

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:     a multiemployer plan     a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan     a DFE (specify) \_\_\_\_\_

**B** This return/report is:     the first return/report     the final return/report

an amended return/report     a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:     Form 5558     automatic extension     the DFVC program

special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>SPECIALIST RESOURCES GLOBAL, INC. 401(K) PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>12/01/2020</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>12/01/2020</u>			
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>						
<b>1c</b> Effective date of plan <u>12/01/2020</u>							
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SPECIALIST RESOURCES GLOBAL, INC.</u>  <u>318 SEABOARD LANE #110</u> <u>FRANKLIN, TN 37067</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN) <u>46-3924802</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number <u>615-649-4377</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions) <u>541519</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>46-3924802</u>		<b>2c</b> Plan Sponsor's telephone number <u>615-649-4377</u>		<b>2d</b> Business code (see instructions) <u>541519</u>	
<b>2b</b> Employer Identification Number (EIN) <u>46-3924802</u>							
<b>2c</b> Plan Sponsor's telephone number <u>615-649-4377</u>							
<b>2d</b> Business code (see instructions) <u>541519</u>							

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

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

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2025</u>	<u>JASON BRADSHAW</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	754
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	564
	<b>6a(2)</b>	486
	<b>6b</b>	0
	<b>6c</b>	145
	<b>6d</b>	631
	<b>6e</b>	0
	<b>6f</b>	631
	<b>6g(1)</b>	408
<b>6g(2)</b>	309	
<b>6h</b>	22	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2K 2T 3D 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input checked="" type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>SPECIALIST RESOURCES GLOBAL, INC. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPECIALIST RESOURCES GLOBAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>46-3924802</b>	

**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

**ALLIANCEBERNSTEIN, L.P.**

**13-4064930**

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

**ALLSPRING GLOBAL INVESTMENTS**

**95-3692822**

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

**AMERICAN FUNDS DISTRIBUTORS, INC.**

**95-2769620**

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

**BLACKROCK INVESTMENTS, INC.**

**23-2784752**

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

COHEN & STEERS CAPITAL MANAGEMENT

280 PARK AVENUE - 10TH FLOOR  
NEW YORK, NY 10017

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

DODGE & COX INC., DISTRIBUTOR

94-1441976

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET  
MAIL ZONE 03N  
SMITHFIELD, RI 02917

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

FRANKLIN TEMPLETON DISTRIBUTORS, I

100 FOUNTAIN PARKWAY  
ST. PETERSBURG, FL 33716

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE  
SUITE 500  
CHICAGO, IL 60606

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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

METROPOLITAN WEST FUNDS

865 SOUTH FIGUEROA STREET  
LOS ANGELES, CA 90017

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

MFS FUND DISTRIBUTOR'S, INC.

04-2747644

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

PRUDENTIAL INVESTMENT LLC

22-3468527

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

STATE STREET CORPORATION

04-1867445

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

VANGUARD

455 DEVON PARK DRIVE  
WAYNE, PA 19087

94-1441976

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

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

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

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

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**(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)

RESOURCES INVESTMENT ADVISORS, INC.

43-1451524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 64 99	CONSULTANT	82732	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADP, INC.

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64	RECORD KEEPER	10548	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ADP BROKER-DEALER

22-3319984

(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 99	RECORD KEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**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
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS 71 SOUTH WACKER DRIVE CHICAGO, IL 60606	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	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.	
STATE STREET CORPORATION  04-1867445	ANNUAL RATE 0.00680 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS 71 SOUTH WACKER DRIVE CHICAGO, IL 60606	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS	

**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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SPECIALIST RESOURCES GLOBAL, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SPECIALIST RESOURCES GLOBAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>46-3924802</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GOLDMAN SACHS SV COL TR IS 2</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>GOLDMAN SACHS TRUST COMPANY</u>	
<b>c</b> EIN-PN <u>13-4166989-025</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1083172</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>STATE ST CASH SERIES US GOVT L</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>STATE STREET BANK &amp; TRUST CO</u>	
<b>c</b> EIN-PN <u>90-0337987-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SPECIALIST RESOURCES GLOBAL, INC. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPECIALIST RESOURCES GLOBAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>46-3924802</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	29117	22817
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	94408	77614
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	344298	256867
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	574279	1083172
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	29527905	33471872
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	30570007	34912342
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	30570007	34912342

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	845269	
(B) Participants.....	2a(1)(B)	3175083	
(C) Others (including rollovers).....	2a(1)(C)	412107	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		4432459
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	26734	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		26734
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	836427	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		836427
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		18665
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		3576156
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		8890441

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5498561	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5498561
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		51131
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	10549	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	82732	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		93281
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5642973

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3247468
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1094867
(2) From this plan .....	<b>2l(2)</b>		

**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: **KNAV CPA LLP**

(2) EIN: **92-3540684**

**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
<b>a</b> 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.)	X		2918
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SPECIALIST RESOURCES GLOBAL, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SPECIALIST RESOURCES GLOBAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>46-3924802</u>	

<b>Part I</b>	<b>Distributions</b>
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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
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**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): 57-1198022

**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	
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<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 10 / 06 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704162A.

