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
ALPHASTAFF RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2001

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

1300 SAWGRASS CORPORATE PARKWAY
SUITE 220
SUNRISE, FL 33323

2b Employer Identification Number (EIN)
65-0314170

2c Plan Sponsor's telephone number
888-335-9545

2d Business code (see instructions)
561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	DAVID RATTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	8937
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)**	7151
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6910
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	994
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	7905
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	7912
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)**	4712
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)**	4636
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	59
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:

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

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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [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 0
- **(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
ALPHASTAFF RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
ALPHASTAFF GROUP, INC.

D Employer Identification Number (EIN)
65-0314170

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AMERITAS LIFE INSURANCE CORP

47-0098400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 14 15 17 37 38 49 50 64 65 99	NONE	1039505	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALPHASTAFF GROUP, INC.

65-0314170

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 49 50 99	NONE	120261	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 33 37 50 62 71	NONE	88036	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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)

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28 51	NONE	68276	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GLOBAL RETIREMENT PARTNERS

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	NONE	37500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENNING GROUP, LLC

30-0003878

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26500	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)

DGPERRY, PLLC

83-3033790

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14790	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FISHER AND PHILLIPS, LLP

58-0619559

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8415	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEP AHEAD CONSULTING, LLC

92-2457137

(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?
16 50	NONE	7500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANZ GLOBAL INVESTORS 06-1349805	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AQR FUNDS 13-3987414	RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLUEROCK 42-5272548	RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVENOMIC 82-1442161	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
KENSINGTON ASSET MANAGEMENT LLC 45-2703617	RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OCEAN PARK ASSET MANAGEMENT, LLC 26-1269092	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
POTOMAC FUND MANAGEMENT INC. 52-1542454	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STANDPOINT ASSET MANAGEMENT LLC 84-1731942	RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE-PRICE 52-2264646	RATE OF 0.39% OF AVERAGE DAILY BALANCE OF ASSET(S)

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	19 59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW 95-2749628	RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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

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(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: BENNING GROUP, LLC
b EIN: 30-0003878
c Position: AUDITOR
d Address: 6815 WEAVER RD SUITE 300
ROCKFORD, IL 61114
e Telephone: 815-316-2375

Explanation: CHANGED AUDITORS

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
ALPHASTAFF RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALPHASTAFF GROUP, INC.

D Employer Identification Number (EIN)
65-0314170

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	1368184

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ALPHASTAFF RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
ALPHASTAFF GROUP, INC.

D Employer Identification Number (EIN)
65-0314170

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1675092	291891
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)	1668396	1795870
(9) Value of interest in common/collective trusts	1c(9)	1798208	1368184
(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)	238061529	249854135
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	9113557	10710154

		(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	252316782	264020234
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	252316782	264020234

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)	10111157	
(B) Participants	2a(1)(B)	27007538	
(C) Others (including rollovers)	2a(1)(C)	2881962	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		40000657
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8816	
(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)	152931	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		161747
(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)	7784914	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7784914
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		30970273
c Other income	2c		2647
d Total income. Add all **income** amounts in column (b) and enter total	2d		78920238
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34943289	
(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)		34943289
f Corrective distributions (see instructions)	2f		244337
g Certain deemed distributions of participant loans (see instructions)	2g		-55455
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	120261	
(2) Contract administrator fees	2i(2)	1039507	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	41290	
(5) Investment advisory and investment management fees	2i(5)	105776	
(6) Bank or trust company trustee/custodial fees	2i(6)	88036	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	12390	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	7500	
(11) Other expenses	2i(11)	157	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1414917
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36547088
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		42373150
l Transfers of assets:			
(1) To this plan	2l(1)		2212935
(2) From this plan	2l(2)		32882633

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: UHY LLP **(2)** EIN: 20-0694403

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		882
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		500000
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)
AIR PROTEIN 401(K) PLAN	85-3560599	001
AVIDITY BIOSCIENCES, INC. 401(K) PLAN	46-1336960	001
BLUE HORIZONS POOLED EMPLOYER PLAN	85-4256664	001
ENDEAVOR BIOMEDICINES 401(K) PLAN	83-2196227	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 _____.

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)
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	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
ALPHASTAFF RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
ALPHASTAFF GROUP, INC.

D Employer Identification Number (EIN)
65-0314170

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 82-3967259

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 ALPHASTAFF RETIREMENT SAVINGS PLAN	**B** Three-digit Plan number (PN)..... ▶ 333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ALPHASTAFF GROUP, INC.	**D** Administrator's EIN 65-0314170

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
1340 CONANT STREET HOLDINGS, LLC	84-4009961	0.00	20892
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
A-1 AMBULANCE & TRANSPORT, INC.	52-1987841	0.00	350

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**	

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
A1157 DESIGN SOLUTIONS LLC	81-4153663	0.00	2612340
A4D, INC.	30-0487134	0.00	965258
ABILITA THERAPEUTICS, INC.	47-1154656	0.00	658586
ABSOLUTE STORAGE MANAGEMENT, INC.	42-1539026	0.02	6496063
ACME HOSPITALITY LLC	84-2720925	0.00	220659
ACME LODGING LLC	82-3750994	0.00	19630
ACORN SELF STORAGE LLC	45-4424681	0.00	13310
ADDITIVE MANUFACTURING SERVICES, LLC	46-2726046	0.00	447821
ADVANCED MERCHANT SERVICES, INC.	59-3564254	0.00	16238

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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
AEGIS ENERGY ADVISORS CORP.	13-3804124	0.00	27806
AIR PROTEIN, INC	85-3560599	0.00	0
AIVITA BIOMEDICAL, INC.	81-1065485	0.00	3529827
AJAX CONSTRUCTION LLC	84-3652676	0.00	143271
ALBANESE GROUP, LLC	20-0118451	0.00	57343
ALESSI HARTIGAN CASTING LLC	84-4264173	0.00	89148
ALL STAGING UNLIMITED - ASU	59-3190036	0.00	15630
ALL WEATHER CONTRACTORS, INC.	13-4297491	0.00	1948
ALPHASTAFF GROUP, INC.	65-0314170	0.02	5685759

