	64-0950052	0.00%	\$110,668.08
Mizner Court Condo Association	65-0022539	0.00%	\$22,266.35
CREATIVE CHOICE HOMES	65-0298681	0.00%	\$369,288.35
Expert Medical Transcription, Inc.	65-0391980	0.00%	\$0.00
Windward Design Group	65-0615685	0.00%	\$9,270.65

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
Muvico Entertainment, LLC	65-0630866	0.00%	\$749,410.27
Tropical Aluminum & Screen	65-0682523	0.00%	\$440.00
Socoloff Management	65-0708384	0.00%	\$16,796.69
Commercial Residential Construction	65-0708410	0.00%	\$0.00
SW Florida Institute	65-0731659	0.00%	\$8,244.44
Avalon Flooring, LLC	65-0868780	0.00%	\$0.00
BIP, Inc.	65-0873488	0.00%	\$1,242.41
Bright Line, Inc.	65-0884980	0.00%	\$21,653.66
Tracy Construction and Development Corp.	65-0925380	0.00%	\$0.00
Flex Rehab Services	65-0975885	0.00%	\$120,056.88
Budget Ace Hardware	65-1001658	0.00%	\$0.00
VasCon LLC	65-1053223	0.00%	\$9,527.24
Bynum Furniture Group, Inc.	71-0519879	0.00%	\$8,219.90
North American Bullet Proof, Inc.	74-2630009	0.00%	\$12,716.66
eCommLink, Inc.	76-0511235	0.00%	\$353,143.21
AmeriPoint Title Houston	76-0558989	0.00%	\$159,644.77
Royal Senior Care	80-0030722	0.00%	\$89,388.67
Evurge Solutions	81-3960743	0.00%	\$0.00
Coastal Wealth LLC	81-4627781	0.00%	\$0.00
Brandon Storage Center	82-0852101	0.00%	\$0.00
Edelweiss Payroll Services, LLC	82-2363598	0.00%	\$0.00
United Automation Solutions, Inc.	82-4583696	0.00%	\$43,841.09
Harmony Recovery Group Personnel, LLC	82-4872136	0.00%	\$11,833.08
Red Fiber II, LLC dba Custom Kar Tops	82-5045661	0.00%	\$0.00
Frontier Hospitality LLC	84-4884265	0.00%	\$0.00
Coastal Surveying of Texas, Inc.	86-1146085	0.00%	\$0.00
Resolute Tap Services, LLC	86-1149655	0.00%	\$9,205.21
Amerx Office Solutions, Inc.	87-0617164	0.00%	\$139,528.62
San Rafael Self Storage	94-3370327	0.00%	\$12,471.26
Dr. Rooter's Plumbing Sewer & Drain	XX0001720	0.00%	\$19,526.04