<b>SCHEDULE MEP (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	<b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b>  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)  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>SPECIALIST RESOURCES GLOBAL, INC. 401(K) PLAN</b>	<b>B</b> Three-digit Plan number (PN)..... ▶	<b>001</b>
<b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>SPECIALIST RESOURCES GLOBAL, INC.</b>	<b>D</b> Administrator's EIN <b>46-3924802</b>	

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

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

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

**Part II Participating Employer Information.**

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

<b>2a</b> Name of Participating Employer <b>SPECIALIST RESOURCES GLOBAL, INC.</b>	<b>2b</b> EIN <b>46-3924802</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>96.83</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>31244484</b>
<b>2a</b> Name of Participating Employer <b>CLOUD DEVELOPMENT RESOURCES, INC.</b>	<b>2b</b> EIN <b>83-1356284</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>3.17</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>2202029</b>

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

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

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMID TECHNOLOGIES PRIVATE LTD. CORP	47-0945477	0.00	162219
FLEX TECH, IMC.	38-2878822	0.00	775205
ENCORE HEALTH RESOURCES, LLC	26-4093712	0.00	445489
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

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

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

ACK ID \_\_\_\_\_

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# Specialist Resources Global, Inc. 401k Plan

Financial Statements

December 31, 2024, and December 31, 2023

**KNAV CPA LLP**

Certified Public Accountants  
One Lakeside Commons, Suite 850,  
990 Hammond Drive NE, Atlanta, GA 30328



America Counts on CPAs

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# Report of Independent Auditor

To,  
The Participants and the Plan Administrator,  
Specialist Resources Global, Inc. 401 (k) Plan

## Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the accompanying financial statements of Specialist Resources Global, Inc. 401k 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 statements of net assets available for benefits as of December 31, 2024, and December 31, 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024, and December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained certifications from a qualified institution as of December 31, 2024, and December 31, 2023, and for the years ended December 31, 2024, and December 31, 2023, stating that the certified investment information, as described in note 3 to the financial statements, is complete and accurate.

## Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s responsibilities for the audit of the financial statements section —

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

### **Basis for opinion**

We conducted our audits 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 audits of the 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of management for the financial statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events considered in the aggregate that raise substantial doubt about 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 financial statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

**Other matters- supplemental schedule required by ERISA.**

The supplemental schedules of Schedule H, Part IV, Line 4i – Schedule of assets held as of December 31, 2024, and Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions for the year ended December 31, 2024, (referred to as the “supplemental information”), are presented for purposes of additional analysis and not a required part of the financial statements but are 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 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*KNAV CPA LLP*

Atlanta, Georgia.  
October 15, 2025

**Specialist Resources Global, Inc. 401k Plan**  
Financial Statements  
December 31, 2024, and December 31, 2023

# Financial Statements

**Specialist Resources Global, Inc. 401k Plan**

Financial Statements

December 31, 2024, and December 31, 2023

**Statements of Net Assets Available for Benefits***(Amounts are in United States Dollars unless otherwise stated)***ASSETS****Investments, at fair value:**

	<b>As at</b>	
	<b>December 31, 2024</b>	<b>December 31, 2023</b>
Mutual funds	33,471,872	29,527,905
Common/collective trusts	1,083,172	574,279
<b>Total investments</b>	<b>34,555,044</b>	<b>30,102,184</b>

**Receivables:**

Contributions receivable from the employer	22,817	29,117
Contributions receivable from participants	77,614	94,408
Notes receivable from participants	256,867	344,298
<b>Total receivables</b>	<b>357,298</b>	<b>467,823</b>
<b>Total assets available for benefits</b>	<b>34,912,342</b>	<b>30,570,007</b>

**Net assets available for benefits***(See accompanying notes to financial statements)*

	<b>34,912,342</b>	<b>30,570,007</b>
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**Specialist Resources Global, Inc. 401k Plan**

Financial Statements

December 31, 2024, and December 31, 2023

**Statements of Changes in Net Assets  
Available for Benefits***(Amounts are in United States Dollars unless otherwise stated)***Additions to net assets attributed to:****Investment income:**