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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
AMERICAN CONCRETE TILE, INC	20-4125139	0.00	34289
AMERICAN PROPERTY MANAGEMENT	52-1552265	0.00	9066
AMERX OFFICE SOLUTIONS, INC.	87-0617164	0.00	155658
AMSCOT STRUCTURAL PRODUCTS	22-3482400	0.00	1895050
ANDOVER PROPERTIES, LLC	30-0268384	0.01	2248536
ANVIA THERAPEUTICS INC.	99-4336785	0.00	128388
APC PACKAGING, LLC	20-4594362	0.00	2426698
ARALEZ INC	30-1171582	0.01	1403247
ARROW COMMUNICATION ENTERPRISES INC	06-0155089	0.00	10193

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Part II Participating Employer Information (Continued).

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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
ATLANTIC SHUTTERS, INC.	65-0860678	0.00	1659717
ATLANTIX PARTNERS , LLC	81-2810859	0.05	21098382
ATLAS SOLOMON LLP	88-0811129	0.00	347273
ATR MANAGEMENT INC	26-2940761	0.00	39585
AVEERA MEDICAL INC	86-1553110	0.00	428886
AVIDITY BIOSCIENCES, INC	46-1336960	0.06	0
BALLAST SERVICES, INC.	83-3880196	0.00	779114
BAY LIGHTING, LLC	57-1177345	0.00	5232473
BELCOSTA LABS LONG BEACH LLC	82-1458583	0.00	175039

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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
BERNIE HEER, LLC	47-3260602	0.00	38151
BIG BROTHERS/BIG SISTERS OF SOUTHWEST FLORIDA, INC.	23-7410676	0.00	18143
BIKELANE INSURANCE SERVICES, LLC	46-5319506	0.00	125445
BILLY BAKER GRADING, INC.	58-2441095	0.00	13052
BIOVERDE TECH LLC	99-0613779	0.00	33247
BIP, INC.	65-0873488	0.00	1441
BIRTHLINE OF SAN DIEGO COUNTY INC	33-0014261	0.00	2618
BISCAYNE ELECTRIC, INC.	59-1423971	0.00	67054
BKM CAPITAL PARTNERS LP	46-1592939	0.02	4371817

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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
BKM MANAGEMENT COMPANY LP	47-2917599	0.01	2653537
BLACK DUCK FLORIDA, LLC	47-2029823	0.00	170864
BOEHM ASSOCIATES, INC.	20-4114862	0.00	32156
BOYETT ENTERPRISES, LLC	43-2070006	0.00	3230930
BRESCOTT CORP DBA HURRICANE SHUTTER CO	59-1919627	0.00	20893
BRIDGELUX, INC.	71-0922356	0.00	6630294
BRIDGEPORT CAPITAL SERVICES, INC.	65-0923124	0.00	373851
BRUNNING & STANG CONSTRUCTION MANAGEMENT, INC.	58-2528729	0.00	279091
BUILDDIRECT TILE (U.S.) INC.	41-5130465	0.00	1675782

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BYNUM FURNITURE GROUP, INC.	71-0519879	0.00	11731
CAPE CANAVERAL SHRIMP CO., INC.	59-3114562	0.00	1000649
CAPITAL CENTER FOR SURGERY PLLC	87-3776876	0.00	3417264
CAUDILL CONSTRUCTION, INC.	26-0474380	0.00	58307
CEARNA, INC.	27-2587244	0.00	217437
CERTIFIED ENVIRONMENTAL SERVICES DBA METRO ROOTER	59-3122438	0.00	4253
CERTUS CLAIMS ADMINISTRATION, LLC	91-2130177	0.00	526850
CG ONCOLOGY, INC.	37-1611499	0.00	0
CHILDREN HAVE FUN, LLC	27-1806233	0.00	2208577

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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
CITIZEN STORAGE MANAGEMENT, LLC	81-3800543	0.00	196639
CLINICAL DYNAMIX, INC.	20-1928823	0.00	71418
CMB LELAND STORAGE, LLC	85-1107863	0.00	4198
COMMERCIAL LAUNDRY EQUIPMENT COMPANY, INC.	54-1049750	0.00	280149
COMPETITIVE INNOVATIONS, LLC	54-1951345	0.00	2652868
CONCISYS, LLC	33-0926008	0.00	2132473
CONNECT FOUNDATION	20-3049742	0.00	1469129
CONSTANT COMPANION	81-4606083	0.00	14815
CONTINENTAL TITLE LLC DBA AMERIPOINT TITLE HOUSTON	76-0558989	0.00	149716

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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
CONTINEUM THERAPEUTICS, INC.	27-1467257	0.03	8299562
CREATIVE CHOICE HOMES	65-0298681	0.00	473712
CRYSTALYS THERAPEUTICS, INC.	88-3640342	0.00	154381
CYMBIOTIKA LLC	83-1019921	0.01	1283730
DE KEIZER UNITED STATES LLC	30-0948968	0.00	128055
DEAR MEDIA LLC	82-3618918	0.00	660349
DEBUT BIOTECHNOLOGY, INC.	84-1804621	0.03	5614091
DELOS ADVISORS, INC.	93-4427280	0.00	191095
DELTA AVIATION, INC.	52-1617169	0.00	36949