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
AlphaStaff Group, Inc.	65-0314170	1.78%	\$0.00
Telecom Management, Inc.	01-0497005	0.13%	\$467,283.80
VOX, Inc.	01-0558316	0.03%	\$17,896.97
Concord Insurance Agency, LLC	01-0597573	0.29%	\$705,283.16
Realtec Community Services, Inc.	01-0622452	0.24%	\$1,465,758.83
MIA Consulting Group, Inc.	01-0743737	0.02%	\$159,044.53
Recourse Communications, Inc	04-2906741	0.60%	\$2,154,014.14
Tramz Hotels LLC	06-1628964	0.09%	\$521,719.90
South Broward Research, LLC	11-3704505	0.10%	\$226,907.92
Distinguished Programs Insurance Brokerage, LLC	13-4008090	8.99%	\$30,192,572.41
Albanese Group, LLC	20-0118451	0.03%	\$48,096.86
Take on the Day, LLC	20-2138917	0.10%	\$604,560.36
Ventron Management LLC	20-2273288	2.29%	\$1,940,130.49
Modulated Imaging, Inc	20-2484758	0.67%	\$1,436,356.77
CONNECT Foundation	20-3049742	0.43%	\$1,082,639.93
Brushfire Holdings, LLC	20-3426664	0.02%	\$60,356.79
Northeast FL Services Corp dba US Lawns Jacksonville West	20-3481703	0.01%	\$74,913.31
Blackburn Technologies, Inc. dba Liatrío	20-4134960	2.41%	\$2,265,202.50
APC Packaging, LLC	20-4594362	1.14%	\$1,231,216.23
Palette Payroll Services, Inc.	20-5498695	0.20%	\$469,692.90
Optivest Properties, LLC	20-8086064	1.54%	\$1,428,841.36
Exquisite Catering by Robert, Inc.	20-8356868	0.30%	\$653,456.30
Storage Pros Management LLC	20-8542338	0.37%	\$1,807,492.00
Fenner and Esler Insurance	22-1693248	0.51%	\$2,731,862.49
Amscot Structural Products	22-3482400	0.09%	\$1,140,939.24
Eagles Mere Services, LLC dba Sears Home Services	22-3674216	0.08%	\$276,117.72
Dealer Services Network Inc.	84-4135035	1.19%	\$2,367,037.41
FCT Combustion Inc.	23-3031647	0.13%	\$60,141.31
The Clarity Foundation	26-1095856	0.32%	\$426,571.56
Newpoint Midstream, LP.	26-1334321	0.01%	\$952,777.15
Iner Group, LLC	26-3107381	0.21%	\$234,200.69
ImaginAb, Inc.	26-4177873	1.66%	\$1,529,347.81
3 Putt Bogey, LLC	26-4514559	0.01%	\$46,658.03
Marktini, LLC	26-4752081	0.05%	\$110,852.72
Krez & Flores, LLP	27-1014829	0.32%	\$1,220,689.24
Pipeline Therapeutics, Inc.	27-1467257	2.35%	\$2,726,467.47
Stein Investment Company, LLC	27-2137886	0.09%	\$38,849.76
Jamiak LLC	27-2174987	0.04%	\$16,218.46
BIN Insurance Holdings, LLC	27-2221604	0.11%	\$0.00
Cearna, Inc.	27-2587244	0.58%	\$228,233.42
Devonshire AL Operations, LLC	27-4080423	0.02%	\$7,186.04
A Head for Profits, LLC	27-4478579	0.63%	\$1,189,036.14
Wayne Lee MD Plastic Surgery PLLC	27-4481869	0.56%	\$1,093,332.71
Pinellas Arrhythmia Associates, P.A	30-0105031	0.32%	\$1,402,466.61
Andover Properties, LLC	30-0268384	0.44%	\$436,325.47
A4D, Inc.	30-0487134	0.44%	\$836,905.43
DLE Process Servers	30-0501491	0.15%	\$167,379.81
De Keizer United States LLC	30-0948968	0.15%	\$111,871.94
Rancho Santa Fe Farms Golf Club, Inc.	33-0188123	0.53%	\$1,930,615.62
Transworld Shipping (USA) Inc.	33-0452565	1.72%	\$1,642,491.21
IRA Resources, Inc.	33-0695831	0.16%	\$0.00
eStudySite	33-0878726	0.02%	\$0.00
Long Beach Internal Medical Group, Inc.	33-0983097	0.36%	\$2,053,438.39
Cold Genesy, Inc.	37-1611499	1.34%	\$647,920.05

