Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE ALCOTT GROUP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1981

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ALCOTT HR GROUP, LLC

71 EXECUTIVE BLVD
SUITE 1
FARMINGDALE, NY 11735

2b Employer Identification Number (EIN) 26-1638437

2c Plan Sponsor's telephone number 631-420-0100

2d Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	DANIELLE WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	4058
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	3220
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3112
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	933
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4045
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	4045
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	2882
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	3025
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	36
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2R 2V

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
THE ALCOTT GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALCOTT HR GROUP, LLC

D Employer Identification Number (EIN)
26-1638437

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50	TPA/RECORDKEEPER	883778	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALCOTT HR GROUP LLC

71 EXECUTIVE BLVD
FARMINGDALE, NY 11735

(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?
14	PLAN ADMINISTRATOR	108625	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BKS FINANCIAL INVESTMENTS LLC

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	25369	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

COHNREZNICK LLP

33-4144829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	23400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE ALCOTT GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALCOTT HR GROUP, LLC

D Employer Identification Number (EIN)
26-1638437

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST STABLE VALUE EMPLOYE

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6350416-001	C	4196523

a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST COMPANY STABLE VALUE

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-001	C	1671901

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE ALCOTT GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALCOTT HR GROUP, LLC

D Employer Identification Number (EIN)
26-1638437

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1953936	2161458
(9) Value of interest in common/collective trusts	1c(9)	6354063	5868426
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	216640575	239174769
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3208820	3684793

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	228157394	250889446
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	228157394	250889446

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	6587151	
(B) Participants	2a(1)(B)	16997767	
(C) Others (including rollovers)	2a(1)(C)	3705849	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		27290767
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	168674	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		168674
(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)	10059344	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		10059344
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		213608
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		482907
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		25937866
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		64153166
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34156001	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		34156001
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	992502	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	23400	
(5) Investment advisory and investment management fees	2i(5)	25369	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1041271
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		35197272
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		28955894
l Transfers of assets:			
(1) To this plan	2l(1)		2344794
(2) From this plan	2l(2)		8568636

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: COHNREZNICK LLP **(2)** EIN: 33-4144829

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
MI-CASE PA, INC. 401K PLAN	75-3210793	001
EMPLOYER SERVICES CORPORATION'S 401(K) RETIREMENT PLAN	20-2250813	003
TARIAN 401(K) PLAN	88-0707272	002
METHOD AI, INC. RETIREMENT SAVINGS PLAN	86-2997632	002

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
FAMILY PROMISE OF WESTERN NEW YORK 401K PROFIT SHARING PLAN	16-1474044	001

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE ALCOTT GROUP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALCOTT HR GROUP, LLC

D Employer Identification Number (EIN)
26-1638437

Part I Distributions

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

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

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

EIN(s): 58-1428634

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan THE ALCOTT GROUP 401(K) PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ALCOTT HR GROUP, LLC	**D** Administrator's EIN 26-1638437

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
DUPON USA LLC	99-0765639	1.62	3984933
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
TARGETED LENDING CO LLC	36-4815994	0.80	1533621

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

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☒ Yes ☐ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	1309

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
BEHRMAN HOUSE INC	22-2664797	0.60	5049475
RAI FUNDING LLC	22-3455896	0.19	3530792
INTERNATIONAL ADVERTISING ASSOCIATION	13-1661667	0.09	106564
NEW OPHTHALMIC NETWORK OF EXCELLENCE LLC	13-4187826	0.00	981640
NAVIDOR LTD	03-0540214	0.00	27805
SPINE SURGERY OF BUFFALO NIAGARA LLC	03-0576220	0.00	538
HERMANS SUPPLY COMPANY INC	36-4832057	0.00	22737
PROVITELLO LLC	20-1444039	0.00	41444
SIENNA ENVIRONMENTAL TECHNOLOGIES LLC	16-1581864	0.00	293229

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHOTOLITEC LLC	90-0642326	0.00	22844
BUFFALO NIAGARA MANUFACTURING ALLIANCE	27-1356778	0.00	15921
CONTRACT PHARMACEAUTICALS LIMITED NIAGARA	20-2417814	0.00	111994
MACGREGOR ABSTRACT CORP	11-2811106	0.06	759802
WNY FUN FOODS	46-3722022	0.00	90093
NOB HILL APARTMENT GROUP LLC	35-2630468	0.00	35001
DIGITAL SURVEILLANCE SOLUTIONS LLC	20-0886315	0.22	461
CHALLENGER LOGISTICS INTERNATIONAL INC	38-3588676	0.61	874229
SELECTLEADERS LLC	06-1633011	0.00	0

