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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2004

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)

EEMPLOYERS SOLUTIONS, INC.

12211 HUEBNER ROAD
SAN ANTONIO, TX 78230

2b Employer Identification Number (EIN)
74-2884279

2c Plan Sponsor's telephone number
210-495-1171

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.	10/22/2018	PATRICIA JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/22/2018	PATRICIA JONES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	869
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)**	750
a(2) Total number of active participants at the end of the plan year	**6a(2)**	829
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	166
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	995
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	995
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	490
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
74-2884279

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	94202	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(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?
28 50	INVESTMENT MGMT	11186	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EEMPLOYERS SOLUTIONS, INC.

74-2884279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	9560	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)

(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 ☐

(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

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 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
74-2884279

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)	10666	14259
(2) Participant contributions	1b(2)	38958	62485
(3) Other	1b(3)	1878	2024
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)	174235	195325
(9) Value of interest in common/collective trusts	1c(9)		
(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)	8347878	11883241
(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)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8573615	12157334
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8573615	12157334

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)	556922	
	(B) Participants	2a(1)(B)	1349892	
	(C) Others (including rollovers)	2a(1)(C)	242798	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2149612
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)	7679	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7679
	(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)	288781	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		288781
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1097452
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3543524
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	848514	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		848514
f Corrective distributions (see instructions)	2f		18992
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	103762	
(3) Investment advisory and management fees	2i(3)	11186	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		114948
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		982454
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2561070
l Transfers of assets:			
(1) To this plan	2l(1)		1022649
(2) From this plan	2l(2)		

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] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

(1) Name: BDO USA, LLP **(2)** EIN: 13-5381590

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
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		250000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
74-2884279

Part I Distributions

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

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

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

EIN(s): 65-0708495

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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

eEmployer Solutions, Inc.
Multiple Employer Plan
Financial Statements
(and supplemental schedule)
December 31, 2017 and 2016 and
Year Ended December 31, 2017

The report accompanying these financial statements was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

BDO

eEmployer Solutions, Inc. Multiple Employer Plan

Financial Statements
(and supplemental schedule)
December 31, 2017 and 2016 and Year Ended December 31, 2017

eEmployer Solutions, Inc. Multiple Employer Plan

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BDO

Tel: 210-820-3900
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www.bdo.com

9901 IH-10, Suite 500
San Antonio, TX 78230

Independent Auditor's Report

To the Plan Administrator
eEmployer Solutions, Inc. Multiple Employer Plan
San Antonio, TX

We have audited the accompanying financial statements of the eEmployer Solutions, Inc. Multiple Employer Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2017 and 2016, and the changes in net assets available for benefits for the year ended December 31, 2017, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H - Line4i - Schedule of Assets (Held at End of Year), as of December 31, 2017, is presented for the purpose of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

October 19, 2018

Financial Statements

eEmployer Solutions, Inc. Multiple Employer Plan

Statements of Net Assets Available for Benefits

December 31,	2017	2016
Assets		
Investments, at fair value	$ 11,883,241	$ 8,347,878
Receivables:		
Notes receivable from participants	195,325	176,113
Participant contributions receivable	64,509	38,958
Employer contributions receivable	14,259	10,666
Total receivables	274,093	225,737
Total Assets	12,157,334	8,573,615
Liabilities		
Excess contributions payable	12,008	37,231
Net assets available for benefits	$ 12,145,326	$ 8,536,384

See accompanying notes to financial statements.

eEmployer Solutions, Inc. Multiple Employer Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,		2017
Additions		
Investment income:		
Net appreciation in fair value of investments	$	1,097,454
Interest and dividends		288,781
Total investment income		1,386,235
Interest on notes receivable from participants		7,679
Contributions:		
Participant contributions		1,375,114
Employer contributions		556,922
Rollover contributions		242,798
Total Additions		3,568,748
Deductions		
Benefits paid to or on behalf of participants		867,506
Administrative expenses		114,948
Total Deductions		982,454
Transfers into the plan		1,022,648
Net decrease in net assets available for benefits		3,608,942
Net Assets Available for Benefits, Beginning of Year		8,536,384
Net Assets Available for Benefits, End of Year	$	12,145,326

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the eEmployer Solutions, Inc. Multiple Employer Plan (the Plan) provides only general information. Therefore, participants should refer to the Plan agreement or Summary Plan Description (SPD) for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan covering multiple subscriber company employees under eEmployer Solutions, Inc. (the "Plan Sponsor" and "Plan Administrator"). The Plan is for the exclusive benefit of its participants and their beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan Sponsor is a Professional Employer Organization which has established a prototype 401(k) plan. Each participating subscriber company of the Plan Sponsor completes an adoption agreement which is specific to the subscriber company employees. The adoption agreement allows for each subscriber company to make elections which will be effective for their employees, as allowed by ERISA. These specific elections include, but are not limited to, the following:

- Eligibility (age) requirements
- Discretionary matching contributions
- Vesting schedule elections
- Certain other general provisions

Participant Contributions

Participants may elect to contribute up to 25% of their annual compensation as defined in the Plan, subject to the maximum dollar amount allowable under the IRC which was $18,000 in 2017. Participant contributions may be designated as pretax or after tax Roth contributions, subject to IRC limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions of up to $6,000 for 2017. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Matching contributions, if any, vary by subscriber company.

