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.)
- [X] 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
ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN THREE

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2018

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)
ALLEGIS GROUP, INC.

7312 PARKWAY DRIVE
HANOVER, MD 21076

2b Employer Identification Number (EIN)
52-1304931

2c Plan Sponsor's telephone number
866-886-9798

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.	10/15/2026	ROBERT GREER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	ROBERT GREER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	37564
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)**	34204
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	36239
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3294
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	39533
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	14
f	Total. Add lines **6d** and **6e**.	**6f**	39547
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)**	6821
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)**	7554
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2S 2T 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN THREE

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-1304931

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).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	342048	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CAPFINANCIAL PARTNERS

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	6190	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALSTON & BIRD

58-0137615

(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	LEGAL	21760	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)

SC&H ATTEST SERVICES, P.C.

52-1743645

(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	ACCOUNTANT	8139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN THREE

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-1304931

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: NT COLL S&P 500 IDX FD TIER 3

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-002	C	39029119

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL EXT EQY MKT IDX TIER 3

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-110	C	3110401

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL AGGREGT BD IDX TIER 3

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-088	C	2704528

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COL ACWI EXUS IV MKT IX T3

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-223	C	2662579

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT INC TR PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
90-0735883-001	C	3802168

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2020 TR PLS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
90-0735899-001	C	4589345

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2025 TR PLS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY 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)
90-0735963-001	C	14870267

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2030 TR PLS

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

c EIN-PN 90-0735964-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23545832

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2035 TR PLS

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

c EIN-PN 90-0735965-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24436121

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2040 TR PLS

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

c EIN-PN 90-0735971-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22580559

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2045 TR PLS

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

c EIN-PN 90-0735972-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21611175

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2050 TR PLS

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

c EIN-PN 90-0735976-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22995781

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2055 TR PLS

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

c EIN-PN 90-0735978-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16913948

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2060 TR PLS

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

c EIN-PN 45-3799736-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11711348

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TRGT RTMT 2065 TR PLS

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

c EIN-PN 82-6204383-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3850845

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PI

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

c EIN-PN 82-6652363-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12731288

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PNTR

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

c EIN-PN 46-6208187-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51344

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE BD CIT TR

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

c EIN-PN 94-3222878-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 337395

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR INTL EQ INDX CIT TR

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

c EIN-PN 52-2265229-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 789461

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR RUSS 2000 I CIT TR

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

c EIN-PN 52-2265233-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 232421

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR S&P 500 INDEX CIT TR

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

c EIN-PN 94-3224211-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1218442

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR S&P MID INDEX CIT TR

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

c EIN-PN 52-2265235-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 338669

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR AGG BD INDEX CIT TR

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

c EIN-PN 20-5699010-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 446951

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/D&C INT BOND CIT TR

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

c EIN-PN 47-6566265-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/MFS VALUE CIT TR

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

c EIN-PN 45-6648640-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158881

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/MULTI SM CAP CIT TR

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

c EIN-PN 45-6648658-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67277

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/T.ROWE I LGC GR CIT TR

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

c EIN-PN 45-6648614-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86875

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE GR STK TR C CIT

b Name of sponsor of entity listed in (a): T ROWE PRICE TRUST COMPANY

c EIN-PN 52-6559833-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19334524

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TAR RET 2070 TR PLUS

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

c EIN-PN 88-6095930-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1044457

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
ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN THREE

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-1304931

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2378516	2474143
(9) Value of interest in common/collective trusts	1c(9)	216545674	255252000
(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)	32119233	33829073
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	251043423	291555216
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	251043423	291555216

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)	20612	
(B) Participants	2a(1)(B)	46219661	
(C) Others (including rollovers)	2a(1)(C)	11798683	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		58038956
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	219320	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		219320
(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)	457724	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		457724
(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)		38030444
(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)		3503515
c Other income	2c		23972
d Total income. Add all **income** amounts in column (b) and enter total	2d		100273931
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	64095628	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	8257	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		64103885
f Corrective distributions (see instructions)	2f		27153
g Certain deemed distributions of participant loans (see instructions)	2g		26013
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	324348	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	8139	
(5) Investment advisory and investment management fees	2i(5)	6190	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	21760	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		360437
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		64517488
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		35756443
l Transfers of assets:			
(1) To this plan	2l(1)		12624605
(2) From this plan	2l(2)		7869255

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: SC&H ATTEST SERVICES, P.C. **(2)** EIN: 52-1743645

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		637
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		10000000
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**			

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)
ALLEGIS GROUP INC. RETIREMENT SAVINGS PLAN ONE	52-1304931	004
ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN TWO	52-1304931	002

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

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

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
ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN THREE

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
52-1304931

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): 42-0127290

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_____.

Independent Auditors' Report

To the Plan Administrator of the
Allegis Group, Inc. Retirement Savings Plan Three and its Participants:

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

We have performed audits of the accompanying financial statements of the Allegis Group, Inc. Retirement Savings Plan Three (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2025, and the related notes to the financial statements – modified cash basis.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the 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 December 31, 2025 and 2024 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 Financial Statements

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

- the amounts and disclosures in the financial statements – modified cash basis 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 the modified cash basis of accounting.

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

Basis for Opinion

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

Emphasis of Matter — Basis of Accounting

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Allegis Group, Inc. Retirement Savings Plan Three'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 Allegis Group, Inc. Retirement Savings Plan Three's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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

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.