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TSSCO INC	11-3088867	0.02	371995
EXCELSUS SOLUTIONS LLC	20-2151393	0.49	1428776
1320 MILITARY ROAD INC	47-1391103	0.00	141057
EAR NOSE THROAT CARE OF WNY	05-0630938	0.00	516662
CONTRACT PHARMACEUTICALS LIMITED CANADA	98-0359212	0.09	409919
GARWOOD MEDICAL DEVICES INC	47-1353315	0.00	93055
WAREHOUSE ANYWHERE LLC	33-4652239	0.13	148722
CCAW EMPLOYMENT CO LLC	84-3867549	1.22	3228802
TEAM BHAG	47-4420544	0.00	11260

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P2 COLLABORATIVE OF WESTERN NEW YORK INC	42-1604185	0.00	0
ULBRICHS TREE FARM INC	16-0984253	0.00	10420
MARCO PROMOTIONAL MANAGEMENT INC	16-1493497	0.00	114627
M AND M FORWARDING OF BUFFALO NY INC	16-0975939	0.12	1912509
CLINICAL NEUROSCIENCE SERVICES MEDSURG PLLC	45-4048180	0.00	255532
INVAFRESH INC	52-2071603	0.02	2289723
KAISER TIME INCORPRATED	13-4118051	0.00	71559
TADLER LAW LLP	83-4192488	0.00	22868
DECISION SUPPORT DYNAMICS LLC	16-1588494	0.00	1341893

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METHOD AI INC	86-2997632	0.80	0
PLANNED FUTURES FINANCIAL GROUP LLC	16-1546432	0.00	94711
GT FORGE INC	27-3561093	0.00	312242
NBF HOLDINGS USA INC	32-0546102	0.98	1553855
ALCOTT HR GROUP LLC	26-1638437	2.70	11508388
BUFFALO COLLEGIATE CHARTER SCHOOL	82-2306347	0.00	494407
BUFFALO NIAGARA PARTNERSHIP	16-0365700	0.48	3220414
CENTURYAIRPORT PEDIATRICS PC	16-1488758	0.21	1086877
VR SUBSIDIARY LLC	26-2274381	0.00	0

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PHILIP J YOUNG DDS PLLC	02-0589782	0.05	71254
WNY KNEE ORTHOPEDIC SURGERY PC	47-2242280	0.48	2857565
FAMILY PROMISE OF WESTERN NEW YORK	16-1474044	0.00	0
FAMILY JUSTICE CENTER OF THE ERIE COUNTY	20-2250813	0.04	0
REAREND SPECIALISTS FLEET MAINTENANCE INC	20-2151875	0.11	82816
NUTRABLEND FOODS LLC	27-0680651	0.00	16358
GENOME PROTECTION INC	82-5517572	0.00	52990
KIDS ALLIANCE PEDIATRIC GROUP	01-0588852	0.00	229402
IHS DIALYSIS INC	22-3869734	0.00	29871

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UC SOLUTIONS LLC	46-3136498	0.00	116785
EMULSO INTERNATIONAL CORPORATION	81-4066161	0.00	9483
BLUE OCEAN PARTNERS LLC	20-2318626	0.00	159813
LITTLE AIRPLANE PRODUCTIONS INC	13-4055153	0.00	250209
AAUP ADELPHI CHAPTER	51-0178051	0.00	17913
CENTRAL NASSAU GUIDANCE	11-2438388	0.00	462596
MILBERG PHILLIPS GROSSMAN LLP	82-2809512	0.00	126806
INTEGRITY RISE MANAGEMENT LLC	93-3663898	1.21	290596
CLIMB YOUR MOUNTAIN INC	32-0141508	0.00	270637

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PRIMARY CARE OF WESTERN NEW YORK LLP	16-1680943	3.88	10785901
KENNEDY WATCH AND JEWELRY COMPANY	86-1490783	0.00	32103
ALCOTT HR GROUP REIMBURSEMENT ACCOUNT PLAN	26-5546655	0.00	37999
ALCOTT HR GROUP SUSPENSE PLAN	26-2556666	0.00	6029252
UNIVERSITY DENTAL PRACTICE SERVICES INC	16-1534221	0.00	147566
GENCO NYC 240 WILLOUGHBY LLC	33-4238442	0.05	12435
DD DISTRIBUTION INC	35-2531289	0.00	0
PASSTECH DEVELOPMENT LLC	86-1853815	0.09	413316
FEDERSPIEL PFEIFER KUBICKI CPA PC	16-1492835	0.98	2795807