Participant Accounts

Each participant's account is credited with the participant's contributions, Employer's contributions and earnings or losses, and may be charged with certain administrative expenses. Plan earnings or losses are applied to a participant's account balance based on the investment experience of the funds held and the number of shares owned in each fund by the participant.

1. Description of the Plan (Continued)

Vesting

Vesting in the matching portion of each participant's account varies by subscriber company but in no case is less than a graded vesting with 100% vesting after 6 years of service. Participants' contributed funds arising from salary reductions are fully vested at all times.

Forfeitures

Forfeitures of terminated participants' non-vested account balances are retained in the Plan and may first be used to pay administrative expenses. Remaining amounts will be used to reduce future employer contributions to the Plan. At December 31, 2017 or 2016, forfeited non-vested accounts totaled $11,497 and $5,447, respectively. No forfeitures were applied in the reduction of employer matching or profit sharing contributions for the year ended December 31, 2017.

Payment of Benefits

The benefit to which a participant is entitled equals the value of the participant's vested interest in his or her account. Upon termination of service due to death, disability, severance, or retirement, a participant may elect to receive a lump-sum payment equal to the vested portion of his or her account. Upon termination of employment, vested account balances of less than $5,000 may be distributed in a lump sum or rolled over to another qualified plan or an Individual Retirement Account or Annuity for the benefit of the participant. Account balances less than $1,000 are distributed as a lump sum distribution.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a menu of mutual fund options for investment.

Notes Receivable from Participant

Participants may borrow from their accounts a minimum of $1,000 up to the lesser of $50,000 or 50% of their vested account balance. Participants may have only one loan outstanding at a time. The loans are secured by the balance in the participant's account and bear interest at a rate set by the plan administrator, currently at 3.25% - 5.50%. Any loan must be repaid within five years unless otherwise approved. Principal and interest are paid ratably through payroll deductions. Participant loans receivable are stated at the unpaid principal balance, plus accrued interest. No allowance is recorded as the loans are secured by the participant's account balance.

1. Description of the Plan (Continued)

Administrative Expenses

Administrative expenses may be paid by the subscriber company. However, the Plan may pay transaction fees which are charged directly to the specific participant generating the transaction.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates. Significant items subject to such estimates and assumptions include the fair value of investments.

Risks and Uncertainties

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Sponsor determines the Plan's valuation policies utilizing information provided by the custodians. The Plan Sponsor determines the Plan's valuation policies utilizing information provided by the custodian. See note 3 for discussion of fair value measurements.

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

Payment of Benefits

Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

3. Fair Value Measurements

The accounting standards establish a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. The hierarchy places the highest priority on unadjusted quoted marked prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 inputs such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following are descriptions of the valuation methods and assumptions used by the Plan to estimate the fair value of its investments:

Mutual funds: The fair value of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

The following tables present the Plan's fair value hierarchy by asset class for those assets measured at fair value:

	Fair Value Measurements at December 31, 2017			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual Funds	**$ 11,883,241**	**$ -**	**$ -**	**$ 11,883,241**

	Fair Value Measurements at December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 8,347,878	$ -	$ -	$ 8,347,878

4. Excess Contributions Payable

Excess contributions payable at December 31, 2017 and 2016 totaled $12,008 and $37,231, respectively. These amounts relate to amounts payable to certain active participants to return to them excess elective deferral contributions and employer matching contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

5. Plan Termination

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

6. Plan Transfers

The subscriber companies have the right under the Plan to transfer their participants' accounts to another plan without terminating the subscriber's plan subject to the provisions of ERISA. In the event of a subscriber plan transfer, all subscriber participant accounts, including all employee and employer contributions, are transferred to the new plan provider with no effect on the vesting schedule of the subscriber. During the year ended December 31, 2017, incoming subscriber companies transferred participant accounts totaling $1,022,648 into the Plan.

7. Tax Status of the Plan

The Company adopted a prototype plan document sponsored by Slavic Integrated Administration, Inc. (Slavic). Slavic received an opinion letter from the IRS dated March 31, 2014, which states that the prototype document satisfies the applicable provisions of the IRC. The plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income taxes has been included in the Plan's financial statements.

US GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

8. Parties-In-Interest

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. As such, transactions conducted by Slavic Integrated Administration, Inc. and its affiliates qualify as party-in-interest transactions.