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
Pogoda Management Co.	38-2968967	0.97%	\$2,321,921.80
Gramercy Risk Management, LLC	38-3937473	1.01%	\$1,518,444.52
Furniture Solutions Network, LLC	38-5982818	0.16%	\$57,757.76
Absolute Storage Management, Inc.	42-1539026	2.30%	\$3,506,210.36
Maintenance and Reliability Technologies, Inc.	42-1637629	0.90%	\$1,974,358.36
Miller Tire of Mexico, Missouri, LLC	43-1820460	0.18%	\$566,219.98
Boyett Enterprises, LLC	43-2070006	0.43%	\$2,242,815.91
Cathcart AL 2 Operations, LLC	43-3038977	0.01%	\$1,607.33
Woodham & Associates of Florida, LLC.	45-3365460	0.05%	\$312,674.58
Rossi Law Group, A Professional Corporation	45-3735824	0.94%	\$2,754,056.67
RHW Capital Management Group, LLC	45-4579343	0.01%	\$2,150.17
Vetted Security Solutions, LLC	45-5289377	1.79%	\$743,582.64
Jeffrey F Weber CPA PA	46-0826367	0.55%	\$197,238.44
O'Brien Law, P.C.	46-1117510	0.29%	\$280,755.23
High Tide Land Surveying, LLC	46-1258377	0.15%	\$687,350.76
Avidity Biosciences, Inc.	46-1336960	6.83%	\$5,801,864.24
BKM Capital Partners LP	46-1592939	1.40%	\$1,219,261.37
Newman Law Associates, PLLC	46-1952250	0.10%	\$122,327.24
XLR8 Services, Inc.	46-2537143	1.00%	\$572,018.89
Additive Manufacturing Services, LLC	46-2726066	0.20%	\$120,311.01
Human Longevity, Inc.	46-3131906	1.41%	\$4,361,977.36
Engenium Staffing, Inc.	46-4670222	0.12%	\$37,910.51
Atlantic Self Storage, LLC, Ash Const, LLC and GC Mgmt Serv	46-5543216	1.08%	\$1,232,563.72
Sea and Shoreline LLC	47-1297712	0.82%	\$285,469.24
Black Duck Florida, LLC	47-2029823	0.11%	\$78,148.97
Outcome Chains, Inc.	47-2202190	1.01%	\$882,922.23
Sigyn Therapeutics, Inc.	84-4210559	0.10%	\$82,490.27
Top Self Storage, LLC	47-2656845	0.00%	\$0.00
iXCells Biotechnologies USA, Inc	47-2788606	0.23%	\$67,107.49
BKM Management Company LP	47-2917599	1.00%	\$926,733.86
Mullen, Bergin, Roberts & Co dba Ironview	47-3195417	0.32%	\$576,561.66
Tubby Todd	47-4062572	0.26%	\$80,946.90
Peroni Portfolio Advisors, Inc.	47-5289807	0.16%	\$309,850.40
Wollenweber's Trucking&Warehousing	52-1008657	0.02%	\$172,219.82
Coastal Builders	52-1612110	0.17%	\$650,262.38
Delta Aviation, Inc.	52-1617169	0.01%	\$20,210.87
The Riggs Group, P.C.	52-1750806	0.18%	\$2,579,451.53
Green Team, Inc.	54-1288962	0.16%	\$1,525,264.76
Competitive Innovations, LLC	54-1951345	2.16%	\$999,501.33
Red Truck Supply, Inc.	56-1010278	0.13%	\$398,907.52
Wood Designs (WDM, Inc.)	56-1891497	0.05%	\$29,992.55
Bay Lighting LLC	57-1177345	0.64%	\$3,349,517.56
Anchor Heating and Air Conditioning Co., Inc.	58-1116681	0.02%	\$0.00
Wegman Associates of Georgia, Inc.	58-1543692	0.03%	\$602,301.58
River Farm Ent. Inc. dba River Pine	58-1897247	0.03%	\$538,717.48
Green Heating and Cooling, Inc.	58-1915619	0.07%	\$154,299.75
Principal Senior Living Group, LLC	58-2357264	1.14%	\$887,495.88
Susan B Bozeman Designs, Inc.	58-2373758	0.25%	\$1,756,329.97
Shelley Dunson-Allen, MD PC	58-2654568	0.01%	\$3,162.27
Humane Society of the Treas. Coast	59-0774235	0.32%	\$699,351.12
Whispering Sands Condominium Association, Inc	59-1402207	0.09%	\$53,325.52
Cortez Incorporated	59-1539536	0.21%	\$193,836.49
Hunter's Green Community Association, Inc.	59-2960805	0.06%	\$117,856.55
Cape Canaveral Shrimp Co., Inc.	59-3114562	0.36%	\$1,559,108.68