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DR STEVEN BLONDER DDS	06-5469688	0.00	113
AFFINITY SOLUTIONS INC	13-4024222	10.09	19679814
HOLDING CAPITAL GROUP INC	13-2964405	0.13	1276782
CONNORS AND SULLIVAN ATTORNEYSATLAW PLLC	27-0602444	1.81	6761011
RICHTER CONSULTING INC	52-2172524	0.54	208618
WQS FOOD VERIFICATION LLC	27-0678772	0.53	588616
METROPOLITAN INTERACTIVE LTD	46-1957702	0.80	1424923
RCM AMERICA INC	45-4614427	0.25	74609
RICHLIN MACHINERY INC	11-2505574	0.15	862673

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DATASURE24 LLC	83-1483354	0.37	457956
AT TECHNOLOGY INC	16-1553876	0.69	1538526
MONTCALM WINE IMPORTERS LTD	13-4136148	0.09	46912
JC ROSS INC	16-1560271	0.08	684211
WESTERN NEW YORK ENT	16-1472493	1.61	4435547
CORRECTIONAL ASSOCIATION OF NEW YORK	13-5562324	0.43	681594
43 NORTH BPC INC	47-2878159	0.34	420503
ACTORS STUDIO	13-6002851	0.03	65716
JCLAN PROPERTIES LLC	87-1891507	0.05	27494

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SUMMERLAND STORAGE PARTNERS LLC	39-2249609	0.12	30004
TOWN OF OYSTER BAY DPT OF INTERGOVERNMENTAL AFFAIRS	11-6001934	0.04	294722
BPG HOME BUILDERS LLC	33-1314816	0.07	16789
TAKLE MANAGEMENT LLC	43-1969106	0.81	1549554
TECHBUFFALO INC	84-4191247	0.19	142350
PRYTON	13-2608476	0.00	413677
SUFFOLK COUNSELING SERVICES LCSW PC	82-2413261	0.35	88338
GRIFFCO VALVE INC DBA GRIFFCO VALVE	16-1424427	0.68	1344000
ABBEY MECCA COMPANY INC	16-0951713	0.17	625976

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IMAGEN OF WNY INC DBA BUFFALO PRINTING CO	16-1162064	0.00	218710
GF CAPITAL SPORTS HOLDINGS LLC	47-4225121	0.95	616293
145 EAST 49TH STREET LLC	11-3295371	0.17	135135
ERASE RACISM	65-1218069	0.02	176920
GERELLI INSURANCE AGENCY INC	06-1221939	0.58	1819925
REZENITY HEALTH LLC	99-0863908	0.02	4610
BUTLER ASSOCIATES LLC	11-3325542	0.05	41222
CPN MECHANICAL INC	11-3509688	0.25	379160
KP AMERICA	13-3276084	0.29	822398

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THE CARPENTER CONSULTING GROUP INC	87-2334080	0.51	128465
NINA MCLEMORE INC	80-0020158	0.00	39027
BUFFALO COMMONS CHARTER SCHOOL	85-4160029	0.34	249998
RADIAL VENTURES LLC	33-1285485	0.07	15784
FICHMAN FURNITURE LLC	99-0375799	0.04	30605
CITY CARE FAMILY PRACTICE	13-3894919	0.31	898692
NEW WESTBROOK PROPERTIES LLC	16-1481941	0.20	335753
HELVIE INC	83-3445602	0.45	116332
MAGIS PROPERTY MANAGEMENT	81-3719790	0.17	63627

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JAMAICA BEARINGS CO INC	11-2596748	5.93	25905425
VIRTUAL MEDICAL CARE PC	84-3640052	0.17	254119
LLC SALES INC	38-4101887	0.17	169200
CIMINELLI PROPERTIES LLC	27-2248588	0.00	180598
WNY WOMENS FOUNDATION	27-4154672	0.09	194224
MELROSE COMPANIES LLC	93-2634471	0.03	196637
CYBERSECURITY MATURITY MODEL CERTIFICATION	84-4383200	0.84	579866
SOSF VENTURES LP	38-4108539	0.32	124718
PETER J BRUNO MD PC	73-1709083	0.15	449829