9. Reconciliation of Financial Statements to Form 5500

The following are reconciliations of net assets available for benefits per the financial statements to the Form 5500.

As of December 31,	2017	2016
Net assets available for benefits per the financial statements	$ 12,145,326	$ 8,536,384
Add:		
Excess contributions payable	12,008	37,231
Net assets available for benefits per the Form 5500	$ 12,157,334	$ 8,573,615

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

Year ended December 31,	2017
Net increase in net assets available for benefits per the financial statements	$ 3,608,942
Add: 2017 excess contributions payable	12,008
Less: 2016 excess contributions payable	(37,231)
Net increase in net assets available for benefits per the Form 5500	$ 3,583,719

10. Subsequent Events

The plan administrator evaluated events or transactions that occurred after December 31, 2017, and through October 19, 2018, the date the financial statements were available to be issued.

Supplemental Schedule

eEmployer Solutions, Inc. Multiple Employer Plan

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

EIN: 74-2884279

December 31, 2017 Plan: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	Vanguard Total Stock Market Index Fund Admiral Shares	**	$ 3,229,767
	Vanguard	Vanguard Short-Term Federal Fund Admiral Shares	**	1,372,850
	Vanguard	Vanguard Fed Reserve MMKT Investor CL	**	1,361,089
	Vanguard	Vanguard Target Retirement 2015 Fund Investor Shares	**	700,242
	Vanguard	Vanguard Small-Cap Growth Index Admiral Shares	**	632,311
	T. Rowe Price Investments	T. Rowe Price Mid-Cap Growth Fund	**	495,570
	American Funds	American Fund Europacific Growth Fund Class R-6	**	418,660
	Vanguard	Vanguard Small-Cap Index Fund Admiral Shares	**	341,928
	Vanguard	Vanguard Industrials Index Fund Admiral Shares	**	274,728
	Fidelity Management Trust Company	Fidelity 500 Index Premium Class	**	243,025
	Fidelity Management Trust Company	Fidelity US Bond Index Premium Class	**	241,897
	iShares	Ishares MSCI EAFE International Index	**	204,696
	Vanguard	Vanguard Target Retirement 2035 Fund Investor Shares	**	197,265
	Fidelity Management Trust Company	Fidelity Advisor Technology Fund I Class	**	192,896
	Vanguard	Vanguard Intermediate-Term Bond Index Fund Admiral Share:	**	165,822
	American Funds	American Funds The Growth Fund of America Class R-6	**	160,266
	Dimensional Fund Advisors	DFA Emerging Markets Core Equity Portfolio	**	158,330
	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	**	149,329
	Vanguard	Vanguard Dividend Growth Investor CL	**	146,443
	Vanguard	Vanguard REIT Index Fund Admiral Shares	**	102,861
	Deutsche Investments	Deutsche Health and Wellness Fund Class A	**	101,213
	Fidelity Management Trust Company	Fidelity Advisor Freedom 2040 CL T	**	98,422
	Vanguard	Vanguard Target Retirement 2030 Fund Investor Shares	**	95,712
	Franklin Templeton	Franklin Utilities R6	**	78,614
	Vanguard	Vanguard Target Retirement 2020 Fund Investor Shares	**	73,430
	Vanguard	Vanguard Target Retirement 2050 Fund Investor Shares	**	70,116
	Vanguard	Vanguard Inflation-Protected Securities Fund Admiral Shares	**	66,780
	Vanguard	Vanguard Target Retirement 2045 Fund Investor Shares	**	63,795
	American Funds	American Funds Washington Mutual Investors Fund Class R-6	**	58,710
	American Funds	American Funds New Perspective fund Class R-6	**	51,561
	Franklin Templeton	Franklin Gold and Precious Metals A	**	51,102
	Vanguard	Vanguard Target Retirement 2040 Fund Investor Shares	**	46,813
	T. Rowe Price Investments	T. Rowe Price new Era	**	46,132
	Vanguard	Vanguard Energy Fund Admiral Shares	**	37,917
	Vanguard	Vanguard Mid-Cap Value Index Admiral Shares	**	37,283
	Vanguard	Vanguard Target Retirement 2025 Fund Investor Shares	**	33,895
	American Funds	American Funds Capital World Growth & Income R6	**	30,737
	Vanguard	Vanguard Target Retirement 2055 Fund Investor Shares	**	22,044
	Vanguard	Vanguard Target Retirement 2060 Fund Investor Shares	**	20,011
	Vanguard	Vanguard Financials Index FD Admiral	**	6,415
	Vanguard	Vanguard Target Retirement Income Fund Investor Shares	**	2,410
	Vanguard	Vanguard Short-Term Infltn Prot Sec Adm	**	154
		Total investments		11,883,241
*	Notes receivable from participants	(Interest ranging from 3.25%-5.50%)		195,325
		Total		$ 12,078,566