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DERMATA THERAPEUTICS, INC.	86-3218736	0.00	2908944
DEVONSHIRE AL OPERATIONS, LLC	27-4080423	0.00	10153
DIAGNOSTIC INSTRUMENT GROUP, INC.	59-3260685	0.00	3627
DIVERSIFIED HOME MORTGAGE, INC.	31-1838139	0.00	4
DOMINION CABLE SERVICES	46-3499584	0.00	1376
DR. ROOTER'S PLUMBING SEWER & DRAIN	65-0314170	0.00	24161
E. GORIN & E. HANABERGH, MD., PA	65-0772563	0.00	10173
EAGLES MERE SERVICES, LLC	22-3674216	0.00	395251
ECOMMLINK, INC.	76-0511235	0.00	104262

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ELECTRICAL APPARATUS REPAIR COMPANY, INC.	58-1873498	0.00	7651
EMERSONICK LLC	26-0579029	0.00	13812
ENCHANNEL MEDICAL LTD.	35-2739232	0.01	1128655
ENDEAVOR BIOMEDICINES, INC.	83-2196227	0.00	0
ENFINITY GLOBAL ADMINISTRATION LLC	33-2443300	0.03	3139635
ENGENIUM STAFFING, INC.	46-4670222	0.00	99301
ENTERPRISE MAINTENANCE CONTRACTING, INC.	64-0950052	0.00	143573
EURO LINK, LP	47-3706382	0.00	8425
EXA INFRASTRUCTURE US LLC	85-0613337	0.02	3992783

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EXCELSIOR SCIENCES, INC	93-2965830	0.00	96535
EXECUJET CHARTER SERVICE, INC.	59-3254677	0.00	178001
EXPERT SHUTTER SERVICES, INC.	65-0582737	0.00	112741
EXQUISITE CATERING BY ROBERT, INC	20-8356568	0.00	1471660
FCT COMBUSTION INC.	23-3031647	0.00	263615
FENNER & ESLER AGENCY INC	22-1693248	0.00	3242466
FENWICK GROUP, LLC	22-3632343	0.00	600878
FIREHOUSE SUBS	83-2339163	0.00	3180
FLEX REHAB SERVICES	65-0975885	0.00	153917

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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
FLX LIGHTING, INC.	81-1350489	0.00	282024
FLYNN ENTERPRISES OF PALM BEACHES, INC. DBA VULCAN PEST CONTROL	59-2687723	0.00	26329
FORD'S COLONY COUNTRY CLUB, INC.	56-1159737	0.00	538399
FULLIDITY LLC	83-4326222	0.00	301146
FURNITURE SOLUTIONS NETWORK, LLC	38-3982818	0.00	218479
GALI SERVICE INDUSTRIES	52-1743445	0.00	246
GANG MANAGEMENT SERVICES	59-3041968	0.00	592
GENESIS GOVERNMENT SOLUTIONS, INC.	65-1150051	0.00	130474
GEORGIA PORCH & PATIO ROOMS, INC.	53-1562563	0.00	69755

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Part II Participating Employer Information (Continued).

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GILCREST FARMS	58-1593981	0.00	81324
GOLD CREEK FOODS, LLC	35-2209312	0.00	32192
GRAMERCY RISK MANAGEMENT, LLC	38-3937473	0.01	4437344
GREEN HEATING & COOLING, INC.	58-1915619	0.00	275197
GREEN TEAM, INC.	54-1288962	0.00	2090571
GROVE FUND MANAGEMENT, LLC	20-4144828	0.00	447572
H.B. TRIM COMPANY, INC.	65-0544190	0.00	1685004
HARMONY RECOVERY GROUP PERSONNEL, LLC	82-4872136	0.00	5948
HAWK CREEK LABORATORY, INC.	52-1190975	0.00	93249

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Part II Participating Employer Information (Continued).

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HIGH TIDE LAND SURVEYING, LLC	46-1258377	0.00	1239196
HOME FUNDING GROUP, LLC	12-2222222	0.00	76318
HORIZON COMMUNICATIONS SERVICES, INC.	65-1116767	0.00	1205
HUB CITY STORAGE, LLC	85-0510137	0.00	6788
HUMANE SOCIETY OF THE TREAS. COAST	59-0774235	0.00	1155353
IK & F, INC.	54-1823914	0.00	199767
IMAGINAB, INC.	26-4177873	0.00	1889892
INER GROUP, LLC	26-3107381	0.00	662485
INNERVACE, INC.	83-0564444	0.00	0

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INSTITUTIONAL ASSOCIATES, INC.	58-1083531	0.00	120
INTEMATIX CORPORATION	68-0550388	0.00	5833734
IRONVIEW CAPITAL MANAGEMENT LLC	47-3195417	0.00	1584858
IVY HALL	52-2086834	0.00	58989
JAMIAK INC.	27-2174987	0.00	96702
JEFFREY F WEBER CPA PA	46-0826367	0.00	629380
JEWELL TECHNICAL CONSULTING, INC.	75-3077085	0.00	1085680
JNET COMMUNICATIONS LLC	32-0085863	0.00	117177
JOSEPH W HODGES, JR., PC	58-2381719	0.00	184143

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Part II Participating Employer Information (Continued).

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KAIFA TECHNOLOGY USA INC.	82-3029199	0.00	555789
KARIKAS & KASARIS, PA	65-0747480	0.00	6552
KIORA PHARMACEUTICALS, INC.	98-0443284	0.00	602101
KIVERDI, INC.	26-4518220	0.00	1129923
KMK BUILDERS LLC	85-0529360	0.00	122097
KREZ & FLORES, LLP	27-1014829	0.00	952175
LEACH CAPITAL LLC	94-3314698	0.00	266391
LIGHTHOUSE OF BROWARD COUNTY, INC.	59-1650909	0.00	16855
LONE PALM GOLF CLUB, LLC	59-3681298	0.00	678023

