

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ 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 ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/1994</u>
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) <u>EXECUSTAFF HR, INC.</u> <u>5898 SILVER CREEK VALLEY ROAD</u> <u>SAN JOSE, CA 95138</u>	2b	Employer Identification Number (EIN) <u>27-0037153</u>
		2c	Plan Sponsor's telephone number <u>408-364-2800</u>
		2d	Business code (see instructions) <u>541990</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2019	SUSAN J. JOCHHEIM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2019	SUSAN J. JOCHHEIM
	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

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ 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 1091
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 738 6a(2) 762 6b 0 6c 384 6d 1146 6e 0 6f 1146 6g 859 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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 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) ☒ 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) ☒ 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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EXECUSTAFF HR, INC.	D Employer Identification Number (EIN) 27-0037153

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	816025	859	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 81836	(b) Total amount of fees paid 27727
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid QUINTES ADMINISTRATIVE AND INSUR 1188 PADRE DRIVE SUITE 200 SALINAS, CA 93901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
81836			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid QUINTES ADMINISTRATIVE AND INSUR 1188 PADRE DRIVE, SUITE 200 SALINAS, CA 93901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	27727	TPA PARTNERSHIP PROGRAM	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	46618318

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ OTHER-GROUP PENSION FUNDING

b Balance at the end of the previous year..... **7b** 6238139

c Additions: (1) Contributions deposited during the year	7c(1)	661464	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	92001	
(4) Transferred from separate account.....	7c(4)	0	
(5) Other (specify below)	7c(5)	14240	

▶ PARTICIPANT LOAN REPAYMENTS

(6) Total additions..... **7c(6)** 767705

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 7005844

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	583567	
(2) Administration charge made by carrier	7e(2)	1684	
(3) Transferred to separate account.....	7e(3)	1412407	
(4) Other (specify below)	7e(4)	42383	

▶ PARTICIPANT LOAN DISBURSEMENTS MOVED TO SELF-DIRECTED BROKERAGE

(5) Total deductions..... **7e(5)** 2040041

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 4965803

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXECUSTAFF HR, INC.	D Employer Identification Number (EIN) 27-0037153	

Part I	Service Provider Information (see instructions)
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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
VOYA RETIREMENT INS AND ANNUITY CO
71-0294708

(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)

MORNINGSTAR

36-3297908

(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	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	11248	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 ☐

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
MORNINGSTAR	27	11248
(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.	
VOYA RETIREMENT INS AND ANNUITY CO 71-0294708	INVESTMENT ADVISORY PLAN	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EXECUSTAFF HR, INC.</u>	D Employer Identification Number (EIN) <u>27-0037153</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB GLOBAL BOND FUND</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>216388</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENT MID CAP VALUE FUND</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2855844</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS AM BALANCED</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3347702</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1012367</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NW PERSPECTIVE</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2036232</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS WASH MUTUAL</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3132019</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA INFLAT-PROT SECURITIES PORT</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>580631</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL CORE EQUITY PORT INST			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	338182
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA REAL ESTATE SECURITIES PORT INS			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	536853
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE PORT INST			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	923331
a Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE ATLANTIC CAP SMID CAP			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1481840
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HIGH YIELD FUND			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	528247
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND FUND			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1461679
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME FUND INST			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1276099
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER FUNDAMENTAL GROWTH FUND			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6452717
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2005 FUND			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	154332
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2010 FUND			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	687

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2015 FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262314
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2020 FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172764
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2025 FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1734703
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2030 FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1002391
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2035 FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2275152
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2040 FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1122202
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2045 FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1681044
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2050 FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 804626
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2055 FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 556172
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2060 FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 355100
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD 500 INDEX FUND**

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5024590
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD INTL EXPLORER FUND INV**

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 879280
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD LIFESTRAT CNSRV GRW FUND I**

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1952
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD LIFESTRAT GROWTH FD INV**

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 538724
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD LIFESTRAT INCOME FD INV**

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89853
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD LIFESTRAT MOD GRWTH FD INV**

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 381769
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD MID CAP INDEX FUND ADM**

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 437325
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP INDEX FUND ADM**

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1640285
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TOTAL BD MRKT IND F ADM**