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

** Column (d) Cost is not required since all investments are participant directed.

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

EEMPLOYERS SOLUTIONS, INC MULTIPLE EMPLOYER PLAN PLAN # 333 EIN #: 74-2884279

	lessor, or similar party	rate of interest, collateral, par, or maturity value		value
(a)	(b) Identity of issue, borrower,	(c) Description of investment including maturity date	(d) cost	(e) Current
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		204,696.04
	DFA	DFCEX - DFA Emerging Markets Core Equity		158,330.03
	Fidelity	FATIX - Fidelity Advisor Technology		192,895.76
	Franklin/Templeton	FKRCX - Franklin Gold and Precious Metals		51,102.44
	Fidelity	FSITX - Fidelity US Bond Index Premium		241,592.79
	Fidelity	FTFFX - Fidelity Adv Freedom 2040 CL T		98,421.92
	Franklin/Templeton	FUFRX - Franklin Utilities R6		78,614.04
	Fidelity	FUSVX - Fidelity 500 Index Premium		242,365.18
	T Rowe Price	PRNEX - T_ Rowe Price New Era		46,018.05
	American Funds	RERGX - American Funds EuroPacifc R6		418,659.97
	American Funds	RGAGX - American Funds Growth Fund of America R6		157,653.26
	American Funds	RNPGX - American Funds New Perspective R6		51,561.36
	T Rowe Price	RPMGX - T Rowe Price Mid Cap Growth		494,168.15
	American Funds	RWIGX - American Funds Capital World G & I R6		30,737.48
	American Funds	RWMGX - American Funds Washington Mutual R6		58,709.92
	Kemper Multi-Fund	SUHAX - DEUTSCHE HEALTH AND WELLNESS FUND-A		101,212.70
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		66,779.57
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		166,100.41
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		-
	Vanguard	VDIGX - Vanguard Dividend Growth		146,442.72
	Vanguard	VFAIX - Vanguard Financials Index Admiral		6,415.14
	Vanguard	VFFVX - Vanguard Target Retirement 2055		22,044.00
	Vanguard	VFIFX - Vanguard Target Retirement 2050		70,116.03
	Vanguard	VFORX - Vanguard Target Retirement 2040		46,813.17
	Vanguard	VGELX - Vanguard Energy Admiral		37,917.18
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		102,861.42
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		149,328.54
	Vanguard	VINAX - Vanguard Industrial Index Admiral		274,728.13
	Vanguard	VMFXX - Vanguard Federal Money Market		1,359,667.56
	Vanguard	VMMXX - Vanguard Money Market Prime		(0.00)
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		37,283.19
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		632,311.35
	Vanguard	VSGBX - Vanguard Short-Term Fed		-
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		1,374,602.72
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		341,928.26
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		154.24
	Vanguard	VTENX - Vanguard Target Retirement 2010		-
	Vanguard	VTHRX - Vanguard Target Retirement 2030		95,711.62
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		-
	Vanguard	VTINX - Vanguard Target Retirement Income		2,410.34
	Vanguard	VTIVX - Vanguard Target Retirement 2045		63,795.35
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		3,234,249.35
	Vanguard	VTTHX - Vanguard Target Retirement 2035		197,264.72
	Vanguard	VTTSX - Vanguard Target Retirement 2060		20,010.63
	Vanguard	VTTVX - Vanguard Target Retirement 2025		33,894.55
	Vanguard	VTWNX - Vanguard Target Retirement 2020		73,429.80
	Vanguard	VTXVX - Vanguard Target Retirement 2015		700,242.01
	Participant Loans	3.25% to 5.50%		195,325

Multiple-Employer Plan Participating Employer Information

EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN	Plan #333	EIN: 74-2884279
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
628	1809	0.25%
113	8907	3.63%
250	0845	2.65%
134	8280	1.61%
441	6865	5.17%
345	7362	0.75%
576	5133	0.08%
158	9797	0.47%
331	2404	10.17%
177	4958	3.61%
1	4279	12.47%
594	1663	2.01%
667	6861	0.65%
383	8305	0.32%
192	1086	7.89%
546	9361	2.93%
548	2303	1.48%
321	8864	2.51%
664	8294	0.92%
590	8289	1.15%
230	0009	2.95%
227	0299	3.17%
618	5002	0.73%
626	0771	0.40%
469	6241	0.66%
234	7552	0.85%
238	9829	9.38%
595	2528	2.58%
257	2340	0.19%
583	3480	4.66%
266	9058	0.06%
261	5851	0.12%
533	3996	5.73%
659	2346	6.58%
286	4136	0.32%
493	6580	0.35%
473	4914	0.42%
500	8688	0.15%