Net appreciation on mutual funds	3,576,156	3,965,545
Interest and dividend income	836,427	670,154
Net appreciation on common/collective trusts	18,665	12,572

**Total investment income**

For the year ended

**December 31, 2024**    **December 31, 2023****4,431,248****4,648,271****Interest income on participants' loans****26,734****16,407****Contributions:**

Participants	3,175,083	3,855,685
Employer	845,269	999,629
Rollover	412,107	222,147

**Total contributions****4,432,459****5,077,461****Total additions****8,890,441****9,742,139****Deductions from net assets attributed to:**

Distributions	5,498,561	4,141,699
Deemed distributions	51,131	1,161
Administrative expenses	93,281	73,898

**Total deductions****5,642,973****4,216,758**

## Net increase

3,247,468

5,525,381

Transfers of assets *(refer note 1)*

1,094,867

-

**Net assets available for benefits:****Beginning of the year****30,570,007****25,044,626****End of the year****34,912,342****30,570,007***(See accompanying notes to financial statements).*

## Specialist Resources Global, Inc. 401k Plan

Financial Statements

December 31, 2024, and December 31, 2023

# Notes to Financial Statements

*(All amounts are in United States Dollars unless otherwise stated)*

## NOTE 1: DESCRIPTION OF PLAN

The following description of the Specialist Resources Global, Inc. 401 (k) Plan (“the Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

### *General*

The Plan is a defined contribution plan, effective January 01, 2010, and amended as of March 11, 2024, covering all employees of Specialist Resources Global, Inc. (the “Plan Sponsor/ Plan Administrator”) and participating affiliates, i.e., eMids Technologies Private Limited, Corp, Encore Health Resources, LLC and Cloud Development Resources, Inc. (collectively the “Companies”). Employees are permitted to enter the Plan on the day they become employees of the Companies and any participating affiliates and attain 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

### *Plan merger*

During the Plan year 2022, eMids Technologies Private Limited Corp acquired Cloud Development Resources, Inc.; as a result, effective January 01, 2023, Cloud Development Resources, Inc. became a participating employer in the Plan.

### *Transfer of assets*

During Plan year 2024, assets amounting to \$1,094,867 pertaining to 15 participants were transferred into the Plan from the ADP TotalSource Retirement Savings Plan, in which Cloud Development Resources, Inc. was a participating employer.

### *Contributions*

The Plan includes a provision under Internal Revenue Code (“IRC”) Section 401(k) whereby participants may make pre-tax and Roth contributions by reducing their annual compensation by a specific dollar amount or by a specific percentage amount, subject to limitations under the IRC. Participants aged fifty and older are also allowed to make catch-up contributions. Annual participant contribution amounts are limited to \$23,000 and \$22,500 of salary deferrals for the year ended December 31, 2024 (\$30,500 for participants aged 50 years and over), and December 31, 2023 (\$30,000 for participants aged 50 years and over), respectively.

The Companies will make matching contributions to the Plan equal to 50 percent on the first 6 percent of the participant’s compensation, which is deferred as an elective deferral. Matching contributions shall be determined each payroll period. The Companies also have an option to make non-elective contributions to the Plan. The non-elective contribution will be allocated to all employees eligible to participate in the Plan. The employee must be an eligible participant employed on December 31 and should have completed more than 1,000 hours of service to receive this allocation. If the employment is terminated prior to December 31 due to death, disability, or attainment of age 65, the Plan's normal retirement age, the participant will be eligible to receive any non-elective contributions that the Companies may make for the year in which the employment is terminated. During the years ended December 31, 2024, and December 31, 2023, the Companies made no nonelective contributions.

## Specialist Resources Global, Inc. 401k Plan

### Financial Statements

December 31, 2024, and December 31, 2023

At the Plan administrator's discretion, a participant may deposit rollover contributions from another qualified plan. Rollover contributions are placed in the participant's account and are subject to the rules for investment established by the Plan administrator. The Plan does not permit Roth rollover contributions.

#### *Administration*

The Plan Sponsor serves as the Plan administrator. The Plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, establishing procedures, maintaining records, interpreting provisions of the Plan, and making determinations regarding questions that may affect eligibility for benefits. The Plan Sponsor has engaged ADP Retirement Services ("ADP") as a third-party administrator to assist in the administration of the Plan.

Reliance Trust Company (Reliance) served as the trustee of the Plan, pursuant to the Plan agreement for the years ended December 31, 2024, and December 31, 2023. The trustee received all contributions made under the Plan, held Plan assets, and paid benefits to participants as directed by the Plan Sponsor.