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 406509
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VOYA FIXED ACCT**

b Name of sponsor of entity listed in (a): **VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4965803
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SMALL CAP OPPORTUNITIES PRT

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 816864
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GOV MONEY MKT FND A

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>		
A Name of plan <u>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EXECUSTAFF HR, INC.</u>	D Employer Identification Number (EIN) <u>27-0037153</u>	

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)	379460	442041
(2) Participant contributions	1b(2)	185320	132251
(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)	90875	99431
(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)	264427	390472
(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)	54483341	46518887
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6238139	4965803
(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	61641562 52548885
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	17145 11241
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	17145 11241
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	61624417 52537644

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1601367
	(B) Participants	2a(1)(B)	5998144
	(C) Others (including rollovers)	2a(1)(C)	807360
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	8406871
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)	16121
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	16121
(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)	80374
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	80374
(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)		-2731477
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5771889

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5406435	
(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)		5406435
f Corrective distributions (see instructions)	2f		12598
g Certain deemed distributions of participant loans (see instructions)	2g		85760
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	15961	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		15961
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5520754

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		251135
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		9337908

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) ☐ 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 ☐ No

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

(1) Name: ARMANINO, LLP

(2) EIN: 94-6214841

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)
DIALOG SEMICONDUCTOR, INC.	77-0509865	002

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 2018 This Form is Open to Public Inspection.
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EXECUSTAFF HR, INC.		D Employer Identification Number (EIN) 27-0037153
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): 71-0294708		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2018 v. 171027		

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): _____

- 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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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): _____

Execustaff HR, Inc. Multiple Employer Plan

Financial Statements
and Supplemental Schedule

December 31, 2018 and 2017
and For the Year Ended December 31, 2018



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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Execustaff HR, Inc. Multiple Employer Plan
San Jose, California

We were engaged to audit the accompanying financial statements of Execustaff HR, Inc. Multiple Employer Plan, which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any audit procedures with respect to the information referred to in Note 3 which was certified by Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter - Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2018 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Armanino LLP

Armanino^{LLP}
San Jose, California

October 15, 2019

Execustaff HR, Inc. Multiple Employer Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
ASSETS		
Investments		
Investments, at fair value	\$ 46,618,318	\$ 54,574,216
Investments, at contract value	<u>4,965,803</u>	<u>6,238,139</u>
Total investments	<u>51,584,121</u>	<u>60,812,355</u>
Receivables		
Employer's contributions	442,041	379,460
Participant contributions	132,251	185,320
Notes receivable from participants	<u>390,472</u>	<u>264,427</u>
Total receivables	<u>964,764</u>	<u>829,207</u>
Total assets	52,548,885	61,641,562
LIABILITIES		
Excess contributions payable	<u>11,241</u>	<u>17,145</u>
Total net assets available for benefits	<u><u>\$ 52,537,644</u></u>	<u><u>\$ 61,624,417</u></u>

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

Execustaff HR, Inc. Multiple Employer Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2018

Additions to net assets	
Contributions	
Participant contributions	\$ 5,998,144
Employer contributions	1,601,367
Participant rollovers	<u>807,360</u>
Total contributions	<u>8,406,871</u>
Investment income (loss)	
Interest and dividends	17,628
Net depreciation in fair value of investments	<u>(2,668,731)</u>
Net investment loss	<u>(2,651,103)</u>
Interest income on notes receivable from participants	<u>16,121</u>
Total additions to net assets	<u>5,771,889</u>
Deductions from net assets	
Benefits paid to participants	5,504,793
Administrative expenses	<u>15,961</u>
Total deductions from net assets	<u>5,520,754</u>
Net increase in net assets available for benefits before transfers	251,135
Transfer of assets out of the Plan	<u>9,337,908</u>
Net decrease in net assets available for benefits	(9,086,773)
Net assets available for benefits, beginning of year	<u>61,624,417</u>
Net assets available for benefits, end of year	<u><u>\$ 52,537,644</u></u>

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

Execustaff HR, Inc. Multiple Employer Plan
Notes to Financial Statements
December 31, 2018 and 2017

1. DESCRIPTION OF THE PLAN

The following description of the Execustaff HR, Inc. Multiple Employer Plan (the "Plan"), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

Execustaff HR, Inc. (the "Employer" or "Plan sponsor") is engaged in the business of providing human resources, payroll and related employee benefits to its customers who, in turn, are referred to as either "client organizations" or "co-sponsors." The Plan, a defined contribution savings plan, is designed to qualify under Section 401(a) and related provisions of the Internal Revenue Code (IRC). The Plan was established on January 1, 1994 and is designed to provide eligible participants of the client organizations with a means to defer a portion of their compensation for retirement and to provide benefits in the event of disability, death, or termination. As a multiple employer plan, each participating co-sponsor is required to follow the provisions outlined in the Plan for eligibility and participation. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) and subsequent laws.