Supplemental Schedules Required by ERISA

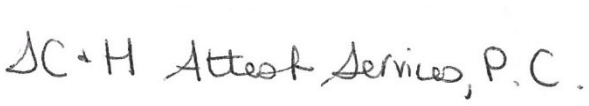
The supplemental schedule of assets (held at end of year) as of December 31, 2025 and the supplemental schedule of delinquent participant contributions for the year ended December 31., 2025, are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2025 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 2025 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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).



October 15, 2026

Allegis Group, Inc. Retirement Savings Plan Three

Financial Statements – Modified Cash Basis
Together with Independent Auditors' Report

As of December 31, 2025, and 2024 and
For the Year Ended December 31, 2025

Independent Auditors' Report

To the Plan Administrator of the
Allegis Group, Inc. Retirement Savings Plan Three and its Participants:

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

We have performed audits of the accompanying financial statements of the Allegis Group, Inc. Retirement Savings Plan Three (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2025, and the related notes to the financial statements – modified cash basis.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the 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 December 31, 2025 and 2024 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 Financial Statements

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

- the amounts and disclosures in the financial statements – modified cash basis 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 the modified cash basis of accounting.

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

Basis for Opinion

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

Emphasis of Matter — Basis of Accounting

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Allegis Group, Inc. Retirement Savings Plan Three'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 Allegis Group, Inc. Retirement Savings Plan Three's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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

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.

Supplemental Schedules Required by ERISA

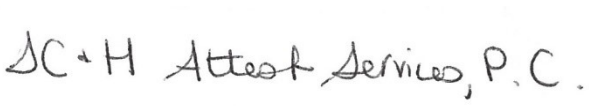
The supplemental schedule of assets (held at end of year) as of December 31, 2025 and the supplemental schedule of delinquent participant contributions for the year ended December 31., 2025, are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2025 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 2025 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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).



October 15, 2026

Statements of Net Assets Available for Benefits – Modified Cash Basis

As of December 31,	*2025*	*2024*
Assets		
Investments, at fair value	$ 289,352,746	$ 249,361,151
Notes Receivable from Participants	2,474,143	2,378,516
Total Assets	291,826,889	251,739,667
Liabilities	-	-
Net Assets Available for Benefits	$ 291,826,889	$ 251,739,667

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

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

Changes in Net Assets Available for Benefits Attributable to:		
Contributions		
Participants	$	46,219,661
Company		20,612
Rollovers		11,798,683
Total Contributions		58,038,956
Investment Income		
Interest and dividend income		457,724
Net appreciation in fair value of investments		41,133,360
Total Investment Income		41,591,084
Interest Income on Notes Receivable from Participants		219,320
Benefits Paid to Participants		(64,157,051)
Administrative Expenses		(360,437)
Net Increase in Net Assets Available for Benefits before Transfers		35,331,872
Net Assets Transferred In from Related Plan (Note 1)		12,624,605
Net Assets Transferred Out To Related Plan (Note 1)		(7,869,255)
Net Increase in Net Assets Available for Benefits after Transfers		40,087,222
Net Assets Available for Benefits:		
Beginning of Year		251,739,667
End of Year	$	291,826,889

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

1. DESCRIPTION OF THE PLAN

The following description of the Allegis Group, Inc. Retirement Savings Plan Three (the Plan or Plan Three) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established on January 1, 2018. The Plan is a deferred compensation profit sharing plan covering eligible employees of the Allegis Group, Inc. and affiliated participating companies (collectively, the Company) who have adopted the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and was most recently amended and restated January 1, 2026.

Plan Restructure

Effective January 1, 2018, the Allegis Group, Inc. Retirement Savings Plan (the Original Plan) was restructured and renamed the Allegis Group, Inc. Retirement Savings Plan Two (Plan Two), and the accounts of participants eligible for Allegis Group, Inc. Retirement Plan One (Plan One) and Allegis Group, Inc. Retirement Plan Three spun off to form Plan One and Plan Three, respectively. All accounts for internal employees were transferred to Plan One, and all external employees either remained in Plan Two, or were transferred to Plan Three based on eligibility requirements.

In order to determine the correct plan assignment (Plan One, Plan Two or Plan Three) for participants, eligibility shall be determined as of (i) the first day of the Plan year if the employee is employed by the Company on such date, or, if not, (ii) the employee's first day of employment during the Plan year.

Annually, participant plan assignments are re-evaluated based upon the participant meeting certain eligibility requirements of each Plan. As of January 1st of the Plan year, if a participant's current plan assignment changes due to a change in their eligibility (internal vs. external, compensation or job title) making him or her eligible for a different plan than that of which they are currently enrolled in, the participant's prior account balance is transferred to the new plan along with any future contributions. If a participant's classification changes post January 1, he or she will remain in the existing plan until the following January 1 at which time he or she will be re-evaluated. Net transfers into the Plan totaled $4,755,350 and are included on the accompanying statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2025.