#### *Expenses*

Some expenses incurred for administering the Plan are paid by the Plan Sponsor, and these amounts are excluded from the Plan's financial statements. Asset and fund fees are recorded as a reduction of investment income and charged to participant accounts. Certain distribution fees and participant note fees are paid by participants as applicable. Investment advisory/ broker and some third-party administrator fees are paid by the Plan.

	Year ended	
	December 31, 2024	December 31, 2023
Investment advisory and investment management fees	82,732	68,128
Recordkeeping fees	10,549	5,770
<b>Total</b>	<b>93,281</b>	<b>73,898</b>

#### *Participant accounts*

Each participant account is credited with pretax, rollover contributions made by the participant, Plan Sponsor contributions, and plan earnings. Earnings, expenses, and gains and losses on investments are allocated based on participant account balances, as defined in the Plan agreement.

#### *Vesting*

Participants are fully vested with respect to their contributions from their salaries and rollover contributions. However, participant vesting with respect to matching contributions and nonelective contributions made by the Companies to their 401(k) Plan account balance is based on years of continuous service during which an employee completes at least 1,000 hours of service with the Companies.

The vesting percentages for matching contributions for the year ended December 31, 2024, and December 31, 2023, are as follows:

Years of vesting service	Vested percentage
Less than 2	0%
2 or more than 2	100%

## Specialist Resources Global, Inc. 401k Plan

Financial Statements

December 31, 2024, and December 31, 2023

The vesting percentages for nonelective contributions for the year ended December 31, 2024, and December 31, 2023, are as follows:

<b>Years of vesting service</b>	<b>Vested percentage</b>
Less than 1	0%
2	20%
3	100%

Participants, however, are 100% vested in matching contributions and nonelective contributions if the employment is terminated on account of the participant's death or if the participant terminates employment as a result of becoming disabled.

Any portion of a participant's account balance attributable to rollover contributions from another qualified plan contribution is 100% vested at the time of contribution and not subject to forfeiture.

### *Investment options*

Participants are required to make participant-directed allocations of their accounts among various investment options offered by the trustee.

### *Notes receivable from participants*

Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.50%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through monthly payroll deductions. Participants can only have one loan outstanding at any time.

### *Benefit payments*

In-service withdrawals of all or a portion of a participant's vested account balance may be made by a participant on incurring a hardship or after reaching age fifty-nine and a half. Upon normal retirement at age sixty-five, disability, or death, the participant or beneficiary may receive the value of the account through a lump sum distribution.

Participants withdrawing from the Plan due to termination of employment, other than due to retirement, disability, or death, may receive the value of their vested account by transfer to another qualified plan or individual retirement account or through a lump sum distribution.

Distributions from the Plan will normally be subject to income taxes and, in certain circumstances, may also be subject to Internal Revenue Service (IRS) penalties unless the distribution is transferred to another qualified plan or individual retirement account.

### *Forfeitures*

Non-vested account balances of terminated employees are forfeited after five consecutive one-year breaks in service, as defined in the Plan agreement. The Plan Sponsor may use forfeiture to pay Plan expenses or to reduce amounts otherwise required to contribute to the Plan, as defined in the Plan agreement. As of December 31, 2024, and December 31, 2023, non-vested forfeited accounts totaled \$42,410 and \$8,033, respectively, which

## **Specialist Resources Global, Inc. 401k Plan**

### Financial Statements

December 31, 2024, and December 31, 2023

includes adjustments for earnings and losses, amounting to \$293 and \$173 for the years ended December 31, 2024, and December 31, 2023, respectively. Forfeitures of terminated employees' non-vested accounts totaled \$84,653 during the year 2024 and \$74,564 during the year 2023. During the years 2024 and 2023, forfeitures amounting to \$50,569 and \$70,948 were used to reduce employer contributions.

### **NOTE 2: SUMMARY OF ACCOUNTING POLICIES**

#### *Basis of accounting*

The financial statements of the Plan are prepared using the accrual method of accounting. Investments held by the Plan are reported at fair value.

#### *Use of estimates in financial statements*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

#### *Risks and uncertainties*

The Plan provided for various investment options in registered investment companies (mutual funds) and common/ collective trust options. The Plan's exposure to credit losses in the event of nonperformance of investments is limited to the carrying value of such investments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits, participant account balances, and the statements of changes in net assets available for benefits.

#### *Notes receivable from participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024, and December 31, 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant's loan to be in default, the loan balance is reduced, and the delinquent participant's note receivable is recorded as a benefit payment based on the terms of the Plan document. Delinquent participant loans are recorded as deemed distributions on the basis of the terms of the Plan agreement.