Plan sponsor and administration

The Plan sponsor's Board of Directors have appointed the Administrative Committee (the "Committee") to administer the Plan and, as such, the Committee carries out the duties imposed by ERISA. The Plan sponsor has contracted with Voya Retirement Insurance and Annuity Company (Voya) and Quintes Retirement Specialists to provide custodian and recordkeeping services to the Plan, respectively, and two officers of the Company serve as the trustees of the Plan.

Eligibility

Generally, all employees of the co-sponsors are eligible to participate in the Plan on the first day of employment. Collective bargained employees and nonresident aliens are not permitted to participate in the Plan.

Participant contributions

Participants are allowed to contribute their eligible pre-tax or after-tax (as Roth contributions) compensation, as defined in the Plan, up to the annual contribution limit as defined in the IRC. Participants are also allowed to make rollover contributions to the Plan from other qualified retirement plans. Co-sponsors have the discretion under the Plan to treat their respective employee's contributions under safe-harbor rules.

Plan participants who have attained age 50 before the end of a calendar year are allowed to make additional contributions called "catch-up contributions" to the Plan, up to the annual contribution limit as defined in the IRC.

Execustaff HR, Inc. Multiple Employer Plan
Notes to Financial Statements
December 31, 2018 and 2017

I. DESCRIPTION OF THE PLAN (continued)

Employer contributions

The Employer is allowed to make safe harbor matching contributions, safe harbor non-elective contributions, and discretionary non-elective profit-sharing contributions to the Plan on behalf of participating co-sponsors. For those co-sponsors who participate in safe harbor matching contributions, the Employer makes contributions to the Plan equal to 100% of up to the first 4% of eligible compensation, as defined in the Plan, deferred to the Plan by the co-sponsors' participants. For those co-sponsors who participate in safe harbor non-elective contributions, the Employer makes contributions to the Plan equal to 3% of the co-sponsors' participants' eligible compensation, as defined in the Plan. For those co-sponsors who elect to make discretionary non-elective profit-sharing contributions, the Employer makes contributions to all participants employed by the co-sponsors who have attained age 21, been credited with at least one year of service, as defined in the Plan, and are employed by the participating co-sponsor as of the last day of the Plan year. No discretionary non-elective profit-sharing contributions have been made to the Plan for the year ended December 31, 2018.

Participant accounts

Each participant's account is credited with the participant's contributions, allocations of (a) the Employer's safe harbor matching contributions, safe harbor non-elective contributions, or discretionary non-elective profit-sharing contributions, if any, and (b) Plan earnings and losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Participants direct the investment of contributions to their respective accounts into the investment options offered by the Plan.

Vesting and forfeitures

Participants are immediately 100% vested in their contributions and the Employer's safe harbor matching contributions and safe harbor non-elective contributions, plus earnings thereon. Participants vest in the Employer's discretionary non-elective profit-sharing contributions over a period of five years beginning after their first year of service (total of six years), as defined in the Plan.

Forfeitures on non-vested participant account balances may be used to offset the Employer's contributions or to pay eligible Plan expenses, as defined in the Plan. Immaterial forfeitures were used during 2018 to offset Plan expenses and the Plan had an immaterial balance of forfeitures as of December 31, 2018 and 2017, respectively.

Execustaff HR, Inc. Multiple Employer Plan
Notes to Financial Statements
December 31, 2018 and 2017

1. DESCRIPTION OF THE PLAN (continued)

Notes receivable from participants

Participants may borrow not less than \$1,000 and up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. Notes receivable from participants (participant loans) must be repaid within five years, unless the participant's loan is used to acquire a primary residence, in which case the repayment period may be longer. Participant loans are secured by the respective participant's vested interest in their account balance. Participant loans bear interest at a rate commensurate with the prevailing interest rate of similar instruments at the time the loan is made, and principal and interest are generally paid ratably through payroll deductions with payments made each pay period. Outstanding participant loans at December 31, 2018 bear interest at annual rates of between 4.25% and 9.25%.