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
ExecuJet Charter Service, Inc.	59-3254677	0.11%	\$153,234.83
Lighthouse Jewelry UTC, LLC	61-1741765	0.05%	\$0.00
The Partnership Inc.	65-0522900	0.74%	\$946,260.62
HB Trim Company, Inc.	65-0544190	0.21%	\$1,284,897.95
Presidential Suites Ltd	65-0721873	0.20%	\$1,325,864.85
Atlantic Shutters, Inc.	65-0860678	0.44%	\$898,923.43
Bridgeport Capital Services, Inc.	65-0923124	0.07%	\$35,437.77
Pediatric Alternative Treatment Care Housing & Eval Services	65-1012818	0.01%	\$119,384.30
The Alliance for Eating Disorders Awareness	65-1080905	0.02%	\$3,452.06
The School Readiness Coalition	65-1110174	0.19%	\$862,118.26
Genesis Government Solutions, Inc.	65-1150051	0.01%	\$228,647.67
Intematix Corporation	68-0550388	0.47%	\$6,081,674.69
Mallard Ready Mix, LLC	71-0819322	0.07%	\$482,882.62
Bridgelux, Inc.	71-0922356	1.04%	\$6,925,767.61
Mary Crowley Medical Center	75-2727375	0.60%	\$1,865,084.90
Tile Outlets of America, LLC	75-3063545	0.67%	\$1,290,814.49
Jewell Technical Consulting, Inc.	75-3077085	0.21%	\$506,328.69
NSA OP, LP	80-0895356	0.48%	\$156,198.29
FLX Lighting, Inc.	81-1350489	0.11%	\$34,343.35
Everhive Corporation	81-1774034	0.00%	\$0.00
Learning Adventures Preschool, LLC	81-2604734	0.01%	\$0.00
Atlantix Partners LLC	81-2810859	0.60%	\$1,042,972.85
Citizen Storage Management, LLC	81-3800543	0.00%	\$509.51
A1157 Design Solutions LLC dba CULTURA	81-4153663	0.92%	\$1,535,736.15
Constant Companion	81-4606083	0.08%	\$23,188.07
Synaptic Medical Corporation	81-5030057	0.58%	\$280,448.83
Mavrik Dental Systems Inc	81-5169309	0.09%	\$25,283.66
Optimum Comp Advantage, Inc.	82-1059704	0.43%	\$458,790.93
BelCosta Labs Long Beach LLC	82-1458583	0.09%	\$94,102.33
AIB Sportsbrands Studios Inc.	82-2330423	0.12%	\$62,797.48
Primmune Therapeutics, Inc.	82-3006157	0.39%	\$119,667.82
Kaifa Technology USA Inc.	82-3029199	0.18%	\$232,602.70
Acme Lodging LLC	82-3750994	0.01%	\$1,530.84
Quantum Computing, Inc.	82-4533053	1.28%	\$433,937.04
Marc S. Lipschultz	82-4754200	0.09%	\$125,327.24
MECO Company, LLC	83-2999244	0.84%	\$1,171,305.39
N2 Acquisition Company Inc.	83-3243991	3.92%	\$2,804,150.79
The Collective (Living) Paper Factory, Inc.	83-3291701	0.32%	\$106,352.71
Shibusu Systems LLC	83-4711101	0.02%	\$5,107.43
Acme Hospitality LLC	84-2720925	0.21%	\$86,274.37
Enfinity Global LLC	84-2740008	0.46%	\$204,693.99
Spectator Health, Inc	84-2889901	0.03%	\$9,376.59
Centivax, Inc	84-3193481	0.26%	\$73,308.70
Verity Packaging, Inc.	84-4162154	0.04%	\$13,430.38
Ocelot Bio, Inc	84-4867793	0.27%	\$79,656.48
OH Leadership, LLC dba One Health	85-0505396	1.44%	\$428,656.94
Interoute US LLC	85-0613337	5.53%	\$1,648,262.83
CMB Leland Storage, LLC	85-1107863	0.00%	\$0.00
Tentarix Biotherapeutics, Inc.	85-1866575	1.07%	\$322,179.10
St. Peters Self Storage, LLC	85-3165584	0.00%	\$263.06
Handy Mini Storage	85-3735982	0.00%	\$1,391.12
Case Direct LLC	85-4275953	1.50%	\$449,153.20
Starfish Specialty Programs Group, LLC	86-2997465	0.08%	\$183,976.27
Dermata Therapeutics, Inc.	86-3218736	3.98%	\$1,669,573.44