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KEVIN SCHAEFER ASSOCIATES LLC	27-0529237	0.15	449554
WATERHOWARD ASSOCIATES LLC	16-1585122	0.25	115659
WA SOLUTIONS	81-0834328	2.24	1875317
MICASE PA INC	75-3210793	0.15	0
MNT TRAVEL CORP DBA MISSION NATION TRAVEL	83-3272281	0.81	1511296
THE JOHN R OISHEI FOUNDATION	16-0874319	0.77	1082818
DR CHARLENE BERKMAN DMD	01-3387771	0.01	887
QIMA US LLC	26-0866531	0.92	1414552
GENADYNE BIOTECHNOLOGIES INC	11-3129276	0.08	366833

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HOME BUILDERS 1 LP	13-4150692	0.25	193877
NETWORK OF ENLIGHTENED WOMEN INC	20-5178959	0.13	32983
W GLENN SEDAM INC DBA SEDAM TIRE	16-0719448	0.48	200672
STRATEGY LEADERS	13-3862978	0.14	387811
EYRA SERVICES LLC	88-0847773	0.28	89126
SUPERIOR GLOVE WORKS USA LIMITED	35-2491374	0.88	738214
SMARTWARE TECHNOLOGIES GROUPLLC	81-1327714	0.38	941195
CELL X TECHNOLOGIES INC	82-2405500	0.39	420659
SUMMIT FINANCIAL CONSULTANTS	13-3834822	0.17	408539

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LEVEL FIVE CONSULTING LLC	47-5285031	0.19	469487
INVEST BUFFALO NIAGARA	16-1579523	0.37	767808
INDOOR AIR PROFESSIONAL INC	16-1434548	0.35	1546203
THE NEW YORK STATE GOLF ASSOCIATION INC	16-0866643	0.30	182358
ALLEGANYWESTERN STEUBAN ARDENT SOLUTIONS	34-2030783	0.05	46230
WNY CLAIMS SERVICES LLC	81-1789879	0.02	92267
57 ALEXANDER DEVELOPER LLC	84-3802514	0.08	17103
QUALITY VALVE LLC	63-1133257	2.07	2294501
CHARTER SCHOOL OF INQUIRY	47-1284283	0.76	1581698

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Part II Participating Employer Information (Continued).

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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
DUNKIRK METAL PRODUCTS OF WNY LLC	45-5138988	0.02	66093
NOVUM MEDICAL PRODUCTS OF NY LLC	82-3225072	0.12	274139
CF SERVICING LLC	88-3517530	1.71	5347809
MAD ELEVATOR FIXTURES USA INC	98-0587898	0.14	602269
NAZARETH HOME OF THE FRANCISCAN SISTERS	16-0813142	0.19	47214
EAGLES RISE RANCH LLC	82-3358117	0.78	864647
WEST SIDE ROWING CLUB INCORPORATED OF THE CITY OF BUFFALO	23-7036394	0.06	19963
MAXIMUM SECURITY SERVICES INC	16-1612208	0.18	302008
PUSATERI INTERNATIONAL LTD	38-3671574	0.23	107567

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

Part II Participating Employer Information (Continued).

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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
HERSTORY WRITERS NETWORK INC	11-3377741	0.12	378237
LIC RES LLC DBA THE MAXIMILLIAN	45-3775254	0.19	419993
CONSTRUCTION EXCHANGE OF BUFFALO WNY INC	22-2464560	0.11	138149
FULL COURT PARTNERS LLC DBA DALLAS WINGS	27-0504982	0.93	1387149
BOWIE BUSINESS INNOVATION CENTER	27-1352516	0.12	78074
NORMAN HECHT RESEARCH	11-2774791	0.46	5681638
PRIAM PROPERTY MANAGEMENT LLC	47-2089294	0.21	224907
43NORTH FOUNDATION INC	86-1647131	0.06	13527
CSI INTERNATIONAL	16-1362741	0.23	1109247

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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
STANGTEK SERVICES LLC	45-1609052	0.51	674330
SYLHAN LLC	47-2546217	0.87	1907302
TF OBRIEN COMPANY INC	11-2146098	1.26	4230990
INO USA INC	85-4386123	0.34	328443
AKASHINGA INC	32-0408734	0.16	544907
SPRINGFIELD PROPERTY MANAGEMENT LLC	99-2705239	0.17	95777
UDN INC	45-5399998	0.97	1518874
PRIAM DEVELOPMENT LLC	47-1041553	0.09	114904
MORLOCK COMPANY LLC	59-3771624	0.00	95120