1. DESCRIPTION OF THE PLAN – continued

Eligibility

The Plan covers all highly compensated external contract employees of the Company, as well as those with the following job titles:

Allegis Employers	Maxim Employers
Developer	Licensed Prac/VOC Nurse HH
Dealer Account Rep	LPN – Homecare
District Manager	LVN – Home Care
Business Analyst – Apps	LPN/LVN
Tester	Licensed Practical Nurse
Project Manager – Apps	Registered Nurse
System Analyst	Registered Nurse – Homecare
	Registered Nurse – Home Care
	Medical Social Worker – MSS
	Medical Technologist
	Occupational Therapist
	Physical Therapist

Any person classified as working or providing services in a capacity other than an employee, leased employees, non-resident aliens with no U.S. source income, individuals working abroad not on a U.S. payroll, interns, employees subject to a collective bargaining agreement that does not provide for Plan participation and any individual employed in Puerto Rico are not eligible to participate in the Plan. Upon eligibility determination, existing participant accounts are transferred to the respective plan.

Employees become eligible to enter the Plan on or after the first day of the month occurring at least 30 days after employment commences.

The Plan contains certain provisions relating to a Corporate-Owned Community, which is a retirement community owned by a direct or indirect subsidiary of Erickson Living Management, LLC. As of December 31, 2025, Devonshire at PGA National, LLC, Windsor Run, LLC, Siena Lakes, Inc., and Grandview, LLC are Corporate-Owned Communities. Corporate-Owned Community participants become eligible to participate in the Plan immediately upon hire. Effective January 1, 2024, participants are eligible to receive Company contributions after completing one year of service and attaining 18 years of age.

1. DESCRIPTION OF THE PLAN – continued

Participant Contributions

Participants may contribute from 1% to 100% of their annual compensation, as defined by the Plan, on a pre-tax or post-tax (Roth) basis, not to exceed the maximum allowable contribution under Section 402(g) of the Internal Revenue Code (the Code), which was $23,500 for the year ended December 31, 2025. A participant's Roth elective contributions are allocated to a separate account maintained for such contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch-up contributions, subject to the limitation imposed by the Code, which was $7,500 per participant for the year ended December 31, 2025. Participants are permitted to make pre-tax rollover contributions to the Plan.

Certain employees, as defined by the Plan document, will be automatically enrolled in the Plan upon meeting eligibility requirements. Unless the participant elects otherwise, he or she will be automatically enrolled at a pre-tax deferral rate of 3%. This percentage will increase annually on January 1st for all participants in increments of 1% up to a maximum of 15% after their first full year of participation.

Corporate-Owned Community participants, employees of Erickson Living Management, LLC, who are at least 18 years of age as of his or her hire date are automatically enrolled at a pre-tax deferral rate of 1% beginning with the first pay following the date of hire, unless the participant elects otherwise. This percentage will increase annually on the participants' anniversary date for all Corporate-Owned Community participants in increments of 1% up to a maximum of 15%.

Company Matching Contributions

The Company contributes annually to the Plan on behalf of each non-highly compensated eligible participant who is: (1)(A) in the case of employees of Allegis employers, has an employee classification of "INT" (internal employees) or employees who are assigned to the benefits program "F/T" or "MSF" in the payroll records of the employer, (B) in the case of employees of Maxim and Amergis employers, is classified by the employer as "team member," or (C) is an employee of a Sparrows Point employer; (2) are employed by the Employer in the category in (1) on each day of the Plan year commencing after January 7 (for this purpose, employment shall not be deemed to have terminated by an Authorized Leave of Absence); and (3) are employed by the Employer on the Valuation Date. Notwithstanding the foregoing, (1) if a Participant whose employment is terminated during a Plan year due to a layoff is rehired by the Employer during the same Plan year but no later than the 60th day following the date of his layoff, or (2) if a Participant whose employment terminates for any reason is rehired within 7 days, he shall be entitled to a matching contribution for the Plan year if he is otherwise eligible for such matching contribution. Notwithstanding the above, the following Employees are not eligible for a Matching contribution: (A) non-resident aliens with no U.S. source income (B) employees included in a unit of employees covered by a collective bargaining agreement with the Employer that does not expressly provide that such employees are eligible for a Matching contribution, and (C) employees of a Corporate-Owned Community.

1. DESCRIPTION OF THE PLAN – continued

Company Matching Contributions – continued

For employees of Allegis Employers, the Company contribution amount shall be equal to 100% of the first $1,000 of the participant's elective contributions for the Plan Year. If the participant is eligible to receive the Allegis Standard Profit Sharing or Enhanced Profit Sharing contribution, the Company contribution amount shall be 50% of the lesser of (i) the participant's elective contributions for the plan year and (ii) 6% of the participant's eligible compensation for the Plan year.

Effective January 1, 2024, for employees of Amergis Healthcare Staffing, if the participant is (i) eligible for the Investment Growth Plan or the Key Investment Growth Plan, or (ii) is in a commission-based position, the Company contribution shall be 100% of the first $1,000 of the participant's elective contributions for the plan year. If the aforementioned criteria are not met, the Company contribution shall be 50% of the lesser of (i) the participant's elective contributions for the plan year and (ii) 6% of the participant's eligible compensation for the Plan year.

Effective January 1, 2025, for employees of Maxim Healthcare Staffing Services, if the participant is (i) participating in the Investment Growth Plan or (ii) is eligible to earn a performance award in the Investment Growth Plan for Key Employees, the Company contribution shall be 100% of the first $1,000 of the participant's elective contributions for the plan year. If the aforementioned criteria are not met, the Company contribution shall be 50% of the lesser of (i) the participant's elective contributions for the plan year and (ii) 6% of the participant's eligible compensation for the Plan year.