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LONG BEACH INTERNAL MEDICAL GROUP, INC.	33-0983097	0.00	1510515
LOYAL BORROWER CORPORATION	87-4645045	0.00	58864
MABWELL THERAPEUTICS,INC.	83-1568218	0.00	2116743
MAILGATE, LLC	88-3484431	0.00	126888
MAINTENANCE AND RELIABILITY TECHNOLOGIES, INC.	42-1637629	0.00	2891625
MAKIA MANAGEMENT, LLC	88-3599373	0.00	30839
MALLARD READY MIX, LLC	71-0819322	0.00	448136
MANOR LAKE MANAGEMENT LLC	33-4639780	0.00	111030
MARC S. LIPSCHULTZ	82-4754200	0.00	202766

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MARY CROWLEY MEDICAL RESEARCH CENTER	75-2727375	0.00	861407
MAVRIK DENTAL SYSTEMS INC	81-5169309	0.00	71976
MAYER BROTHERS, INC.	52-0706744	0.00	259825
MCNAB GROVE INC	46-2507622	0.00	2386
MECO COMPANY, LLC	83-2999244	0.00	266
MIA CONSULTING GROUP DBA MIA SENIOR LIVING SOLUTIONS	01-0743737	0.00	110236
MILLER PAINT OF CENTRAL BROWARD, LLC	34-1997805	0.00	261661
MILLER TIRE OF MEXICO, MISSOURI, L. L. C.	43-1820460	0.00	0
MIZNER COURT CONDO ASSOCIATION	65-0022539	0.00	27814

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MODULATED IMAGING, INC	20-2484758	0.00	2055092
MORTGAGE CREDIT REPORTS, INC.	52-1297848	0.00	37892
MSPX, INC.	31-1779225	0.00	521303
MUVICO ENTERTAINMENT, LLC	65-0630866	0.00	870887
N2 ACQUISITION COMPANY	83-3243991	0.00	1318259
NEOMORPH, INC.	84-3587069	0.03	5104846
NEWPOINT MIDSTREAM, LP.	26-1334321	0.00	1298439
NIB DIRECT, LLC	85-4275953	0.00	1017940
NORTH AMERICAN BULLET PROOF, INC.	74-2630009	0.00	12717

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NORTH END AUTO PARTS, INC.	52-1089248	0.00	3536
NOVVI, LLC	45-3174744	0.01	2817239
NSA OP, LP	84-4010822	0.00	723724
O.H. WALKER INSURANCE AGENCY, INC.	56-1013409	0.00	25230
OBI PHARMA USA, INC.	46-2670098	0.01	2467557
O'BRIEN LAW, P.C.	46-1117510	0.00	739696
OCELOT BIO, INC	84-4867793	0.00	190635
ONK THERAPEUTICS, INC.	85-3701402	0.00	62111
OPTIMUM COMP ADVANTAGE, INC.	82-1059704	0.00	507339

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OPTIVEST PROPERTIES, LLC	20-8086064	0.00	2274001
ORANGE BELT PHARMACY	59-2433592	0.00	46594
OUR KIDS OF MIAMI-DADE/MONROE, INC.	57-1140890	0.00	1185128
OUTCOME CHAINS, INC.	47-2202190	0.00	639404
PACE HOMES, LLC	58-1635335	0.00	46413
PALETTE PAYROLL SERVICES, INC.	20-5498695	0.00	745497
PARDUE HEID OF JACKSONVILLE	59-3511542	0.00	2647
PARLIMENT STEEL PRODUCTS	33-1016158	0.00	63030
PAT'S ELECTRIC, INC.	59-2052787	0.00	110185

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PELAGE PHARMACEUTICALS, INC.	82-4990957	0.00	446740
PERONI PORTFOLIO ADVISORS, INC.	47-5289807	0.00	624572
PILLSBURY CLEANING & RESTORATION	59-2749586	0.00	141116
PINELLAS ARRHYTHMIA ASSOCIATES, P.A	30-0105031	0.00	90094
POGODA MANAGEMENT CO.	38-2968967	0.00	2738906
PRESIDENTIAL SUITES LTD	65-0721873	0.00	1098834
PRIMMUNE THERAPEUTICS, INC.	82-3006157	0.00	970543
PRINCIPAL SENIOR LIVING GROUP, LLC	58-2357264	0.00	1306692
PROCISEDX, INC.	84-2008036	0.00	1901372

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PROSCAPES INC.	54-1811508	0.00	268442
PROTEOME SCIENCES US, INC	35-2802557	0.00	72445
PUBLIX ASSOCIATE SERVICES, LLC	88-2292298	0.00	646029
PURITY CHEMICALS	27-0082210	0.00	13666
QST INGREDIENTS AND PACKAGING, INC.	91-2121763	0.00	423524
QUANTUM COMPUTING, INC.	82-4533053	0.02	3636457
RANCHO SANTA FE FARMS GOLF CLUB, INC.	33-0188123	0.00	2321571
REALTEC COMMUNITY SERVICES, INC.	01-0622452	0.00	1908787
RED TRUCK SUPPLY, INC.	56-1010278	0.00	278212

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RESOLUTE TAP SERVICES, LLC	86-1149655	0.00	10286
REVELATION CAPITAL MANAGEMENT, LLC	46-4640111	0.00	1115454
REZO THERAPEUTICS	87-4039235	0.02	1591727
RHW CAPITAL MANAGEMENT GROUP, LLC	45-4579343	0.00	0
RIVER FARM ENT. INC. DBA RIVER PINE	58-1891724	0.00	740430
ROSSI LAW GROUP, A PROFESSIONAL CORPORATION	45-3735824	0.01	5002426
ROYAL SENIOR CARE, LLC AND ROYAL SENIOR CARE MANAGEMENT, LLC	80-0030722	0.00	57897
SAFARI THATCH INC	65-0977436	0.00	10890
SAN RAFAEL SELF STORAGE	94-3370327	0.00	33892