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
Vetstem, Inc	87-1346570	0.08%	\$22,392.61
Capital Center for Surgery PLLC	87-3776876	0.43%	\$2,497,144.53
QST Ingredients and Packaging, Inc.	91-2121763	0.25%	\$77,450.77
Certus Claims Administration, LLC	91-2130177	0.33%	\$761,327.01
Jones Services Co.	06-1442242	0.00%	\$0.00
Bryan Does It, Inc.	11-3419662	0.00%	\$62,013.66
Home Funding Group, LLC	12-2222222	0.00%	\$66,689.35
All Weather Contractors, Inc.	13-4297491	0.00%	\$16,145.18
Atlantic Title & Trust	20-1026096	0.00%	\$0.00
Clinical Dynamix, Inc.	20-1928823	0.00%	\$0.00
Pharmaforce	20-2600937	0.00%	\$0.00
King Title Settlement Services	20-3010394	0.00%	\$0.00
Astro-Tek Industries, LLC.	20-3934966	0.00%	\$0.00
Boehm Associates, Inc.	20-4114862	0.00%	\$23,323.68
American Concrete Tile, Inc	20-4125139	0.00%	\$26,005.60
Grove Fund Management, LLC	20-4144828	0.00%	\$459,932.05
Suncoast Portable Sanitation, Inc.	20-4186602	0.00%	\$14.09
JES Construction East, LLC	20-4415720	0.00%	\$0.00
The Norwood Agency, Inc.	21-0526910	0.00%	\$110,882.02
Personal Touch Painting, Inc.	22-3133836	0.00%	\$4,485.53
Cash Flow Solutions, Inc.	22-3260838	0.00%	\$4,978.00
Panera Bread of NJ	22-3632343	0.00%	\$571,074.80
Zyrion Technology, Inc.	22-3759626	0.00%	\$100,140.81
Big Brothers/Big Sisters of Southwest Florida, Inc.	23-7410676	0.00%	\$16,412.67
I-21 USA, Inc.	26-0003973	0.00%	\$11,180.57
Caudill Construction, Inc.	26-0474380	0.00%	\$49,074.51
WT Media, LLC	26-1423902	0.00%	\$1,216,212.19
FocusOps, LLC	26-2257796	0.00%	\$0.00
GTS Energy	26-2278445	0.00%	\$27,024.30
VirtualWorks Group Inc.	26-4749250	0.00%	\$138,602.07
Purity Chemicals	27-0082210	0.00%	\$10,603.45
MSPX, Inc.	31-1779225	0.00%	\$392,008.86
DIVERSIFIED HOME MORTGAGE, INC.	31-1838139	0.00%	\$3.44
JNET Communications LLC	32-0085863	0.00%	\$93,673.37
Velocity Engage Inc	32-0467048	0.00%	\$8,597.56
Parliment Steel Products	33-1016158	0.00%	\$45,303.45
Shared Pharmacy Services, LLC	33-1107739	0.00%	\$54,261.40
Miller Paint Centers	34-1997805	0.00%	\$484,564.76
Gold Creek Foods, LLC	35-2209312	0.00%	\$24,846.86
Lime Fresh Mexican Grill	35-2563297	0.00%	\$0.00
Ironview Employee Benefits	38-3839231	0.00%	\$0.00
RHW Capital Management Group, LLC	45-4579343	0.00%	\$106,008.00
Dominion Cable Services	46-3499584	0.00%	\$1,047.36
MF Medical Management, LLC	46-4032091	0.00%	\$7,420.53
BikeLane Insurance Services, LLC	46-5319506	0.00%	\$102,924.68
Heritage Oaks of Englewood, LLC	47-3175814	0.00%	\$0.00
Bernie Heer, LLC	47-3260602	0.00%	\$30,372.87
Unitec Distribution Systems	52-0551098	0.00%	\$48,785.68
Mayer Brothers, Inc.	52-0706744	0.00%	\$188,337.40
North End Auto Parts, Inc.	52-1089248	0.00%	\$2,510.24
Hawk Creek Laboratory, Inc.	52-1190975	0.00%	\$69,510.24
Mortgage Credit Reports, Inc.	52-1297848	0.00%	\$27,580.65
American Property Management	52-1552265	0.00%	\$6,624.85
Gali Service Industries	52-1743445	0.00%	\$196.54