For employees of Tradepoint Atlantic, LLC and Sparrows Point, LLC, the Company contribution amount is equal to 100% of the first $500 of participant contributions and 50% of the next $500 of participant contributions, up to a maximum of $750.

The Company contribution amount for employees of Erickson, a participating employer in the Plan, is 100% of a participant's elective contributions up to a maximum of 3% of the participant's eligible compensation calculated on an annual basis. Employees are required to complete 1,000 hours of service in the Plan year to receive a Company contribution.

The Company contribution amount for a Corporate-Owned Community for each eligible participant employed as of the last day of the year is equal to 100% of the participant's elective contributions for the Plan year, up to 3% of the participant's eligible compensation for the Plan year.

The Company may contribute a separate discretionary matching contribution on behalf of each eligible highly compensated participant, not to exceed the amount contributed to the non-highly compensated eligible participants.

1. DESCRIPTION OF THE PLAN – continued

Company Matching Contributions – continued

Although participants in Plan Three are not eligible to receive matching contributions based on their eligibility status, participants may still receive such contributions into the Plan as the Plan reports on a modified cash basis. Therefore, the matching contributions received by the Plan for the year ended December 31, 2025, relate to the matching contributions determined during 2024, when a participant may have been previously eligible to receive such contributions. Matching contributions including qualified non-elective contributions of $12,903 paid into the Plan totaled $19,505 for the year ended December 31, 2025.

Bonus Contributions

The Plan provides for bonus contributions that TEKsystems, Inc. (TEKsystems) may contribute at its discretion on behalf of its non-highly compensated eligible participants. Participants eligible to receive a bonus contribution are classified consultants who are employed by TEKsystems on each day of the Plan year commencing after January 7th of the Plan year. However, those participants who began employment after January 7th may become eligible for a bonus contribution on the first entry date occurring on or after they complete ten months of employment. Participants must be employed on the valuation date, as defined by the Plan, to receive an allocation. Bonus contributions are allocated to participant accounts based upon a formula which includes the participant's billable hours worked during the year and a base award as determined by TEKsystems. Although participants in Plan Three are not eligible to receive bonus contributions based on their eligibility status, participants may still receive such contributions into the Plan as the Plan reports on a modified cash basis.

Therefore, the bonus contributions received by the Plan for the year ended December 31, 2025, relate to the bonus contributions determined during 2024, when a participant may have been previously eligible to receive such contributions. Bonus contributions paid into the Plan totaled $1,107 for the year ended December 31, 2025.

Allegis Profit Sharing Contributions

The Plan provides for an Allegis profit sharing contribution that certain participating Allegis companies may contribute at their discretion on behalf of non-highly compensated eligible participants. Participants eligible to receive an Allegis profit sharing contribution are those internal employees set forth below, employed on each day commencing after January 7th of the Plan year by a participating Allegis company. Those participants who are employed after January 7th may become eligible for a profit-sharing contribution on the first day of the month following a participant’s eligibility, if they complete six months of employment. Participants eligible to receive a profit sharing contribution allocation include all employees who (A) are classified as “internal employees,” (B) are employed on the U.S. payroll; and (C) are employed on the valuation date, as defined by the Plan, by the participating Allegis company making the Allegis profit sharing contribution.

1. DESCRIPTION OF THE PLAN – continued

Allegis Profit Sharing Contributions – continued

Notwithstanding the foregoing, the following employees are not eligible for an Allegis profit sharing contribution: (A) contract employees; (B) employees who are hired on a temporary basis for a period of less than one year; (C) non-resident aliens with no U.S. source income; (D) employees who are employed in a sales or recruiting capacity, or as a contracts manager, sales manager or account manager; (E) employees who are eligible to receive commissions, (F) employees included in a unit of employees covered by a collective bargaining agreement with the employer that does not expressly provide that such employees are eligible for a profit sharing contribution; (G) employees of Allegis Group, Inc. or any subsidiaries thereof who are in an "enhanced profit sharing position"; (H) employees eligible for the Management Incentive Plan (formerly known as the Retention Bonus Plan); (I) employees who have received a grant of any size whether vested or nonvested, under the Allegis Group Incentive Investment Plan or the MLA Incentive Investment Plan, (J) employees who have received a grant of any size, whether vested or non-vested, under the Allegis Group Incentive Growth Plan, the Allegis Group Incentive Plan for key employees, the MarketSource Incentive Investment Plan, or the MarketSource Incentive Growth Plan; and (K) employees who have received a grant of any size, whether vested or non-vested of incentive appreciation rights under the Allegis Group Incentive Appreciation Rights or the MLA Incentive Appreciation Rights Plan.

Allegis profit sharing contributions are allocated to participant accounts based on the participant's hours of service and years of employment as of the last day of the Plan year. There were no such contributions paid into the Plan based upon the makeup of eligible employees in the Plan in the current year.

Maxim Profit Sharing Contributions

The Plan provides for a Maxim profit sharing contribution that certain participating Maxim companies may contribute at their discretion on behalf of non-highly compensated eligible participants. In the case of a participant that is classified as a "part-time employee" during a Plan year, and who later is reclassified as a "full-time employee" during the Plan year, the participant shall be treated as a "full-time employee" for such Plan year only if the reclassification occurs on or before June 30th of such Plan year.