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SANTOS OB/GYN ADVANCED CARE, LLC	87-1872531	0.00	181371
SARSEN CONSULTING, INC.	52-1965282	0.00	600560
SCHOOL READINESS COALITION OF SARASOTA COUNTY	65-1110174	0.00	1229524
SEACOAST SURVEYORS LLC	87-1690235	0.00	126786
SELECTIVE HR SOLUTIONS	59-3196182	0.00	954062
SEQUEL PHARMA LLC	92-3995930	0.00	34703
SFJ PHARMACEUTICALS, INC.	26-3907550	0.01	7016386
SHARED PHARMACY SERVICES, LLC	33-1107739	0.00	73523
SHELLEY DUNSON-ALLEN, MD PC	58-2654568	0.00	48919

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SHEPHERD STRATEGIES LLC	39-2291672	0.00	356
SHIPPERS COMMONWEALTH, LLC	54-2024699	0.00	34978
SIDEWINDER THERAPEUTICS, INC.	92-2810423	0.00	847644
SIMPLIFY GENOMICS	86-2229548	0.00	751501
SOCOLOFF MANAGEMENT	65-0708384	0.00	20641
SOUTH BROWARD RESEARCH, LLC	11-3704505	0.00	665003
SOUTHEAST WOODCRAFTERS, INC.	73-1662181	0.00	469622
SPACE SHOP MGT, LLC	47-1772294	0.00	93593
SPECTATOR HEALTH, INC	84-2889901	0.00	50568

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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
SPURLIN INDUSTRIES, INC.	58-1558078	0.00	19225
ST. PETERS SELF STORAGE, LLC	85-3165584	0.00	0
STARFISH SPECIALTY INSURANCE SERVICES, LLC	86-2997465	0.00	1223947
STEIN INVESTMENT COMPANY, LLC	27-2137886	0.00	165987
STERLING INDUSTRIES II, INC.	59-3104561	0.00	96049
STORAGE OWNERS BUSINESS ALLIANCE LLC	35-2372492	0.00	47051
STORAGE PROS MANAGEMENT, LLC	20-8542338	0.00	1968339
STORELINE LLC	84-3062023	0.00	3785
SUBURBAN FRANCHISE SYSTEMS, INC.	58-1868829	0.00	4787

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
SUNCOAST PORTABLE SANITATION, INC.	20-4186602	0.00	18
SW FLORIDA INSTITUTE	65-0731659	0.00	11301
SYNAPTIC MEDICAL CORPORATION	81-5030057	0.02	3409639
SYRNA THERAPEUTICS, INC	85-2643397	0.00	256525
TAKE ON THE DAY, LLC	20-2138917	0.00	957042
TEC AUTOMATION INC.	58-2023213	0.00	89968
TELECOM MANAGEMENT, INC.	01-0497005	0.00	648590
TENTARIX BIOTHERAPEUTICS, INC.	85-1866575	0.02	3032086
THE ALLIANCE FOR EATING DISORDERS AWARENESS	65-1080905	0.00	5613

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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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
THE CLEARITY FOUNDATION	26-1095856	0.00	25414
THE COLLECTIVE (LIVING) PAPER FACTORY, INC.	83-3291701	0.00	54450
THE LONDON COMPANIES	59-2610019	0.00	216
THE NORWOOD AGENCY, INC.	21-0526910	0.00	157259
THE RIGGS GROUP, P.C.	52-1750806	0.00	2641220
THOMAS A HICKS ELECTRIC, INC.	58-1565038	0.00	40115
TNT DELIVERY & WAREHOUSING LLC.	87-4825996	0.00	11876
TOP SELF STORAGE, LLC	47-2656845	0.00	13075
TORREN MANAGEMENT, LLC	93-4769338	0.00	35254

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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
TOWN CENTER MANAGEMENT, INC.	58-1981852	0.00	25039
TRAMZ HOTELS, LLC	06-1628964	0.00	19694
TROPICAL ALUMINUM & SCREEN	65-0682523	0.00	499
TUBBY TODD BATH CO. LLC	47-4062572	0.00	0
UNITEC DISTRIBUTION SYSTEMS	52-0551098	0.00	8605
UNITERS NORTH AMERICA, LLC	27-0610208	0.00	1464894
VACATION OWNERSHIP TITLE AGENCY, INC	26-0255315	0.02	1298408
VALLEY HEALTH CARE, INC.	55-0695143	0.00	190740
VASCON LLC	65-1053223	0.00	12615

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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
VELOCITY ENGAGE INC	32-0467048	0.00	11365
VENTRON MANAGEMENT LLC	20-2273288	0.01	3897103
VERITY PACKAGING, INC.	84-4162154	0.00	84247
VETTED SECURITY SOLUTIONS, LLC	45-5289377	0.01	2178913
VICINITAS THERAPEUTICS INC	88-0561889	0.00	751167
VILLA ROYALE OPERATING COMPANY LLC	84-2259894	0.00	0
VIRGINIA SHREDDERS	52-2046627	0.00	3719
VIRTUALWORKS GROUP INC.	26-4749250	0.00	156391
VISIONSCAPES INC	58-1829998	0.00	1797

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.

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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
VOX, INC.	56-1952356	0.00	3676
WAYCHOFF'S HEATING & AIR CONDITIONING, INC.	52-2437540	0.00	22782
WAYNE LEE MD PLASTIC SURGERY PLLC	27-4481869	0.00	1925466
WEBSTER SPORT CENTER	59-2322918	0.00	25854
WEGMAN ASSOCIATES OF GEORGIA, INC.	58-1543692	0.00	312071
WHISPERING SANDS CONDOMINIUM ASSOCIATION, INC	59-1402207	0.00	18354
WINDWARD DESIGN GROUP	65-0615685	0.00	9304
WOLLENWEBER'S TRUCKING & WAREHOUSING	52-1008657	0.00	120204
WOOD DESIGNS (WDM, INC.)	56-1891497	0.00	138892

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.