#### *Investment valuation and income recognition*

Investments in mutual funds and common/collective trusts are valued at fair value, as provided by the trustees. The mutual funds held by the Plan are valued at fair value based on the daily closing price as reported by the funds. All the mutual funds are open-ended and are registered with the Securities and Exchange Commission. These mutual funds are required to publish their daily net asset value (NAV) and to transact at that price. The common/collective trusts are valued at the NAV of units held by the Plan. The NAV, as provided by the trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. The 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.

## Specialist Resources Global, Inc. 401k Plan

### Financial Statements

December 31, 2024, and December 31, 2023

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

#### *Basis of fair value measurements*

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable. Either directly or indirectly.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurements and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements.

The Companies evaluates its financial assets and liabilities subject to fair value measurements on a recurring basis to determine the appropriate level of classification as of each reporting period.

The following is a description of the valuation methods used for Plan assets measured at fair value at December 31, 2024, and December 31, 2023. There were no changes in the methods used at December 31, 2024, and December 31, 2023.

*Mutual funds:* Valued at the NAV of shares held by the Plan at year-end, quoted in an active market.

*Common/collective trusts:* Units held in common/collective trusts ("CCT") are valued using the NAV practical expedient of the CCT as reported by the issuer of the CCT. The NAV practical expedient is based on the fair value of the underlying assets owned by CCT, minus its liabilities, and then divided by the number of units outstanding. The CCT may be redeemed at NAV daily without restrictions.

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 methods or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

### **NOTE 3: INFORMATION CERTIFIED BY RELIANCE TRUST COMPANY ("TRUSTEE") (UNAUDITED)**

The following is a summary of the Plan's asset information as of December 31, 2024, and December 31, 2023, and for the years ended December 31, 2024, and December 31, 2023, included throughout the Plan's financial statements and supplemental schedules as of and for the year ended December 31, 2024, that was prepared by or derived from information provided by Reliance Trust Company, the trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from Reliance Trust Company that the information provided to the Plan administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedules related to the following assets:

**Specialist Resources Global, Inc. 401k Plan**

Financial Statements

December 31, 2024, and December 31, 2023

	As at	
	December 31, 2024	December 31, 2023
<b>Investments at fair value:</b>		
Mutual funds	33,471,872	29,527,905
Common/collective trusts	1,083,172	574,279
<b>Investments as certified by trustee (unaudited)*</b>	<b>34,555,044</b>	<b>30,102,184</b>
<b>Transactions during the year</b>		
Net appreciation on mutual funds	3,576,156	3,965,545
Interest and dividend income	836,427	670,154
Net appreciation on common/collective trusts	18,665	12,572

\*Refer note 6 for reconciliation with Schedule H, Form 5500

**NOTE 4: INVESTMENTS**

A schedule of the fair value, wherever applicable, of individual investments that comprised 5% or more of the Plan's net assets available for benefits at December 31, 2024, and December 31, 2023, is as follows:

Fund name	2024		2023	
	Amount \$	%	Amount \$	%
Fidelity 500 Index Fund	4,368,863	13	2,515,291	8
Fidelity Freedom Index 2030 Fund - Institutional Premium Class	4,065,443	12	5,875,121	19
JPMorgan Large Cap Growth Fund - Class R6	3,179,041	09	2,281,625	07
Fidelity Freedom Index 2035 Fund - Institutional Premium Class	2,638,857	08	2,671,966	09
Fidelity Freedom Index 2045 Fund - Institutional Premium Class	2,515,312	07	2,099,421	07
Fidelity Freedom Index 2040 Fund - Institutional Premium Class	2,494,714	07	2,422,366	08
BlackRock Mid-Cap Growth Equity Fund	*	*	1,496,745	05

\*Value as of reporting date does not equal or exceed 5% of net assets.

During the years ended December 31, 2024, and December 31, 2023, the Plan's investments (including losses and gains of investments bought, sold, and held during the year) appreciated in value as follows:

	Year ended	
	December 31, 2024	December 31, 2023
Net appreciation on mutual funds	3,576,156	3,965,545
Interest and dividend income	836,427	670,154
Net appreciation on common/collective trusts	18,665	12,572

**NOTE 5: FAIR VALUE MEASUREMENTS**

The following tables present, by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2024, and December 31, 2023. As required by Accounting Standard Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

**Specialist Resources Global, Inc. 401k Plan**

Financial Statements

December 31, 2024, and December 31, 2023

Description	Amount \$	<u>December 31, 2024</u>			
		Quoted in active markets for identical assets. (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Others*
Mutual funds	33,471,872	33,471,872	-	-	-
Common/collective trusts*	1,083,172	-	-	-	1,083,172
<b>Total investments</b>	<b>34,555,044</b>	<b>33,471,872</b>	<b>-</b>	<b>-</b>	<b>1,083,172</b>

\*Assets measured at fair value using the NAV practical expedient and therefore excluded from the fair value hierarchy.