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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
BRONX PRO GROUP LLC	45-4657572	1.64	2315604
READ TO SUCCEED BUFFALO INC	26-3606661	0.57	1048527
GAS TECHNOLOGY ENERGY CONCEPTS LLC	16-1572677	0.03	65621
HANDWEAVERS GUILD OF AMERICA INC	06-0866181	0.00	626
SIBO USA	82-4376490	0.42	442119
CAMPBELL RESOURCES LTD	75-2922803	0.14	706149
BELT CONCEPTS OF AMERICA INC	56-1947316	1.05	372748
NIAGARA PUNCH DIE CORP	16-0839028	0.09	269982
NEXTCORPS INC	16-1195028	2.16	4204533

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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
BUFFALO CENTER FOR HEALTH EQUITY	85-0868589	0.12	29648
PEOPLE FIRST MOBILITY LLC	47-4385261	0.15	624584
GUNTHER MELE PACKAGING INC DBA GUNTHER MELE USA	16-1442005	0.12	744811
UNION SQUARE EYE CENTER LLC	82-3810413	1.09	2109718
NUSSBAUMER CLARKE INC	16-0574460	3.53	10765901
EASTERN NEW YORK YOUTH SOCCER ASSOCIATION	11-2590396	0.12	254035
AMENDOLA INDUSTRIES INC	11-2356286	1.10	2622920
501 EAST 74TH STREET	99-2925405	0.15	37878
THE ECONOMIC DEVELOPMENT GROUP DBA NORTHLAND WORKFORCE TRAIN	22-3781639	0.76	804294

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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
BUFFALO DENTAL GROUP LLP	16-1513859	0.62	1807098
VERDI COMMERCE LLC	85-4126628	1.28	1092935
RICHARDS JURUSIK LLP	46-1588688	0.45	514737
INSTITUTE FOR WORKFORCE ADVANCEMENT INC	27-0685219	0.00	12375
AMERICAN CRYSTALLOGRAPHIC ASSOCIATION INC	22-6075182	0.04	10175
AHR AGENCY	11-3077960	0.04	20196
GLOBAL AFFINITY INSURANCE AGENCYINC	99-3032806	0.13	262430
BUFFALO ENT SPECIALISTS LLP	16-1626920	0.90	5115680
200 BEACON HILL DRIVE LLC	81-2206440	0.05	44449

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINSTAR INC	16-1559780	0.93	3387161
ASI MARINE LP	98-0423249	0.52	1352503
SPECTO TECHNOLOGY LLC	46-2998237	1.67	1765910
ALGONQUIN BRIDGE USA LTD	30-1208178	0.20	324977
BETTERMYND INC	81-5027886	0.72	584746
PINCUS TARAB ATTORNEYS AT LAW PLLC	81-0752054	0.11	128853
SUNLIGHT FOODS INC	33-1228865	0.14	237154
DEJERO INC	42-1773302	0.06	271510
G ADVENTURES INC	39-2077874	1.23	2688790

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAW OFFICES OF PETER GRAY P C	11-3477056	0.01	0
KEMPER SYSTEM AMERICA INC	16-1386548	2.34	6148587
THE BECKAGE FIRM PLLC	87-4051906	0.19	90972
HEALTH FOUNDATION OF WESTERN AND CENTRAL NEW YORK	22-3804398	1.14	1958954
ADAMS DOOR CO INC	37-1659568	0.11	122286
WHITEBOARD INFORMATION TECHNOLOGY SOLUTIONS LLC	46-1314149	0.10	413865

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Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

ACK ID _____

Alcott Group 401(k) Plan

Financial Statements - Modified Cash Basis
(With Supplementary Information)
and Independent Auditor's Report

December 31, 2025

CohnReznick

Alcott Group 401(k) Plan

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Independent Auditor's Report

To the Plan Administrator
Alcott Group 401(k) Plan

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

We have performed audits of the financial statements of the Alcott Group 401(k) 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)"). The financial statements comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2025 and 2024, and the statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

Basis for Opinion on the Financial Statements

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 Audit 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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible 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 that 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 significant 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

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 the modified cash basis of accounting described in Note 2.

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) - (Schedule H, Line 4i) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Chicago, Illinois
October 13, 2026

Alcott Group 401(k) Plan

Statements of Net Assets Available for Benefits - Modified Cash Basis
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value	$ 248,727,988	$ 226,203,458
Total investments	248,727,988	226,203,458
Receivables		
Notes receivable from participants	2,161,458	1,953,936
Total assets	250,889,446	228,157,394
Net assets available for benefits	$ 250,889,446	$ 228,157,394

See Notes to Financial Statements.