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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
WOODHAM & ASSOCIATES OF FLORIDA, LLC.	45-3365460	0.00	131218
WT MEDIA, LLC	26-1423902	0.00	361489
WYNNE PROPERTIES GROUP, LLC	85-3735982	0.00	7489
XLR8 SERVICES, INC.	46-2537143	0.01	3100599
ZEE MEDICAL SERVICE CO.	59-1766733	0.00	9638
ZYRION TECHNOLOGY, INC.	22-3759626	0.00	39120

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 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 _____

ALPHASTAFF RETIREMENT SAVINGS PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2025 and 2024 and
for the year ended December 31, 2025

ALPHASTAFF RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
the AlphaStaff Retirement Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the accompanying financial statements of the AlphaStaff Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 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 certifications from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section –

- the amounts and disclosures in the 2025 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the 2025 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2025 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2025 Supplemental Schedules Required by ERISA

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

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

In our opinion—

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

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

Auditor's Report on the 2024 Financial Statements

The financial statements of the AlphaStaff Retirement Savings Plan as of December 31, 2024, were audited by predecessor auditors. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 8, 2025 indicated that in their opinion (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule, that agree to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2024 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).

UHY LLP

Sterling Heights, Michigan
October 13, 2026

ALPHASTAFF RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	**2024**
ASSETS		
Cash	**$ 291,891**	$ 1,675,092
Investments at fair value	**261,932,473**	248,973,294
Receivables		
Employer contributions	**948,644**	1,203,691
Participant contributions	**497,691**	613,880
Notes receivable from participants	**1,795,870**	1,668,396
Total receivables	**3,242,205**	3,485,967
Total assets	**265,466,569**	254,134,353
LIABILITY - Excess contributions payable	**305,200**	-
Net assets available for benefits	**$ 265,161,369**	$ 254,134,353

See notes to financial statements.

ALPHASTAFF RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2025

ADDITIONS:	
Investment income:	
Net appreciation in the fair value of investments	$ 30,936,703
Interest	8,816
Dividends	7,784,914
Total investment income	38,730,433
Interest income on notes receivable from participants	152,931
Other income	2,647
Contributions:	
Employer	9,856,110
Participants	26,619,719
Rollovers	2,881,962
Total contributions	39,357,791
Total additions	78,243,802
DEDUCTIONS:	
Benefits paid to participants	35,132,171
Administrative expenses	1,414,917
Total deductions	36,547,088
NET INCREASE IN NET ASSETS	41,696,714
TRANSFERS FROM OTHER PLANS	2,212,935
TRANSFERS TO OTHER PLANS	(32,882,633)
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	254,134,353
End of year	$ 265,161,369

See notes to financial statements.

ALPHASTAFF RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the AlphaStaff Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all eligible employees of AlphaStaff Group, Inc. (the "Company") and its adopting employers. All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each employer's adopted Plan agreement should be referred to by the participants for additional information regarding Plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Charles Schwab Trust Bank is the Plan's custodian. Ameritas Life Insurance Corporation provides recordkeeping services to the Plan. The plan administrator has overall responsibility for the operation and administration of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Setting Every Community Up for Retirement Enhancement Act 2.0 of 2022 (the SECURE Act 2.0) was signed into law December 29, 2022. This law, among other things, includes several required and optional provisions that will impact employee benefit plans that go into effect at various times through 2027. The provisions that were required to be implemented during the year ended December 31, 2025 are; 1) long-term part-time employees with 2-consecutive 12-month periods of at least 500 hours of service must be eligible to participate in the Plan and 2) automatic enrollment is required effective January 1, 2025 at a minimum of 3%, increasing by 1% each year until it reaches at least 10% for all employers who entered the Plan on or after December 29, 2022. The optional provisions that could be implemented during the year ended December 31, 2025 are; 1) an increase of catch-up contributions to the greater of $10,000 or 50% more than the regular catch-up contribution for individuals age 60 – 63, and 2) allow employers to treat student loan payments as elective deferrals for purpose of receiving matching contributions.

The Plan has elected to adopt the catch-up contribution limit increase provision of the SECURE Act 2.0 during the 2025 plan year. The Plan was amended for any provisions elected in accordance with applicable law and IRS guidance.

Amendment

Effective January 1, 2025, the Plan was amended to formally adopt the provisions of SECURE Act 2.0 that have been previously implemented by the Plan.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Contributions

Each year, participants may contribute 90% of annual eligible compensation, as defined in the Plan, and designate those contributions as either pre-tax or Roth. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby adopting employers may elect to have all newly eligible employees automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at a pre-determined contribution rate and their contribution invested in a designated fund until changed by the participant. In addition, the Plan has adopting employers that have a contribution accelerator feature which automatically increases participant deferral rates to a pre-determined rate annually, with a pre-determined ceiling, unless a participant opts out. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Effective January 1, 2025, the Plan adopted the "super catch-up" provision under the SECURE 2.0 Act of 2022, which allows Plan participants aged 60 to 63 to make larger catch-up contributions to the Plan, equal to the greater of $10,000 or 150% of the standard catch-up limit ($11,250 for 2025). Participants become eligible to contribute at this higher rate on January 1st of the year they turn 60. Eligibility ends the year they turn 64.

Each adopting employers' matching contributions are discretionary and determined as a percentage of participant elected deferrals for that employer.

If elected, each adopting employer makes a safe harbor matching contribution which is determined as a percentage of participant compensation.

Each adopting employers' discretionary profit-sharing contributions are determined annually by the adopting employer. Profit sharing contributions are allocated to each participant based upon the ratio of the participant's compensation to the total compensation of the adopting employer.

Participants should refer to their adopting employers' specific plan provisions for the calculation and amount of employer contributions for the year ended December 31, 2025.