Description	Amount \$	<u>December 31, 2023</u>			
		Quoted in active markets for identical assets. (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Others*
Mutual funds	29,527,905	29,527,905	-	-	-
Common/collective trusts*	574,279	-	-	-	574,279
<b>Total investments</b>	<b>30,102,184</b>	<b>29,527,905</b>	<b>-</b>	<b>-</b>	<b>574,279</b>

\*Assets measured at fair value using the NAV practical expedient and therefore excluded from the fair value hierarchy.

There were no transfers between Level 1, Level 2, and Level 3 during the years ended December 31, 2024, and December 31, 2023.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024, and December 31, 2023. There are no participant redemption restrictions for these investments; the redemption notice period applies only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (if eligible)	Redemption Notice Period
Common collective trusts	1,083,172	None	Daily	None
	Fair Value	Unfunded Commitments	Redemption Frequency (if eligible)	Redemption Notice Period
Common collective trusts	574,279	None	Daily	None

As of December 31, 2024, and December 31, 2023, the Plan had no unfunded commitments related to its investment in the common/collective trust. Redemptions are permitted daily at NAV with no advance notice requirement, lockups, gates, or other redemption restrictions at the participant level.

## Specialist Resources Global, Inc. 401k Plan

Financial Statements

December 31, 2024, and December 31, 2023

### NOTE 6: RECONCILIATION OF INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED) TO FORM 5500

	2024	2023
Balance as certified by the trustee ( <i>unaudited</i> ) - refer note 3	34,555,044	30,102,184
Add: Participants' contribution receivable	77,614	94,408
Add: Employer contributions receivable	22,817	29,117
Add: Notes receivable from participants	256,867	344,298
<b>Net assets as per Schedule H, Form 5500</b>	<b>34,912,342</b>	<b>30,570,007</b>

### NOTE 7: INCOME TAX STATUS

For the year ended December 31, 2024, and December 31, 2023, the Plan Sponsor entered into a non-standardized arrangement of the *ADP, LLC, Non-Standardized Pre-Approved Profit-Sharing Plan/Money Purchase/CODA*. ADP, LLC has received an opinion letter from the IRS dated October 06, 2020, which stated that the form of the non-standardized pre-approved profit-sharing plan and related trust was designed in accordance with applicable sections of the IRC. It is the opinion of the Plan trustee and the Plan's attorney that the Plan is in compliance with all applicable laws and regulations.

U.S. generally accepted accounting principles require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analysed the tax positions taken by the Plan and has concluded that as of December 31, 2024, and December 31, 2023, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### NOTE 8: PARTY – IN – INTEREST TRANSACTIONS

Reliance serves as the trustee of the Plan. The trustee performed services for and sold products to and managed and maintained certain investments of the Plan for which fees are paid by the Plan. ADP provides services to the Plan as a third-party Plan administrator for which administration fees are charged to the Plan. The Plan Sponsor serves as a Plan administrator and also provides certain accounting and investment management services to the Plan for which no fees are charged. Party-in-interest transactions also include loans made to participants.

Such transactions, while considered party-in-interest transactions under ERISA, are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

### NOTE 9: PLAN TERMINATION

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

### NOTE 10: DELINQUENT CONTRIBUTIONS

During the year ended December 31, 2024, the Companies did not remit certain participant contributions, totaling \$2,918, within the time frame required by DOL's rules and regulations. The Companies intends to calculate and remit lost earnings on these delinquent contributions in accordance with DOL guidelines.

**Specialist Resources Global, Inc. 401k Plan**

Financial Statements

December 31, 2024, and December 31, 2023

<b>Plan year</b>	<b>Total delayed contributions</b>	<b>Delays corrected</b>	<b>Delays not corrected</b>	<b>Correction year</b>	<b>Lost earnings remitted</b>
2024	\$2,918	-	\$2,918	-	No

Late remittances of participant contributions and loan repayments constitute non-exempt prohibited transactions under ERISA and the IRC. Any applicable excise taxes and required filings (including VFCP/PTE 2002-51, if applicable) are the responsibility of the Plan Sponsor.