Administrative expenses

Fees and expenses charged under participant accounts will impact retirement savings, and fall into three basic categories. Investment fees are generally assessed as a percentage of assets invested, and are deducted directly from investment fund balances. They can be in the form of sales charges, loads, commissions, or management fees. Plan administration and recordkeeping fees cover the routine expenses for the services of lawyers, accountants, third party administrators, and other advisors. The Plan allows that certain expenses related to the Plan be paid directly by the Employer, but permits certain expenses incurred to administer the Plan to be paid from Plan assets. Currently, the Employer directly pays generally all expenses incurred to operate and administer the Plan. Transaction based fees are associated with optional services offered under the Plan, and are charged directly to participant accounts for particular Plan features that may be available, such as a participant loan or the maintenance of a terminated participant's account.

Payment of benefits

Distributions and withdrawals are payable upon retirement, termination, disability or death. Upon termination, if a participant's vested account balance is equal to or less than \$1,000, the balance is immediately distributed as a lump-sum payment. Upon termination, unless otherwise elected, if a participant's vested account balance is greater than \$1,000 and less than \$5,000, the balance will immediately be rolled over to an individual retirement account designated by the Committee. Upon termination, if a participant's vested account balance is greater than \$5,000, participants may elect to receive a distribution of their vested account balance as a lump-sum distribution, partial or installment payments, an annuity, or postpone payment to a later date and remain in the Plan.

Execustaff HR, Inc. Multiple Employer Plan
Notes to Financial Statements
December 31, 2018 and 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the change therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition

The Plan's investments are reported at fair value and contract value. Voya certifies the contract value of the Plan's fully benefit-responsive contract and the fair value of all other investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Contract value is the relevant measurement for assets invested in fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Notes receivable from participants

Participant loans are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant loans is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2018 and 2017.

Payment of benefits

Benefits are recorded when paid.

Execustaff HR, Inc. Multiple Employer Plan
Notes to Financial Statements
December 31, 2018 and 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risks and uncertainties

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

Subsequent events

The Plan has evaluated subsequent events through October 15, 2019, the date the financial statements were available to be issued. No subsequent events have occurred that would have a material impact on the presentation of the Plan's financial statements.

Reclassifications

Certain 2017 amounts have been reclassified to conform with the 2018 financial statement presentation.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Voya, the custodian of the Plan, has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017.
- Net depreciation in fair value of investments reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2018.
- Investments reflected on the schedule of assets (held at end of year), except for notes receivable from participants.

Accordingly, as requested by the Plan sponsor, the Plan's auditor performed no procedures on the certified information other than to agree the certified information to the related information included in the financial statements and supplemental schedule.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

Execustaff HR, Inc. Multiple Employer Plan
Notes to Financial Statements
December 31, 2018 and 2017

4. FAIR VALUE MEASUREMENTS (continued)

The three levels of the fair value hierarchy are described as follows:

- *Level 1* - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities 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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- *Level 3* - inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis. There have been no changes in the methodology used as of December 31, 2018 and 2017.

Pooled separate accounts: Pooled separate accounts are valued at their accumulation unit value (AUV). The pooled separate account is valued daily as the number of accumulation units held multiplied by the AUV. The AUV is first established when a new fund starts and is then determined daily based on the net asset value of shares of the underlying fund, the fund's dividends and the separate account charges valued at the daily closing price as reported by the fund.

The pooled separate accounts allow participants to invest in the following: various large-, medium-, and small-cap index funds, both foreign and domestic oriented, strategized to approximate the aggregate returns posted to the respective stock indices; target-date mutual funds which adjust their investment mix to better preserve a greater proportion of contributed capital as the respective investment approaches the respective target retirement date; mutual funds which specialize in the investment in under-valued or growth-oriented domestic stocks; and mutual funds which invest in bonds backed by either real estate or U.S. corporate bond holdings. All pooled separate accounts held by the Plan have no unfunded commitments, a daily redemption frequency, and a redemption notice period of 60 days.