Alcott Group 401(k) Plan

Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis
Year Ended December 31, 2025

Additions	
Investment income	
Net appreciation in fair value of investments	$ 26,634,381
Dividend income	10,059,344
Total investment income	36,693,725
Interest income on notes receivable from participants	168,674
Contributions	
Employer	6,587,151
Participants	16,997,767
Rollovers	3,705,849
Total contributions	27,290,767
Total additions	64,153,166
Deductions	
Benefits paid to participants	(34,156,001)
Administrative expense	(1,041,271)
Total deductions	(35,197,272)
Increase in net assets before transfers	28,955,894
Transfers	
Transfers out	(8,568,636)
Transfers in	2,344,794
Net transfers	(6,223,842)
Net increase	22,732,052
Net assets available for benefits	
Beginning of year	228,157,394
End of year	$ 250,889,446

See Notes to Financial Statements.

Note 1 - Description of Plan

The following description of the Alcott Group 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document, adoption agreements, and amendments for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan and was formed effective September 1, 1981, by Alcott HR Group LLC (the "Plan Sponsor" and "Plan Administrator"). The Plan is a multiple-employer plan as defined in Section 413 of the Internal Revenue Code of 1986 ("IRC"), as amended, and subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). In 2018, the Alcott HR Group LLC ("Alcott HR") adopted the Slavic Integrated Administration Multiple Employer Prototype Plan document for its employees and adopting employers (the "Employers"). As of that date, the Plan trustee became Fidelity Personal Trust Company FSB (the "Trustee").

Eligibility

The Plan covers all employees, as defined in the Plan, of Alcott HR and of the Employers who have completed the age and service requirements selected by each Employer in their respective adoption agreements. New Employers entering the Plan may initially waive the eligibility requirements as of the Plan's effective date. Once an employee meets their respective Employer's age and service requirement, they can enter the Plan on the first day of the following month. See each respective Employer's adoption agreement for any variations in the time of service requirement.

Contributions

Participants may elect to contribute up to 90% of eligible pre-tax annual compensation, after-tax annual compensation, or any combination thereof as defined in the Plan. These participant contribution percentages may be changed at any time. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution plans. Participants direct the investment allocation of their contributions into various investment options offered by the Plan. These participant investment allocations may be changed by the participants at any time. The Plan also includes an optional auto-enrollment provision, if elected by the Employer, whereby newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan.

Discretionary employer-provided matching contributions may be made to the Plan. The match, if any, will be a specified percentage of the elective contributions the employee makes to the Plan. The Employers will determine the amount of the discretionary contributions, if any, they will make each Plan year. Employers can also elect to make a safe harbor plan design contribution which aids the companies in passing discrimination testing required by ERISA. Discretionary employer-provided profit-sharing contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers as defined in the Plan. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant accounts

Each participant's account is credited with the participant's contributions and employer-provided matching contributions, as well as allocations of the employer-provided profit-sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions as

defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participant contributions and Employer safe harbor matching contributions are automatically 100% vested. Each adopting Employer selects from grading options for vesting of employer contributions, and the vesting percentage of the contributions in an employee's account will be based on their years of service from their original date of hire. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan.

Notes receivable from participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest are paid ratably through payroll deductions.

Payment of benefits
On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a 10-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In-service and hardship distributions are permitted by the Plan.

Forfeited accounts
At December 31, 2025 and 2024, forfeited nonvested accounts totaled $94,645 and $79,836, respectively. These accounts can be used to reduce future employer contributions or pay for Plan expenses. During 2025, employer contributions were reduced by $213,812 from forfeited nonvested accounts.

Note 2 - Summary of accounting policies

Basis of accounting
The financial statements are prepared on the modified cash basis of accounting. Contributions and investment income are recognized when received rather than when withheld and administrative expenses are recognized when paid rather than when incurred. Accordingly, the accompanying financial statements are not intended to be presented in conformity with accounting principles generally accepted in the United States of America.

Use of estimates
The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from these estimates.

Investment valuation and income recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the settlement date under the modified cash basis of accounting. Interest and dividends are recorded on the cash basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held at year end.

Contributions
Contributions from Plan participants and the matching contributions from the Employers are recorded in the year in which the employee contributions are withheld from compensation.

Notes receivable from participants
Notes receivable from participants are measured at their unpaid principal balances. Interest is calculated on the outstanding unpaid principal balance in accordance with an amortization schedule generated at loan issuance. Fixed installment payments consisting of principal and interest are withheld from salary on each participant's regular pay cycle, which is different for each Employer. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of benefits
Benefits are recorded when paid.