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
Sarsen Consulting, Inc.	52-1965282	0.00%	\$524,763.00
A-1 Ambulance & Transport, Inc.	52-1987841	0.00%	\$251.87
Virginia Shredders	52-2046627	0.00%	\$2,855.42
Ivy Hall	52-2086834	0.00%	\$43,509.80
Leitch Heating and Air Conditioning	52-2157981	0.00%	\$0.00
Waychoff's Heating & Air Conditioning, Inc.	52-2437540	0.00%	\$17,833.65
Georgia Porch & Patio Rooms, Inc.	53-1562563	0.00%	\$51,186.06
Commercial Laundry Equipment Company, Inc.	54-1049750	0.00%	\$260,643.73
IK & F, Inc.	54-1823914	0.00%	\$142,990.00
Shippers Commonwealth, LLC	54-2024699	0.00%	\$27,846.68
Valley Health Care, Inc.	55-0695143	0.00%	\$144,884.24
O.H. Walker Insurance Agency, Inc.	56-1013409	0.00%	\$20,055.33
Ford's Colony Country Club, Inc.	56-1159737	0.00%	\$590,737.51
Chesapeake Bay Storage Partners	56-2428771	0.00%	\$0.00
Our Kids, Inc.	57-1140890	0.00%	\$1,064,398.80
Institutional Associates, Inc.	58-1083531	0.00%	\$298.65
Spurlin Industries, Inc.	58-1558078	0.00%	\$16,767.83
Thomas A Hicks Electric, Inc.	58-1565038	0.00%	\$65,669.21
Gilcrest Farms	58-1593981	0.00%	\$72,737.35
Pace Homes, LLC	58-1635335	0.00%	\$45,917.01
Suburban Franchise Systems, Inc.	58-1868829	0.00%	\$3,955.31
Electrical Apparatus Repair Company, Inc.	58-1873498	0.00%	\$6,321.15
Town Center Management, Inc.	58-1981852	0.00%	\$21,705.66
TEC Automation Inc.	58-2023213	0.00%	\$119,044.41
Prevail Sport, Jackson, Delk, Inc.	58-2364279	0.00%	\$0.00
Joseph W Hodges, Jr., PC	58-2381719	0.00%	\$200,441.40
Billy Baker Grading, Inc.	58-2441095	0.00%	\$23,947.98
LaVista Consulting	58-2527158	0.00%	\$0.00
Brunning & Stang Construction Management, Inc.	58-2528729	0.00%	\$237,516.47
Biscayne Electric, Inc.	59-1423971	0.00%	\$55,137.21
Lighthouse of Broward County, Inc.	59-1650909	0.00%	\$18,197.03
Brescott Corp dba HURRICANE SHUTTER CO	59-1919627	0.00%	\$75,233.77
Pat's Electric, Inc.	59-2052787	0.00%	\$91,034.64
Webster Sport Center	59-2322918	0.00%	\$22,844.46
Vulcan Pest Control	59-2687723	0.00%	\$21,888.80
Pillsbury Cleaning & Restoration	59-2749586	0.00%	\$99,622.12
Atlantic Coast Aluminum, Inc.	59-2757520	0.00%	\$0.00
Gang Management Services	59-3041968	0.00%	\$1,902.66
STERLING INDUSTRIES II, INC.	59-3104561	0.00%	\$79,355.64
Certified Environmental Services	59-3122438	0.00%	\$3,861.27
All Staging Unlimited - ASU	59-3190036	0.00%	\$12,125.95
Selective HR Solutions	59-3196182	0.00%	\$812,629.68
Urecon Systems II	59-3222462	0.00%	\$0.00
Diagnostic Instrument Group, Inc.	59-3260685	0.00%	\$3,097.97
Pardue Heid of Jacksonville	59-3511542	0.00%	\$1,973.93
Mainsail Solutions, Inc.	59-3554698	0.00%	\$0.00
Advanced Merchant Services, Inc.	59-3564254	0.00%	\$13,415.60
Beverly A Morris P.L.	59-3615425	0.00%	\$0.00
Mazzarella's Automotive Services	59-3667174	0.00%	\$0.00
Enterprise Maintenance Contracting, Inc. dba Leonards Painting and	64-0950052	0.00%	\$110,668.08
Mizner Court Condo Association	65-0022539	0.00%	\$22,266.35
CREATIVE CHOICE HOMES	65-0298681	0.00%	\$369,288.35
Expert Medical Transcription, Inc.	65-0391980	0.00%	\$0.00
Windward Design Group	65-0615685	0.00%	\$9,270.65