Self-directed brokerage accounts: The self-directed brokerage accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices, using their respective published rates on the open market and are deemed to be actively traded.

Execustaff HR, Inc. Multiple Employer Plan
Notes to Financial Statements
December 31, 2018 and 2017

4. FAIR VALUE MEASUREMENTS (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although 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 financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level the Plan's assets at fair value as of December 31, 2018:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Pooled separate accounts	\$ -	\$ 46,518,887	\$ -	\$ 46,518,887
Self-directed brokerage accounts	<u>99,431</u>	<u>-</u>	<u>-</u>	<u>99,431</u>
	<u>\$ 99,431</u>	<u>\$ 46,518,887</u>	<u>\$ -</u>	<u>\$ 46,618,318</u>

The following table sets forth by level the Plan's assets at fair value as of December 31, 2017:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Pooled separate accounts	\$ -	\$ 54,483,341	\$ -	\$ 54,483,341
Self-directed brokerage accounts	<u>90,875</u>	<u>-</u>	<u>-</u>	<u>90,875</u>
	<u>\$ 90,875</u>	<u>\$ 54,483,341</u>	<u>\$ -</u>	<u>\$ 54,574,216</u>

5. INVESTMENT CONTRACT

As of December 31, 2018 and 2017, the Plan holds an investment contract with Voya for \$4,965,803 and \$6,238,139, respectively. Voya maintains contributions to the investment contract in its general account.

The Plan's investment contract with Voya meets the fully benefit-responsive investment contract criteria, and therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than one percent. The crediting interest rate is established prior to each calendar year and is in-effect for that year. The contract cannot be terminated before the scheduled maturity date.

Execustaff HR, Inc. Multiple Employer Plan
Notes to Financial Statements
December 31, 2018 and 2017

5. INVESTMENT CONTRACT (continued)

Certain events might limit the ability of the Plan to transact at contract value with Voya. Such events include the following: (1) amendments to the Plan document (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

The investment contract does not permit Voya to terminate the agreement prior to the scheduled maturity date.

6. INCOME TAX STATUS

The Plan has adopted a volume submitter plan document which has received an opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the volume submitter plan document is acceptable under section 401(a) of the IRC for use by employers for the benefit of its employees. The Plan administrator believes the Plan is currently designed and being operated in accordance with the provisions of the IRC and its associated trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. ASSET TRANSFERS

During February and March 2018, one participating co-sponsor of the Plan terminated their participation in the Plan and transferred total assets of \$9,337,908 to the successor plan.

8. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined by ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. As such, transactions conducted by the custodian and its affiliates, including fund fees and revenue sharing agreements, qualify as party-in-interest transactions. Also, the Plan sponsor pays certain fees and expenses on behalf of the Plan. These transactions qualify as party-in-interest transactions.

9. PLAN TERMINATION

Although the Company 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. If the Plan were to be terminated, all participants become immediately 100% vested in their respective account balance.

SUPPLEMENTAL SCHEDULE

Execustaff HR, Inc. Multiple Employer Plan
EIN: 27-0037153; Plan: 001
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2018