Contributions are subject to certain IRS limits. Participants direct the investment of their contributions, including their employer contribution, into various investment options offered by the Plan.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, employer safe harbor matching contributions and discretionary matching contributions, as well as allocations of employer profit-sharing contributions 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

Participants are vested immediately in their contributions, employer safe harbor matching contributions, plus earnings thereon. Each participating employer provides vesting of participating employer discretionary contributions; refer to specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to $50,000 or 50% of the participant's vested account balance, whichever is less. Participants may have no more than one loan outstanding at any time. The loans are secured by the balance in the participant's account. The loans bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Vested Benefits

On termination of service, participants may elect to receive an amount equal to the value of the vested interest in their accounts in either a lump-sum amount or in installments, depending on the size of the participant's account balance at the time of termination. Participants with a vested account balance of less than $7,000 must take a lump-sum distribution. The account of a participant with a vested account balance between $1,000 and $7,000 who does not request a distribution will be rolled into an individual retirement account in the participant's name.

In-service distributions are allowed when a participant reaches age 59½. Rollover contributions may be withdrawn at any time. The Plan may authorize certain withdrawals from a participant's account in the event of proven financial hardship. Hardship withdrawals are subject to specific statutory and regulatory requirements.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Forfeited Accounts

As of December 31, 2025 and 2024, forfeited nonvested accounts totaled $65,696 and $196,488, respectively. These accounts will be used to pay plan expenses or reduce participating employer contributions. During the year ended December 31, 2025, forfeited nonvested accounts in the amount of $7,655 were used to pay plan expenses and $181,347 were used to reduce participating employer contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America 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. Accordingly, actual results may differ from those 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. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian.

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

Contributions

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

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2025 excess contributions to the applicable participants prior to March 15, 2026.

Payments of Benefits

Benefits are recorded when paid.

Rebate Income and Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments to 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. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan. The plan receives rebates from mutual funds on fees paid to invest in those funds. The rebate income is used to pay current and future expenses.

Reclassifications

Certain reclassifications have been made to the financial statements for the year ended December 31, 2024 to conform to the presentation for the year ended December 31, 2025.

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 13, 2026, the date the financial statements were available to be issued, and has determined that there are no material events that have occurred during this period, except as disclosed in Note 13.

NOTE 3 – CERTIFIED INVESTMENTS

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank, a qualified institution.

NOTE 4 – 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 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:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (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.

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 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 (SEC). These funds must 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.

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund is an open-end fund that is registered with the SEC. This fund is required to publish its daily NAV and to transact at that price. The money market fund is deemed to be actively traded.

Stable value collective trust fund: Valued at the NAV of units of the fund, which is based on the estimated market value of the underlying investments less its liabilities. The NAV is used as a practical expedient to estimate fair value.

Exchange traded funds (ETF): Valued at closing price reported on the active market on which the individual securities are traded.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds, money market funds, ETFs, closed-end funds, US treasury bonds, common stocks, and cash that are valued on the basis of readily determinable market prices.

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024.

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$243,164,575	$ -	$ -	$243,164,575
Money market fund	3,404,685	-	-	3,404,685
Exchange traded funds	3,284,875	-	-	3,284,875
Self-directed brokerage account	10,434,620	275,534	-	10,710,154
Total assets in the fair value hierarchy	260,288,755	275,534	-	260,564,289
Investments measured at net asset value [(a)]	-	-	-	1,368,184
Total assets at fair value	$ 260,288,755	$ 275,534	$ -	$ 261,932,473

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$231,877,104	$ -	$ -	$231,877,104
Money market fund	3,609,402	-	-	3,609,402
Exchange traded funds	2,575,023	-	-	2,575,023
Self-directed brokerage account	8,551,778	561,779	-	9,113,557
Total assets in the fair value hierarchy	246,613,307	561,779	-	247,175,086
Investments measured at net asset value [(a)]	-	-	-	1,798,208
Total assets at fair value	$ 246,613,307	$ 561,779	$ -	$ 248,973,294

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value 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.

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes investments for which fair value is measured using the net asset 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.

	Estimated fair value at December 31,		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2025	2024		
Stable value collective trust fund:				
Morley Stable Value Fund	$ 1,368,184	$ 1,798,208	Daily	12 months

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2025, there were direct fees of $ 1,414,917 paid to AlphaStaff Group, Inc., Charles Schwab Bank, Ameritas Life Insurance Corporation, Morgan Stanley Smith Barney, LLC, Global Retirement Partners, Bennings Group LLC, DGPerry, PLCC, Fisher and Phillips, LLP, Step Ahead Consulting, LLC and MorningStar, Inc., parties-in-interest as defined in 3(14) of ERISA. During the years ended December 31, 2025 and 2024, there were transactions involving the investment of plan assets in investment funds maintained by Charles Schwab Trust Bank, a party-in-interest as defined in section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net appreciation of the fair value of investments. Revenue sharing income in the amount of $2,647 is included on the statement of changes in net assets available for benefits within other income.

NOTE 6 – PLAN TERMINATION

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

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated August 29, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The plan is subject to examination by the Internal Revenue Service for the statutory period.

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 values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	December 31, 2025	December 31, 2024
Net assets available for benefits per the financial statements	$ 265,161,369	$ 254,134,353
Less: receivables		
Participant contributions	(497,691)	(613,880)
Employer contributions	(948,644)	(1,203,691)
Plus: liabilities		
Excess contributions payable	305,200	-
Net assets available for benefits per the Schedule H of Form 5500	$ 264,020,234	$ 252,316,782

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (Continued)

The following is a reconciliation of the net increase in net assets per the financial statements for the year ended December 31, 2025 to Schedule H of Form 5500:

Net increase in net assets per the financial statements	$ 41,696,714
Contributions:	
Participant current year contributions	(497,691)
Participant prior year contributions	613,880
Employer current year contributions	(948,644)
Employer prior year contributions	1,203,691
Liabilities:	
Excess current year contributions	305,200
Net increase in net assets per Schedule H of Form 5500	$ 42,373,150

NOTE 10 – TIMELY REMITTANCE OF CONTRIBUTIONS

During the year ended December 31, 2025, there were instances of noncompliance in remitting participant contributions as soon as they could be reasonably segregated. The untimely remittance of participant contributions constitutes a prohibited transaction under ERSIA section 406. Lost earnings were paid to Plan participants subsequent to the year ended December 31, 2025.