Multiple-Employer Plan Participating Employer Information
AlphaStaff Retirement Savings Plan

Employer Identification Number: 65-0314170

Plan Number: 333

For plan year (beginning/ending):

01/01/2021 - 12/31/2021

(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
Muvico Entertainment, LLC	65-0630866	0.00%	\$749,410.27
Tropical Aluminum & Screen	65-0682523	0.00%	\$440.00
Socoloff Management	65-0708384	0.00%	\$16,796.69
Commercial Residential Construction	65-0708410	0.00%	\$0.00
SW Florida Institute	65-0731659	0.00%	\$8,244.44
Avalon Flooring, LLC	65-0868780	0.00%	\$0.00
BIP, Inc.	65-0873488	0.00%	\$1,242.41
Bright Line, Inc.	65-0884980	0.00%	\$21,653.66
Tracy Construction and Development Corp.	65-0925380	0.00%	\$0.00
Flex Rehab Services	65-0975885	0.00%	\$120,056.88
Budget Ace Hardware	65-1001658	0.00%	\$0.00
VasCon LLC	65-1053223	0.00%	\$9,527.24
Bynum Furniture Group, Inc.	71-0519879	0.00%	\$8,219.90
North American Bullet Proof, Inc.	74-2630009	0.00%	\$12,716.66
eCommLink, Inc.	76-0511235	0.00%	\$353,143.21
AmeriPoint Title Houston	76-0558989	0.00%	\$159,644.77
Royal Senior Care	80-0030722	0.00%	\$89,388.67
Evurge Solutions	81-3960743	0.00%	\$0.00
Coastal Wealth LLC	81-4627781	0.00%	\$0.00
Brandon Storage Center	82-0852101	0.00%	\$0.00
Edelweiss Payroll Services, LLC	82-2363598	0.00%	\$0.00
United Automation Solutions, Inc.	82-4583696	0.00%	\$43,841.09
Harmony Recovery Group Personnel, LLC	82-4872136	0.00%	\$11,833.08
Red Fiber II, LLC dba Custom Kar Tops	82-5045661	0.00%	\$0.00
Frontier Hospitality LLC	84-4884265	0.00%	\$0.00
Coastal Surveying of Texas, Inc.	86-1146085	0.00%	\$0.00
Resolute Tap Services, LLC	86-1149655	0.00%	\$9,205.21
Amerx Office Solutions, Inc.	87-0617164	0.00%	\$139,528.62
San Rafael Self Storage	94-3370327	0.00%	\$12,471.26
Dr. Rooter's Plumbing Sewer & Drain	XX0001720	0.00%	\$19,526.04