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

Subsequent events
The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

Note 3 - Fair value measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board issued Accounting Standards Codification 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
    - Inputs other than quoted prices that are observable for the asset or liability; and
    - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Common/collective trusts: Valued at the NAV of units of a bank collective trust. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at fair value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 239,174,769	$ -	$ -	$ 239,174,769
Self-directed brokerage accounts	3,684,793	-	-	3,684,793
Total assets in the fair value hierarchy	242,859,562	-	-	242,859,562
Investments measured at NAV (a)	-	-	-	5,868,426
Total assets at fair value	$ 242,859,562	$ -	$ -	$ 248,727,988

	Assets at fair value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 216,640,575	$ -	$ -	$ 216,640,575
Self-directed brokerage accounts	3,208,820	-	-	3,208,820
Total assets in the fair value hierarchy	219,849,395	-	-	219,849,395
Investments measured at NAV (a)	-	-	-	6,354,063
Total assets at fair value	$ 219,849,395	$ -	$ -	$ 226,203,458

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair value of investments in entities that use NAV

The following tables summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	December 31, 2025			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common/collective trusts	$ 5,868,426	None	Daily	Daily

	December 31, 2024			
	Fair value	Unfunded Commitments	Redemption frequency (if currently eligible)	Redemption notice period
Common/collective trusts	$ 6,354,063	None	Daily	Daily

Note 4 - Related party transactions and party-in-interest transactions

Certain Plan investments were invested in funds managed by Fidelity Personal Trust Company FSB, who is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 5 - Transfers to and from other qualified plans

The Plan may receive participant assets directly from or disburse participant assets directly to separate qualified plans at the inception or termination of a Professional Employer Organization co-employer relationship with the Plan. These bulk assets' transfers include participant loans and forfeiture funds. As they are not considered rollovers, they are therefore segregated on the statement of changes in net assets available for benefits.

Note 6 - 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 would become 100% vested in their accounts.

Note 7 - Tax status

The underlying prototype multiple employer plan obtained its latest opinion letter dated March 31, 2014, in which the IRS stated that the form of the Plan, as then designed, was in compliance with applicable sections of the IRC and, therefore, the related trust was tax-exempt. The Plan is eligible and has opted to rely on this opinion letter. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC.

Generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 - Risks and uncertainties

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

Note 9 - Certified investments

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2025 and 2024, and investment income for the year ended December 31, 2025, that are disclosed in the accompanying financial statements and supplemental schedule were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Fidelity Personal Trust Company.

Supplementary Information

Alcott Group 401(k) Plan
EIN: 26-1638437
Plan # 001

Schedule of Assets (Held at End of Year) - (Schedule H, Line 4i)
December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost (A)	(e) Current value
*	Fidelity SDBA	Self-directed brokerage accounts		$ 3,684,793
	Metlife Stable Value Class 0	Common collective trust		1,671,902
	Reliance NY Life Anchor Series 1 CL 0	Common collective trust		4,196,524
	DFA Emerging Markets Core Equity	Mutual fund		1,270,539
	FRANKLIN GROWTH FUNDCLASS R6	Mutual fund		9,359,790
	Gabelli US Treasury Money Market	Mutual fund		83,328
	Janus Henderson Global Life Sciences N	Mutual fund		2,602,059
	JPMorgan Mid Cap Growth R6	Mutual fund		4,844,605
	Metropolitan West Total Return CLP	Mutual fund		3,623,803
	PGIM High Yield R6	Mutual fund		1,756,993
	AB Small Cap Growth Portfolio CL Z	Mutual fund		1,436,467
	American Funds EuroPacifc R6	Mutual fund		5,404,658
	American Funds Income Fund of America R6	Mutual fund		1,973,156
	DWS RREEF Real Estate Securites R6	Mutual fund		1,454,095
	Undiscovered Managers Behavioral Val R6	Mutual fund		1,130,378
	Vanguard Inflation Protected Securities	Mutual fund		1,852
	Vanguard Life Strategy Growth	Mutual fund		2,988,348
	Vanguard LifeStrategy Income	Mutual fund		2,813,056
	Vanguard Select Value	Mutual fund		1,577,989
	Vanguard Short-Term Bond Index Admiral	Mutual fund		4,098
	Vanguard Total Bond Market Index Admiral	Mutual fund		2,596,127
	Vanguard Equity Income Admiral	Mutual fund		9,345,595
	Vanguard Target Retirement 2055	Mutual fund		11,525,635
	Vanguard Target Retirement 2050	Mutual fund		14,188,284
	Vanguard Target Retirement 2040	Mutual fund		15,279,068
	Vanguard Growth Index Admiral	Mutual fund		3,095,326
	Vanguard Institutional Index	Mutual fund		26,333,236
	Vanguard Information Technology Index Ad	Mutual fund		2,752,512
	Vanguard Target Retirement 2065 Inv	Mutual fund		2,080,421
	Vanguard Life Strategy Conservative	Mutual fund		2,226,162
	Vanguard Small Cap Index Admiral	Mutual fund		4,899,084
	Vanguard Life Strategy Moderate	Mutual fund		1,840,228
	Vanguard Target Retirement 2070	Mutual fund		662,999
	Vanguard Target Retirement 2030	Mutual fund		21,484,586
	Vanguard Total Int'l Stock Index Admiral	Mutual fund		3,541,675
	Vanguard Target Retirement Income	Mutual fund		3,129,309
	Vanguard Target Retirement 2045	Mutual fund		20,784,204
	Vanguard Target Retirement 2035	Mutual fund		24,193,655
	Vanguard Target Retirement 2060	Mutual fund		5,263,764
	Vanguard Target Retirement 2025	Mutual fund		9,844,799
	Vanguard Target Retirement 2020	Mutual fund		7,324,315
	Vanguard Mid Cap Index Instl	Mutual fund		4,458,571
	Investments at fair value			248,727,988
*	Participant loans	Interest rates from 4.25-9.50%, maturing at various dates, secured by participant account balance		2,161,458
	Total assets (held at end of year)			$ 250,889,446