(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
*	Voya Fixed Account	Investment Contract	**	\$ 4,965,803
*	AB Global Bond Fund	Pooled Separate Account	**	216,388
*	American Century Mid Cap Value Fund	Pooled Separate Account	**	2,855,844
*	American Funds American Balanced Fund	Pooled Separate Account	**	3,347,702
*	American Funds EuroPacific Growth Fund	Pooled Separate Account	**	1,012,367
*	American Funds New Perspective Fund	Pooled Separate Account	**	2,036,232
*	American Funds Washington Mutual Investors Fund	Pooled Separate Account	**	3,132,019
*	DFA Inflation Protected Securities Portfolio Insti	Pooled Separate Account	**	580,631
*	DFA International Core Equity Portfolio Institutio	Pooled Separate Account	**	338,182
*	DFA Real Estate Securities Portfolio Institutional	Pooled Separate Account	**	536,853
*	DFA U.S. Targeted Value Portfolio Institutional Fu	Pooled Separate Account	**	923,331
*	Eaton Vance Atlanta Capital SMID Cap Fund	Pooled Separate Account	**	1,481,840
*	PGIM High Yield Fund	Pooled Separate Account	**	528,247
*	PGIM Total Return Bond Fund	Pooled Separate Account	**	1,461,679
*	PIMCO Institutional Income Fund	Pooled Separate Account	**	1,276,099
*	Pioneer Fundamental Growth Fund	Pooled Separate Account	**	6,452,717
*	T. Rowe Price Retirement 2005 Fund	Pooled Separate Account	**	154,332
*	T. Rowe Price Retirement 2010 Fund	Pooled Separate Account	**	687
*	T. Rowe Price Retirement 2015 Fund	Pooled Separate Account	**	262,314
*	T. Rowe Price Retirement 2020 Fund	Pooled Separate Account	**	172,764
*	T. Rowe Price Retirement 2025 Fund	Pooled Separate Account	**	1,734,703
*	T. Rowe Price Retirement 2030 Fund	Pooled Separate Account	**	1,002,391
*	T. Rowe Price Retirement 2035 Fund	Pooled Separate Account	**	2,275,152
*	T. Rowe Price Retirement 2040 Fund	Pooled Separate Account	**	1,122,202
*	T. Rowe Price Retirement 2045 Fund	Pooled Separate Account	**	1,681,044
*	T. Rowe Price Retirement 2050 Fund	Pooled Separate Account	**	804,626
*	T. Rowe Price Retirement 2055 Fund	Pooled Separate Account	**	556,172
*	T. Rowe Price Retirement 2060 Fund	Pooled Separate Account	**	355,100
*	Vanguard 500 Index Admiral Fund	Pooled Separate Account	**	5,024,590
*	Vanguard International Explorer Investor Fund	Pooled Separate Account	**	879,280
*	Vanguard LifeStrategy Conservative Growth Investor	Pooled Separate Account	**	1,952
*	Vanguard LifeStrategy Growth Investor Fund	Pooled Separate Account	**	538,724
*	Vanguard LifeStrategy Income Investor Fund	Pooled Separate Account	**	89,953
*	Vanguard LifeStrategy Moderate Growth Investor Fun	Pooled Separate Account	**	381,769
*	Vanguard Mid Cap Index Admiral Fund	Pooled Separate Account	**	437,325
*	Vanguard Small Cap Index Admiral Fund	Pooled Separate Account	**	1,640,285
*	Vanguard Total Bond Market Index Admiral Fund	Pooled Separate Account	**	406,509
*	Voya Government Money Market Fund	Pooled Separate Account	**	18
*	Voya Small Cap Opportunities Portfolio Fund	Pooled Separate Account	**	816,864
***	Self Directed Brokerage Accounts	Various common stocks and non interest-bearing cash	**	99,431
*	Notes receivable from participants	Interest rates of between 4.25% and 9.25%	\$ -	390,472
				<u>51,584,121</u>
				<u>390,472</u>
				<u>\$ 51,974,593</u>
*	Indicated party-in-interest to the Plan			
**	Cost information not provided as all investments are participant directed			
***	May contain party-in-interest to the Plan			