NOTE 11 – OPERATIONAL ERROR

The plan sponsor did not withhold elective deferrals and contribute employer matches in accordance with the correct definition of compensation. Subsequent to the year ended December 31, 2025, the plan sponsor corrected this error.

NOTE 12 – ASSETS ALLOCATED TO WITHDDRAWN PARTICIPANTS

At December 31, 2025, there were requested distributions that had not been paid as of the Plan year end in the amount of $534,077. There were no distributions requested but not paid at December 31, 2024.

NOTE 13 – SUBSEQUENT EVENT

Effective January 1, 2026, the Plan implemented the required provision of the SECURE Act 2.0 related to the re-characterization of catch-up contributions as Roth for participants with FICA wages over the required limit.

SUPPLEMENTARY INFORMATION

ALPHASTAFF RETIREMENT SAVINGS PLAN

EIN # 65-0314170, Plan #333

Schedule H - Line 4a - Schedule of Delinquent Participant Contributions

Year ended December 31, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
[X] $ 882	$ 882	$ -	$ -	$ -

ALPHASTAFF RETIREMENT SAVINGS PLAN
EIN # 65-0314170, Plan #333
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a) Party in interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	BlackRock	High Yield Portfolio Fund Class K	$ 1,369,261
	DFA	Large Cap International Portfolio Institutional Shares	95,214
	DFA	US Small Cap Growth Portfolio Institutional Shares	55,047
	Fidelity	Inflation-Protected Bond Index Fund	3,199,492
	Fidelity	International Index Fund	9,256,093
	Fidelity	Investments Money Market Treasury Portfolio Fund International Shares	3,404,685
	GMO	Quality Fund Class R6	5,841,538
	Invesco	Value Opportunities Fund Class R6	206,632
	ishares	Gold Trust	3,284,875
	JPMorgan	Large Cap Growth Fund Class R6	379,520
	Loomis Sayles	Investment Grade Bond Fund Class N	4,753,342
	Morley	Stable Value Fund	1,368,184
	PIMCO	RAE US Small Fund Institutional Shares	16,408
	Principal	MidCap Fund Class R6	32,406
	Putnam	Large Cap Value Fund Class R6	89,513
*	Charles Schwab Bank	Self-Directed Brokerage Account	10,710,154
	Vanguard	Balanced Index Fund Admiral Shares	5,391,674
	Vanguard	Commodity Strategy Fund Admiral Shares	743,807
	Vanguard	Emerging Markets Stock Index Fund Admiral Shares	3,158,176
	Vanguard	Morningstar Growth Index Fund Institutional Shares	25,898,335
	Vanguard	Institutional Index Fund Institutional Shares	20,716,589
	Vanguard	Intermediate-Term Bond Index Fund Admiral Shares	3,670,092
	Vanguard	LifeStrategy Conservative Growth Fund Investor Shares	1,022,034
	Vanguard	LifeStrategy Growth Fund Investor Shares	5,006,611
	Vanguard	LifeStrategy Income Fund Investor Shares	790,396
	Vanguard	Morningstar Mid-Cap Index Fund Institutional Shares	9,577,886
	Vanguard	Real Estate Index Fund Admiral Shares	1,830,509
	Vanguard	Short-Term Investment Grade Admiral Shares	730,967
	Vanguard	Small-Cap Index Fund Institutional Shares	8,414,374
	Vanguard	Target Retirement 2020 Fund	2,023,625
	Vanguard	Target Retirement 2025 Fund	17,123,403
	Vanguard	Target Retirement 2030 Fund	10,926,050
	Vanguard	Target Retirement 2035 Fund	31,895,856
	Vanguard	Target Retirement 2040 Fund	7,732,849
	Vanguard	Target Retirement 2045 Fund	17,960,896
	Vanguard	Target Retirement 2050 Fund	8,413,058
	Vanguard	Target Retirement 2055 Fund	15,755,398
	Vanguard	Target Retirement 2060 Fund	4,024,756
	Vanguard	Target Retirement 2065 Fund	2,115,803
	Vanguard	Target Retirement 2070 Fund	461,958
	Vanguard	Target Retirement Income Fund	3,785,061
	Vanguard	Value Index Fund Institutional Shares	8,699,946
			261,932,473
*	Notes receivable from participants	Notes receivable from participants (interest rates from 2% to 9.5%) due at various dates through December 2039	1,795,870
			$ 263,728,343

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
- ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AlphaStaff Retirement Savings Plan

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2001

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

AlphaStaff Group, Inc.

1300 Sawgrass Corporate Parkway
Suite 220
Sunrise FL 33323

2b Employer Identification Number (EIN)
65-0314170

2c Plan Sponsor's telephone number
888-335-9545

2d Business code (see instructions)
561300

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

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

SIGN HERE	David Rattner	10/14/26	DAVID RATTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

ALPHASTAFF RETIREMENT SAVINGS PLAN

EIN # 65-0314170, Plan #333

Schedule H - Line 4a - Schedule of Delinquent Participant Contributions

Year ended December 31, 2025

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
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ALPHASTAFF RETIREMENT SAVINGS PLAN
EIN # 65-0314170, Plan #333
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December 31, 2025

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	Fidelity	International Index Fund	9,256,093
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	Invesco	Value Opportunities Fund Class R6	206,632
	ishares	Gold Trust	3,284,875
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*	Notes receivable from participants	Notes receivable from participants (interest rates from 2% to 9.5%) due at various dates through December 2039	1,795,870
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See independent auditor's report.