* Party-in-interest.

(A) Cost not required.

See Independent Auditor's Report.

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

ALCOTT GROUP 401(K) PLAN **PLAN # 001** **EIN # 26-1638437**

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		-
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		1,270,539
	Franklin/Templeton	FIFRX - Franklin Growth Fundclass R6		9,359,790
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		3,684,793
	Fidelity	FXNAX - Fidelity US Bond Index Fund		-
	Gabelli Funds/Ssga	GABXX - Gabelli Us Treasury Money Market		83,328
	Janus	JFNNX - Janus Henderson Global Life Sciences N		2,602,059
	JPMorgan	JMGMX - JPMorgan Mid Cap Growth R6		4,844,605
	Metropolitan West	MWTSX - Metropolitan West Total Return Cl P		3,623,803
	Prudential	PHYQX - Prudential High Yield Cl Q		1,756,993
	Metlife	QDWFQ - MetLife Stable Value Fund GAC Series 25053 Class 0		1,671,902
	Reliance Trust	QEWFQ - Reliance Ny Life Anchor Series 1 Cl 0		4,196,524
	AllianceBernstein	QUAZX - AB Small Cap Growth Portfolio CL Z		1,436,467
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		5,404,658
	American Funds	RIDGX - The Income Fund Of America Class R-6		1,973,156
	Kemper Multi-Fund	RRRZX - Dws Rreef Real Estate Securites R6		1,454,095
	Dreyfus	SDSCX - Dreyfus Boston Co Sm Mid Cap Grw I		-
	JPMorgan	UBVFX - JPMorgan Undiscovered Mgs Discipl Value		1,130,378
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		1,852
	Vanguard	VASGX - Vanguard Life Strategy Growth		2,988,348
	Vanguard	VASIX - Vanguard Lifestrategy Income		2,813,056
	Vanguard	VASVX - Vanguard Select Value		1,577,989
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		4,098
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		2,596,127
	Vanguard	VEIRX - Vanguard Equity Income Admiral		9,345,595
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		11,525,635
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		14,188,284
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		15,279,068
	Vanguard	VIGAX - Vanguard Growth Index Admiral		3,095,326
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		-
	Vanguard	VINIX - Vanguard Index 500 (Institutional)		26,333,237
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		2,752,512
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		2,080,421
	Vanguard	VMCIX - Vanguard Mid Cap Index Instl		4,458,570
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		-
	Vanguard	VSCGX - Vanguard Life Strategy Conservative		2,226,162
	Vanguard	VSCIX - Vanguard Small Cap Index Inst		4,899,084
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		-
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		1,840,228
	Vanguard	VSVNX - Vanguard Target Retirement 2070		662,999
	Vanguard	VTHRX - Vanguard Target Retirement 2030		21,484,586
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		3,541,675
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		3,129,309
	Vanguard	VTIVX - Vanguard Target Retirement 2045		20,784,204
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		-
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		24,193,655
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		5,263,764
	Vanguard	VTTVX - Vanguard Target Retirement 2025		9,844,799
	Vanguard	VTWNX - Vanguard Target Retirement 2020		7,324,315
	Participant Loans	4.25 - 9.50 %		2,161,458

//classification/confidential