The Plan did not engage in any other non-exempt prohibited transactions during the years presented.

**NOTE 11: SUBSEQUENT EVENTS**

The Plan evaluated all events and transactions that occurred after December 31, 2024, through the date the financial statements were available to be issued. Based on the evaluation, the Plan states that effective January 01, 2025, the Plan has appointed ADP Retirement Trust Services, LLC (“ADP Trust”) as the Plan’s Trustee upon the resignation of Reliance Trust Company on December 31, 2024.

**Specialist Resources Global, Inc. 401k Plan**

Financial Statements

December 31, 2024, and December 31, 2023

**Supplemental schedule**

Plan Sponsor: Specialist Resources Global, Inc.

EIN: 46-3924802

Plan number: 001

- Schedule H, Part IV, Line 4i - Schedule of assets held as of December 31, 2024\*\*

Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Amount (\$)
Fidelity 500 Index Fund	Mutual fund	4,368,863
Fidelity Freedom Index 2030 Fund - Institutional Premium Class	Mutual fund	4,065,443
JPMorgan Large Cap Growth Fund - Class R6	Mutual fund	3,179,041
Fidelity Freedom Index 2035 Fund - Institutional Premium Class	Mutual fund	2,638,857
Fidelity Freedom Index 2045 Fund - Institutional Premium Class	Mutual fund	2,515,312
Fidelity Freedom Index 2040 Fund - Institutional Premium Class	Mutual fund	2,494,714
BlackRock Mid-Cap Growth Equity Fund	Mutual fund	1,457,750
Fidelity Mid Cap Index Fund	Mutual fund	1,274,976
Vanguard Equity Income Fund - Admiral	Mutual fund	1,260,606
American Funds New Perspective Fund	Mutual fund	1,204,532
Fidelity Freedom Index 2050 Fund - Institutional Premium Class	Mutual fund	1,106,859
Goldman Sachs Stable Value Collective Trust - Investor Series Class 2	Common/ Collective trusts	1,083,172
Fidelity Freedom Index 2025 Fund - Institutional Premium Class	Mutual fund	957,735
Fidelity Small Cap Index Fund	Mutual fund	957,662
AB Small Cap Growth Portfolio - Class Z	Mutual fund	934,411
Fidelity Freedom Index 2055 Fund -Institutional Premium Class	Mutual fund	730,729
Fidelity International Index Fund	Mutual fund	669,783
Fidelity Freedom Index Inc Fund -Institutional Premium Class	Mutual fund	645,737
PGIM High Yield Fund R6	Mutual fund	632,720
MFS International Diversification Fund	Mutual fund	527,540
Fidelity Emerging Markets Index Fund	Mutual fund	515,584
Fidelity U.S. Bond Index Fund	Mutual fund	244,820
Cohen & Steers Realty Shares - Class Z	Mutual fund	233,522
Allspring Special Mc Val R6	Mutual fund	205,759
Franklin Small Cap Value Fund - Class R6	Mutual fund	181,619

**Specialist Resources Global, Inc. 401k Plan**

Financial Statements

December 31, 2024, and December 31, 2023

Dodge & Cox Income Fund X	Mutual fund	161,749
Fidelity Freedom Index 2060 Fund -Institutional Premium Class	Mutual fund	156,603
Fidelity Freedom Index 2065 Fund -Institutional Premium Class	Mutual fund	148,946
<b>Total Investments</b>		<b><u>34,555,044</u></b>

**Notes receivable from participants\***

Loan notes	Interest rates range from 4.25% to 9.50%, with various maturities	256,867
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\*Party in interest as defined by ERISA

\*\*Other schedules required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because there is no information to report.

The above information was certified by Reliance Trust Company to be complete and accurate to the best of its knowledge.

See Report of Independent Auditor.

**Specialist Resources Global, Inc. 401k Plan**

Financial Statements

December 31, 2024, and December 31, 2023

## Supplemental Information

Plan Sponsor: Specialist Resources Global, Inc.

EIN: 46-3924802

Plan number: 001

Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions for the year ended December 31, 2024\*

Participant contributions transferred late to the Plan**	Check here if late participants' loan repayments are included	Total that constitutes non-exempt prohibited transactions		Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51***
		Contributions not corrected	Contributions corrected outside VFCP		
\$2,918	-	\$2,918	-	-	-

\*\*Refer note 10.

\*Other schedules required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because there is no information to report.

\*\*\*VFCP – Voluntary Fiduciary Correction Program

\*\*\*PTE – Prohibited Transaction Exemption

**Specialist Resources Global, Inc. 401k Plan**

Financial Statements

December 31, 2024, and December 31, 2023

Plan Sponsor: Specialist Resources Global, Inc.