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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) <u>IRS Notice FL-2022-19</u>
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
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		1c Effective date of plan 01/01/2001 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		12/9/2022	DAVID RATTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		12/9/2022	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 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
3c Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	7,225
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	6,104
a(2) Total number of active participants at the end of the plan year		6a(2)	6,541
b Retired or separated participants receiving benefits.....		6b	1
c Other retired or separated participants entitled to future benefits		6c	760
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	7,302
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	3
f Total. Add lines 6d and 6e		6f	7,305
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3,577
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	93
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3B 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

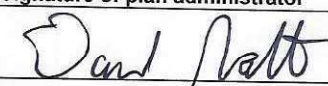
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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) IRS Notice FL-2022-19
- 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
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	1c Effective date of plan 01/01/2001
	2b Employer Identification Number (EIN) 65-0314170
	2c Plan Sponsor's telephone number 888-335-9545
	2d Business code (see instructions) 561300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		<u>1/14/2025</u>	DAVID RATTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>1/14/2025</u>	DAVID RATTNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

Continuation of 2021 Form 5500
Schedule H, line 5b - Additional Plans

Plan Name: AlphaStaff Retirement Savings Plan
Plan Sponsor's Name: AlphaStaff Group, Inc.

EIN: 65-0314170
Plan Number: 333

5(b) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
Velocity Clinical Research 401(k) Plan	82-3171064	1
CoAdvantage Corporation Retirement Savings Plan	27-3007025	333
ADP TotalSource Retirement Savings Plan	59-2452823	1

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

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 (EIN): 65-0314170 Plan #333

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

As of December 31, 2021

(a)	(b) Identity of issuer/ (c) Description of investment	(e) Current value
(i) Mutual funds:		
	VANGUARD TARGET RETIREMENT 2035 FD I	\$ 30,735,824
	VANGUARD TARGET RETIREMENT 2025 FD I	27,416,726
	VANGUARD GROWTH INDEX FD ADMIRAL	14,882,709
	VANGUARD TARGET RETIREMENT 2045 FD I	14,325,053
	VANGUARD INSTITUTIONAL INDEX FUND	13,278,776
	VANGUARD MID CAP INDEX FUND INSTL	9,592,159
	VANGUARD SMALL CAP I	7,670,755
	VANGUARD TARGET RETIREMENT 2055 INV	6,967,948
	VANGUARD TARGET RETIREMENT 2015 FD I	5,814,353
	FIDELITY INTL INDEX FD	5,498,911
	VANGUARD LIFE STRAT MOD GRWTH FUND I	5,390,072
	VANGUARD VALUE INDEX ADMIRAL	5,028,020
	VANGUARD LIFE STRATEGY GROWTH FD I	4,217,736
	FIDELITY TREASURY PORT C L I	3,082,699
	VANGUARD TOTAL BOND MKT INDEX ADM	2,869,394
	PIMCO TOTAL RETURN FUND INSTL CLASS	2,853,392
	INVESCO OPPENHEIMER DEV MKTS R6	2,851,401
	FEDERATED INSTL HIGH YIELD BND INSTL	2,510,612
	VANGUARD BALANCED INDEX FD ADMIRAL	2,213,601
	VANGUARD REAL ESTATE IN FD ADM SHRS	2,147,566
	VANGUARD INFLATION PROT SEC ADM	2,001,362
	VANGUARD TARGET RETIREMENT INCM INV	1,248,345
	ISHARES GOLD ETF	1,205,439
	VANGUARD LIFE STRATEGY INCOME FD I	941,570
	INVESCO DB COMMODITY INDEX TRACKING	541,617
	VANGUARD SHORT TERM BD INDEX FD ADM	522,775
	VANGUARD LIFESTRAT CONSRV GRTH FD I	520,151
	VANGUARD TARGET RETIREMENT 2065 INV	43,103
	Total mutual funds	176,372,069
(ii) Common collective trusts:		
	Morley Stable Value Fund	2,015,164
* (iii) Self-directed brokerage account:		2,806,228
	Notes receivable from participants (4.25% - 8.50%)	1,461,729
	Total investments and notes receivable from participants	\$ 182,655,190

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

See Independent Auditor's Report