Participants eligible to receive a Maxim profit sharing contribution allocation consist of all employees who (A) are classified as "team members" of Maxim Healthcare Services, Inc. or any of its participating subsidiaries; (B) are employed on the U.S. payroll; and (C) are employed on the valuation date, as defined by the Plan, by the participating Maxim company making the profit sharing contribution. Notwithstanding the foregoing, the following employees are not eligible for a Maxim profit sharing contribution: (A) "caregivers"; (B) employees who are compensated through commissions, including but not limited to those who are employed in a sales or recruiting capacity, such as an account manager or recruiter; (C) employees who are hired on a temporary basis for a period of less than one year; (D) non-resident aliens with no U.S. source income; (E) employees included in a unit of employees covered by a collective bargaining agreement with an employer that does not expressly provide that such employees are eligible for a profit sharing contribution; (F) employees who participate in the Maxim Healthcare Services, Inc. Incentive Investment Plan; and (G) employees who are eligible to earn a performance award in the Investment Growth Plan for Key Employees.

1. DESCRIPTION OF THE PLAN – continued

Maxim Profit Sharing Contributions – continued

Maxim profit sharing contributions are allocated to participant accounts based on the participant's hours of service and years of employment as of the last day of the Plan year. There were no such contributions paid into the Plan based on the makeup of eligible employees in the Plan in the current year.

Amergis Profit Sharing Contributions

The Plan provides for a Amergis profit sharing contribution. Amergis may make a profit sharing contribution on behalf of each of its participants who is (A) eligible for the Amergis profit sharing contribution and (B) is a non-highly compensated employee. Certain eligible participants who satisfy all of the following requirements: (A) are classified as "team members" of Amergis; (B) are employed on the U.S. payroll; and (C) are employed by Amergis on the valuation date, as defined by the Plan. Notwithstanding the foregoing, the following employees are not eligible for an Amergis profit sharing contribution: (A) employees classified as "caregivers"; (B) employees who are compensated through commissions, including but not limited to those who are employed in a sales or recruiting capacity, such as an account manager or recruiter; (C) employees who are hired on a temporary basis for a period of less than one year; (D) non-resident aliens with no U.S. source income; (E) employees included in a unit of employees covered by a collective bargaining agreement with the employer that does not expressly provide that such employees are eligible for an Amergis profit sharing contribution; and (F) employees who participate in the Amergis Healthcare Staffing, Inc. Investment Growth Plan or the Investment Growth Plan for Key Employees.

Amergis profit sharing contributions are allocated to participant accounts based on the participant's years of employment as of the last day of the Plan year. There were no such contributions paid into the Plan based upon the makeup of eligible employees in the Plan in the current year.

Participant Accounts

Each participant’s account is participant-directed and is credited with the participant’s contributions and Company contributions in accordance with the investment options selected by each participant. Any earnings, losses, and administrative expenses are allocated to a participant’s account based upon the balance in each account. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance, not to exceed $50,000, without regard to the intended use of the funds. The notes are collateralized by the participant's vested account balance. Employees may only have one note outstanding at any time. Note repayments are to be made at least quarterly with interest based on interest rates comparable to those offered by financial institutions at the time of note origination. Notes receivable for reasons other than the purchase of a primary residence must be repaid within five years. Notes receivable for the purchase of a home must be repaid within ten years. Notes receivable initiated prior to the Plan restructure follow the loan terms under the predecessor plan.

1. DESCRIPTION OF THE PLAN – continued

Payment of Benefits

Upon termination of service or attainment of age 59 ½, a participant or their beneficiary, in the event of death, is entitled to a distribution of their vested account balance. Distributions will be made in a lump sum equal to the value of the participant's vested interest in their account or as installment payments pursuant to the required minimum distribution rules. Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts contributed, which are vested, may be withdrawn for a qualified hardship purpose. Certain income tax penalties may apply to withdrawals or distributions prior to age 59½. If a participant's vested account balance upon termination is less than $1,000 and no distribution election is made by the participant, the balance can be distributed at any time without participant consent. Distributions are subject to the applicable provisions of the Plan agreement. As of December 31, 2025 and 2024, there were $1,076 and $323,979, respectively, of net assets of the Plan allocated to participants who had elected to withdraw from the Plan but had not been paid as of year-end.

Vesting

Participants are immediately vested in participant and rollover contributions plus earnings thereon. Those participants who were previously internal employees, making them eligible to receive Company matching (other than Corporate-Owned Community matching), profit sharing, and discretionary contributions, are 100% vested in those contributions plus earnings thereon. Participants vest in bonus contributions and earnings thereon based upon years of service according to the following schedule:

Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participants, who were previously internal employees that were eligible for Corporate-Owned Community matching contributions in the Plan One, as defined by the Plan document, vest in those contributions and earnings thereon based upon years of service according to the following schedule:

Years of Service	Vested Percentage
Less than 2	0%
2	25%
3	50%
4	75%
5 or more	100%

Notwithstanding the above, an employee who transfers directly from a Corporate-Owned Community to an Erickson employer, prior to full vesting under the above table, shall be 100% vested in his Corporate-Owned Community matching contribution account.

1. DESCRIPTION OF THE PLAN – continued

Forfeitures

Forfeitures shall be used to fund Company contributions; provided however that the Plan Sponsor, acting in its capacity as an employer and not in a fiduciary capacity, may direct the administrator to use such forfeitures to pay administrative expenses of the Plan rather than to fund Company contributions. When forfeitures are used to fund Company contributions, such use shall reduce the contributions required by the participating Companies to fund such contributions and shall not increase the Company contributions that would otherwise be allocated to Participants. Forfeitures become available to the Plan as of the earlier of the last day of the Plan year in which a former employee incurs five consecutive one-year breaks in service or a distribution of their entire vested account balance occurs.