EIN: 46-3924802

Plan number: 001

- Part 1, Line A - Multiple Employer Plan Participating Employer Information

<b>(a) Name of Participating Employer</b>	<b>(b) EIN</b>	<b>(c) Percent of Total Contributions</b>	<b>(d) Aggregate Account Balances Attributable to Participating Employers*</b>
Specialist Resources Global, Inc.	46-3924802	96.83%	31,244,484
Cloud Development Resources, Inc.	83-1356284	3.17%	2,202,029
eMids Technologies Private Limited, Corp	47-0945477	0.00%	162,219
FlexTech, Inc.	38-2878822	0.00%	775,205
Encore Health Resources, LLC	26-4093712	0.00%	445,489

\*Account balances also include deemed distributed loans.

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** SPECIALIST RESOURCES GLOBAL, INC. 401K PLAN

**EIN:** 46-3924802

**Plan Sponsor's Name** SPECIALIST RESOURCES GLOBAL, INC

**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PARTICIPANT LOANS	INTEREST RATES ( 4.25% TO 9.50%)		256,867
	FID FREE INDX 2035 IP	REGISTERED INVESTMENT COMPANY		2,638,857
	FID FREE INDX 2040 IP	REGISTERED INVESTMENT COMPANY		2,494,714
	FID EMERGING MARKETS INDEX	REGISTERED INVESTMENT COMPANY		515,584
	COHEN & STEERS REALTY SHARES Z	REGISTERED INVESTMENT COMPANY		233,522
	FID SMALL CAP INDEX	REGISTERED INVESTMENT COMPANY		957,662
	PGIM HIGH YIELD FUND R6	REGISTERED INVESTMENT COMPANY		632,720

**Attachment to 2024 Form 5500  
Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** SPECIALIST RESOURCES GLOBAL, INC. 401K PLAN  
**Plan Sponsor's Name** SPECIALIST RESOURCES GLOBAL, INC

**EIN:** 46-3924802  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMER FUNDS NEW PERSP R6	REGISTERED INVESTMENT COMPANY		1,204,532
	DODGE & COX INCOME FUND X	REGISTERED INVESTMENT COMPANY		161,749
	FID FREE INDX 2050 IP	REGISTERED INVESTMENT COMPANY		1,106,859
	FID FREE INDX 2030 IP	REGISTERED INVESTMENT COMPANY		4,065,443
	FID FREE INDX INCOME IP	REGISTERED INVESTMENT COMPANY		645,737
	ALLSPRING SPECIAL MC VAL R6	REGISTERED INVESTMENT COMPANY		205,759
	FID INTERNATIONAL INDEX	REGISTERED INVESTMENT COMPANY		669,783

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

Plan Name SPECIALIST RESOURCES GLOBAL, INC. 401K PLANEIN: 46-3924802Plan Sponsor's Name SPECIALIST RESOURCES GLOBAL, INCPN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AB SMALL CAP GROWTH PORT Z	REGISTERED INVESTMENT COMPANY		934,411
	MFS INTL DIVERSIFICATION R6	REGISTERED INVESTMENT COMPANY		527,540
	FID FREE INDX 2060 IP	REGISTERED INVESTMENT COMPANY		156,603
	FID FREE INDX 2025 IP	REGISTERED INVESTMENT COMPANY		957,735
	FID FREE INDX 2055 IP	REGISTERED INVESTMENT COMPANY		730,729
	JPMORGAN LARGE CAP GROWTH R6	REGISTERED INVESTMENT COMPANY		3,179,041
	FID US BOND IND	REGISTERED INVESTMENT COMPANY		244,820

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** SPECIALIST RESOURCES GLOBAL, INC. 401K PLAN

**EIN:** 46-3924802

**Plan Sponsor's Name** SPECIALIST RESOURCES GLOBAL, INC

**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANG EQUITY INC ADM	REGISTERED INVESTMENT COMPANY		1,260,606
	FID FREE INDX 2045 IP	REGISTERED INVESTMENT COMPANY		2,515,312
	FID MID CAP INDEX	REGISTERED INVESTMENT COMPANY		1,274,976
	FID FREE INDEX 2065 IP	REGISTERED INVESTMENT COMPANY		148,946
	FID 500 IND	REGISTERED INVESTMENT COMPANY		4,368,863
	BLACKROCK MIDCAP GROWTH EQ K	REGISTERED INVESTMENT COMPANY		1,457,750
	FRANKLIN SCV R6	REGISTERED INVESTMENT COMPANY		181,619