The forfeitures account totaled $68,847 and $69,567 as of December 31, 2025 and 2024, respectively. The Plan's unclaimed checks account totaled $57,741 and $59,373 as of December 31, 2025 and 2024, respectively. Forfeitures used to reduce administrative expenses totaled $22,679 during the year ended December 31, 2025.

Plan Expenses

Expenses incurred in the administration of the Plan are required to be paid with assets of the Plan unless the Company, at its discretion, elects to pay them. The majority of Plan expenses were paid with Plan assets, with a portion of the expenses paid through an allocation of the Plan's ERISA account/budget. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net appreciation in fair value of investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared using the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Accordingly, certain additions are not recorded until the cash is collected and certain deductions are not recorded until the obligation is disbursed.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting, a comprehensive basis of accounting other than 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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to net assets available for benefits and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Risk and Uncertainties

The Plan provides for investments in assets that are exposed to risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur and materially affect participant account balances and the amounts reported in the statements of net assets available for benefits – modified cash basis.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

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.

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

Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value and establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

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

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

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

The following is a description of the valuation methodologies used for investments measured at fair value:

Interests in registered investment companies: Valued at the closing price reported in the active market in which the fund is traded.

Interests in common/collective trusts: Valued at the net asset value (NAV) of shares as a practical expedient held by the Plan at year end.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Fair Value Measurement – continued

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2025 and 2024.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	$ 33,829,073	$ -	$ -	$ 33,829,073
Total assets in the fair value hierarchy	33,829,073	-	-	33,829,073
Interests in common/collective trusts [(a)]	n/a	n/a	n/a	255,523,673
Total investments, at fair value	$ 33,829,073	$ -	$ -	$ 289,352,746

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	$ 32,119,233	$ -	$ -	$ 32,119,233
Total assets in the fair value hierarchy	32,119,233	-	-	32,119,233
Interests in common/collective trusts [(a)]	n/a	n/a	n/a	217,241,918
Total investments, at fair value	$ 32,119,233	$ -	$ -	$ 249,361,151

[(a)] In accordance with ASC 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient 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 – modified cash basis.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Fair Value Measurement – continued

In accordance with the fair value measurements and disclosure guidance, the following table presents the category, fair value, redemption frequency, redemption notice period and unfunded commitments for the Plan investments, the fair value of which is estimated using the NAV per share as a practical expedient, as of December 31,:

	2025	2024	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
Common/Collective Trusts [(b)]	$ 242,469,368	$ 202,922,568	Daily	None	None
Common/Collective Trusts - Stable Return Funds [(c)]	13,054,305	14,319,350	Daily	None	None
Total	$ 255,523,673	$ 217,241,918			

(b) Certain funds use an asset allocation strategy designed for investors based on expected retirement age. Other funds invest in equity and debt securities, fixed income securities, and money market funds.

(c) These funds invest in conventional and synthetic investment contracts issued by insurance companies. Individual assets of the conventional and synthetic investment contracts include domestic fixed income securities and investments in investment companies or collective investment trusts.

Notes Receivable from Participants

Notes receivable from participants are recorded at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. Delinquent notes are treated as distributions based on the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan evaluated for disclosure any subsequent events through October 15, 2026, the date the financial statements were available to be issued and determined there were no material events that warrant disclosure.

3. INVESTMENTS

All investment data, including notes receivable from participants, contained in the accompanying financial statements – modified cash basis as of December 31, 2025 and 2024 and interest and dividend income and net realized and unrealized appreciation in fair value of investments for the year ended December 31, 2025 was obtained or derived from information supplied and certified as complete and accurate by Principal Trust Company (Principal), the Custodian and Trustee of the Plan.

4. ADJUSTMENTS TO INCOME

Adjustments to income include amounts remitted back to the Plan in connection with the Plan's Service Agreement with the Custodian and Trustee. During the year ended December 31, 2025, $23,972 was remitted back to the Plan under this arrangement and is included in net appreciation in fair value of investments on the accompanying statement of changes in net assets available for benefits - modified cash basis.

5. PARTY-IN-INTEREST TRANSACTIONS

The Company provides certain accounting and administrative services to the Plan for which no fees are charged. The Plan invests in shares of common/collective trusts managed by Principal. The Plan loans funds to its participants according to the applicable provisions of the Plan agreement. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

6. INCOME TAX STATUS

The Plan obtained its latest determination letter on January 30, 2020, in which the Internal Revenue Service (IRS) stated the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter, however, the Plan administrator and legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2025 and 2024.

The Plan is subject to routine audits by the IRS and Department of Labor; however, there are currently no audits for any periods in progress.

7. 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 a Plan termination, all contributions to the Plan would cease and all affected participants would become fully vested in their Company contribution accounts.

8. OPERATIONAL FAILURES

During the year ended December 31, 2024, the Company became aware of certain operational failures with respect to the definition of compensation and payroll data issues related to the calculation of matching contributions for two participating companies, Maxim, and Amergis. With cooperation from the two participating companies, Principal and legal counsel, management corrected these matters in accordance with procedures under the IRS Employee Plan Compliance Resolution System. Management calculated any potential missed matching contributions, including lost earnings, due to this error and made corrections through qualified non-elective contributions during the year ended December 31, 2025.

During the year ended December 31, 2025, the Company became aware of certain operational failures with respect to payroll data issues related to timing of deferrals and loan repayments for two participating companies, Maxim and Amergis, and enrollment and deferral rate changes for Maxim. With cooperation from the two participating companies, Principal and legal counsel, management has corrected, or is in the process of correcting, these matters in accordance with procedures under the IRS Employee Plans Compliance Resolution System to avoid any penalties to the Plan or Plan Sponsor, and to preserve the tax status of the Plan.

Corrections, including lost earnings, made through qualified non-elective contributions during 2025 totaled $72,698 and are included in company contributions reported on the statement of changes in net assets available for benefits – modified cash basis. Corrections, including lost earnings, made after December 31, 2025, and as of the report date, totaled $12,115, and are not material to the financial statements. A portion of the corrections made as of the report date are considered late remittances of employee deferrals and are disclosed in the accompanying schedule of delinquent participant contributions. Management is currently working to determine if additional corrections are necessary and intends to make such corrections as soon as is administratively feasible, including lost earnings. Such amounts are not estimable at this time; however, the Company does not expect that future corrections of these operational failures will result in material adjustments to the Plan's financial statements.

9. RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

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

	2025	2024
Net assets available for benefits reported on the financial statements	$ 291,826,889	$ 251,739,667
Fair value adjustment reported on Form 5500	(271,673)	(696,244)
Net assets available for benefits reported on the Form 5500	$ 291,555,216	$ 251,043,423

The following is a reconciliation of the changes in net assets available for benefits before transfers per the financial statements to the Form 5500 for the year ended December 31, 2025:

Net increase in net assets available for benefits reported on the financial statements before transfers	$ 35,331,872
Change in fair value adjustment reported on the Form 5500	424,571
Net increase in net assets available for benefits reported on the Form 5500 before transfers	$ 35,756,443

SUPPLEMENTAL SCHEDULES PROVIDED
PURSUANT TO DEPARTMENT OF LABOR'S
RULES AND REGULATIONS

Allegis Group, Inc.
Retirement Savings Plan Three
Plan Sponsor EIN: 52-1304931
Plan Number: 003

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

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Allspring Core Bond CIT TR	Interest in common/collective trusts	xx	$ 337,395
	Galliard Stable Return PI	Interest in common/collective trusts	xx	12,731,288
	Galliard Stable Return PNTR	Interest in common/collective trusts	xx	51,344
	Northern Trust Aggregate Bond Index 4 Tier 3	Interest in common/collective trusts	xx	2,704,528
	Northern Trust All Country World Index ex-US Fund	Interest in common/collective trusts	xx	2,662,579
	Northern Trust Extended Energy Market Index Tier 3 Fund	Interest in common/collective trusts	xx	3,110,401
	Northern Trust S&P 500 Index Tier 3	Interest in common/collective trusts	xx	39,029,119
*	Principal BlackRock International Equity Index CIT TR	Interest in common/collective trusts	xx	789,461
*	Principal BlackRock Russell 2000 Index CIT TR	Interest in common/collective trusts	xx	232,421
*	Principal BlackRock S&P 500 Index CIT TR	Interest in common/collective trusts	xx	1,218,442
*	Principal BlackRock S&P MidCap Index CIT TR	Interest in common/collective trusts	xx	338,669
*	Principal BlackRock US Aggregate Bond Index CIT TR	Interest in common/collective trusts	xx	446,951
*	Principal MFS Value CIT TR	Interest in common/collective trusts	xx	158,881
*	Principal Multi-Manager Small Cap CIT TR	Interest in common/collective trusts	xx	67,276
*	Principal T.Rowe Institutional Large-Cap Growth CIT TR	Interest in common/collective trusts	xx	86,875
	T. Rowe Price Growth Stock Trust C	Interest in common/collective trusts	xx	19,334,524
	Vanguard Target Retirement 2020 Trust Plus	Interest in common/collective trusts	xx	4,589,345
	Vanguard Target Retirement 2025 Trust Plus	Interest in common/collective trusts	xx	14,870,267
	Vanguard Target Retirement 2030 Trust Plus	Interest in common/collective trusts	xx	23,545,832
	Vanguard Target Retirement 2035 Trust Plus	Interest in common/collective trusts	xx	24,436,121
	Vanguard Target Retirement 2040 Trust Plus	Interest in common/collective trusts	xx	22,580,559
	Vanguard Target Retirement 2045 Trust Plus	Interest in common/collective trusts	xx	21,611,175
	Vanguard Target Retirement 2050 Trust Plus	Interest in common/collective trusts	xx	22,995,781
	Vanguard Target Retirement 2055 Trust Plus	Interest in common/collective trusts	xx	16,913,948
	Vanguard Target Retirement 2060 Trust Plus	Interest in common/collective trusts	xx	11,711,348
	Vanguard Target Retirement 2065 Trust Plus	Interest in common/collective trusts	xx	3,850,845
	Vanguard Target Retirement 2070 Trust Plus	Interest in common/collective trusts	xx	1,044,457
	Vanguard Target Retirement Trust Plus	Interest in common/collective trusts	xx	3,802,168
				255,252,000
	Acadian Emerging Markets Portfolio Class Investor	Interest in registered investment companies	xx	343,385
	American Funds EuroPacific Growth Fund	Interest in registered investment companies	xx	222,746
	American Funds EuroPacific R6 Fund	Interest in registered investment companies	xx	3,014,582
	American Funds Investment Company of America R6	Interest in registered investment companies	xx	9,290,798
	Fidelity Small Cap Growth K6 Fund	Interest in registered investment companies	xx	1,993,086
	JPMorgan Mid Cap Value Institutional	Interest in registered investment companies	xx	4,643,819
	JPMorgan Core Plus Bond Fund Class R6	Interest in registered investment companies	xx	2,981,137
	MassMutual Mid Cap Growth Class I	Interest in registered investment companies	xx	3,896,242
	MFS International Intrinsic Value Fund R6	Interest in registered investment companies	xx	3,420,879
	MFS Value R6 Fund	Interest in registered investment companies	xx	165,486
	Neuberger Berman Genesis Fund R6	Interest in registered investment companies	xx	1,744,704
	Northern Global Real Estate Index	Interest in registered investment companies	xx	206,318
	PIMCO High Yield Fund Institutional Class	Interest in registered investment companies	xx	42,027
	PIMCO Real Return Fund Institutional Class	Interest in registered investment companies	xx	149,341
	Victory Sycamore Small Company Opportunity	Interest in registered investment companies	xx	1,714,523
				33,829,073
*	Participant Loans	Interest rates ranging from 4.25% to 9.50%; with maturity dates through July 2034	$ -	2,474,143

* A party-in-interest, as defined by ERISA

XX Cost not required as the investment is participant-directed

Allegis Group, Inc.
Retirement Savings Plan Three
Plan Sponsor EIN: 52-1304931
Plan Number: 003

Schedule H, line 4a - Schedule of Delinquent Participant Contributions
As of December 31, 2025

		Total that Constitutes Non-exempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	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
$ 637		$ 637	$ -	$ -	$ -

Allegis Group, Inc.
Retirement Savings Plan Three
Plan Sponsor EIN: 52-1304931
Plan Number: 003

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

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*	Principal Multi-Manager Small Cap CIT TR	Interest in common/collective trusts	xx	67,276
*	Principal T.Rowe Institutional Large-Cap Growth CIT TR	Interest in common/collective trusts	xx	86,875
	T. Rowe Price Growth Stock Trust C	Interest in common/collective trusts	xx	19,334,524
	Vanguard Target Retirement 2020 Trust Plus	Interest in common/collective trusts	xx	4,589,345
	Vanguard Target Retirement 2025 Trust Plus	Interest in common/collective trusts	xx	14,870,267
	Vanguard Target Retirement 2030 Trust Plus	Interest in common/collective trusts	xx	23,545,832
	Vanguard Target Retirement 2035 Trust Plus	Interest in common/collective trusts	xx	24,436,121
	Vanguard Target Retirement 2040 Trust Plus	Interest in common/collective trusts	xx	22,580,559
	Vanguard Target Retirement 2045 Trust Plus	Interest in common/collective trusts	xx	21,611,175
	Vanguard Target Retirement 2050 Trust Plus	Interest in common/collective trusts	xx	22,995,781
	Vanguard Target Retirement 2055 Trust Plus	Interest in common/collective trusts	xx	16,913,948
	Vanguard Target Retirement 2060 Trust Plus	Interest in common/collective trusts	xx	11,711,348
	Vanguard Target Retirement 2065 Trust Plus	Interest in common/collective trusts	xx	3,850,845
	Vanguard Target Retirement 2070 Trust Plus	Interest in common/collective trusts	xx	1,044,457
	Vanguard Target Retirement Trust Plus	Interest in common/collective trusts	xx	3,802,168
				255,252,000
	Acadian Emerging Markets Portfolio Class Investor	Interest in registered investment companies	xx	343,385
	American Funds EuroPacific Growth Fund	Interest in registered investment companies	xx	222,746
	American Funds EuroPacific R6 Fund	Interest in registered investment companies	xx	3,014,582
	American Funds Investment Company of America R6	Interest in registered investment companies	xx	9,290,798
	Fidelity Small Cap Growth K6 Fund	Interest in registered investment companies	xx	1,993,086
	JPMorgan Mid Cap Value Institutional	Interest in registered investment companies	xx	4,643,819
	JPMorgan Core Plus Bond Fund Class R6	Interest in registered investment companies	xx	2,981,137
	MassMutual Mid Cap Growth Class I	Interest in registered investment companies	xx	3,896,242
	MFS International Intrinsic Value Fund R6	Interest in registered investment companies	xx	3,420,879
	MFS Value R6 Fund	Interest in registered investment companies	xx	165,486
	Neuberger Berman Genesis Fund R6	Interest in registered investment companies	xx	1,744,704
	Northern Global Real Estate Index	Interest in registered investment companies	xx	206,318
	PIMCO High Yield Fund Institutional Class	Interest in registered investment companies	xx	42,027
	PIMCO Real Return Fund Institutional Class	Interest in registered investment companies	xx	149,341
	Victory Sycamore Small Company Opportunity	Interest in registered investment companies	xx	1,714,523
				33,829,073
*	Participant Loans	Interest rates ranging from 4.25% to 9.50%; with maturity dates through July 2034	$ -	2,474,143

* A party-in-interest, as defined by ERISA

XX Cost not required as the investment is participant-directed