Attachment to 2018 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
Plan sponsor's Name: EXECUSTAFF HR, INC.
EIN: 27-0037153
PN: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	Cost	Current value
*	VOYA FINANCIAL	AB Global Bond Fund Z	0.00	\$216,388
*	VOYA FINANCIAL	Amer Cent Mid Cap Value Fund R6	0.00	\$2,855,844
*	VOYA FINANCIAL	American Funds Am Balancd R6	0.00	\$3,347,702
*	VOYA FINANCIAL	American Funds EuroPacific R6	0.00	\$1,012,367
*	VOYA FINANCIAL	American Funds Nw Prspctv R6	0.00	\$2,036,232
*	VOYA FINANCIAL	American Funds Wash Mtual R6	0.00	\$3,132,019
*	VOYA FINANCIAL	DFA Inflat-Prot Securities Port Inst	0.00	\$580,631
*	VOYA FINANCIAL	DFA Intl Core Equity Port Inst	0.00	\$338,182
*	VOYA FINANCIAL	DFA Real Estate Securities Port Inst	0.00	\$536,853
*	VOYA FINANCIAL	DFA U.S. Targeted Value Port Inst	0.00	\$923,331
*	VOYA FINANCIAL	Eaton Vance-Atlanta Cap SMID-Cp F R6	0.00	\$1,481,840
*	VOYA FINANCIAL	PGIM High Yield Fund R6	0.00	\$528,247
*	VOYA FINANCIAL	PGIM Total Return Bond Fd R6	0.00	\$1,461,679
*	VOYA FINANCIAL	PIMCO Income Fund Inst	0.00	\$1,276,099
*	VOYA FINANCIAL	Pioneer Fundamental Growth Fund K	0.00	\$6,452,717
*	VOYA FINANCIAL	TRowePrc Retirement I 2005 Fund I	0.00	\$154,332
*	VOYA FINANCIAL	TRowePrc Retirement I 2010 Fund I	0.00	\$687
*	VOYA FINANCIAL	TRowePrc Retirement I 2015 Fund I	0.00	\$262,314
*	VOYA FINANCIAL	TRowePrc Retirement I 2020 Fund I	0.00	\$172,764
*	VOYA FINANCIAL	TRowePrc Retirement I 2025 Fund I	0.00	\$1,734,703
*	VOYA FINANCIAL	TRowePrc Retirement I 2030 Fund I	0.00	\$1,002,391
*	VOYA FINANCIAL	TRowePrc Retirement I 2035 Fund I	0.00	\$2,275,152
*	VOYA FINANCIAL	TRowePrc Retirement I 2040 Fund I	0.00	\$1,122,202
*	VOYA FINANCIAL	TRowePrc Retirement I 2045 Fund I	0.00	\$1,681,044
*	VOYA FINANCIAL	TRowePrc Retirement I 2050 Fund I	0.00	\$804,626
*	VOYA FINANCIAL	TRowePrc Retirement I 2055 Fund I	0.00	\$556,172
*	VOYA FINANCIAL	TRowePrc Retirement I 2060 Fund I	0.00	\$355,100
*	VOYA FINANCIAL	Vanguard 500 Index Fund Adm	0.00	\$5,024,590
*	VOYA FINANCIAL	Vanguard Intl Explorer Fund Inv	0.00	\$879,280
*	VOYA FINANCIAL	Vanguard LifeStrat Cnsrv Grw Fd Inv	0.00	\$1,952
*	VOYA FINANCIAL	Vanguard LifeStrat Growth Fd Inv	0.00	\$538,724
*	VOYA FINANCIAL	Vanguard LifeStrat Income Fd Inv	0.00	\$89,953
*	VOYA FINANCIAL	Vanguard LifeStrat Mod Grwth Fd Inv	0.00	\$381,769
*	VOYA FINANCIAL	Vanguard Mid-Cap Index Fund Adm	0.00	\$437,325
*	VOYA FINANCIAL	Vanguard Small-Cap Index Fund Adm	0.00	\$1,640,285
*	VOYA FINANCIAL	Vanguard Total Bnd Mrkt Ind F Adm	0.00	\$406,509
*	VOYA FINANCIAL	Voya Fixed Account (4062)	0.00	\$4,965,803
*	VOYA FINANCIAL	Voya Gov Money Mkt Fnd A (Hold Acct)	0.00	\$18
*	VOYA FINANCIAL	Voya SmallCap Opportunities Prt R6	0.00	\$816,864
				\$51,484,691
	TD AMERITRADE	Self directed brokerage accounts	0.00	\$99,431
	PARTICIPANT LOAN	Participant Loans - 4.25%-9.25%	0.00	\$390,472
				\$489,903

\$51,974,593

Attachment to 2018 Form 5500, Part 1 Line A
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Plan sponsor's Name: EXECUSTAFF HR, INC.

EIN: 27-0037153

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
Actenum Corporation	98-1062803	0.36%
ActiveState Software Inc.	98-0628630	1.20%
Adaptrum, Inc.	20-0549688	3.87%
Altair Semiconductor, Inc.	26-2963106	0.55%
Bandwith 10	80-0714187	0.89%
Besser Associates, Inc.	77-0445002	0.00%
Box Top Growth Partners, LLC	83-2052512	0.00%
Caerus Molecular Diagnostics, Inc.	26-4149921	0.00%
California Teacher Development Collaborative	32-0001315	0.67%
Catellus Development Corporation	27-4348983	11.24%
CK12 Foundation	20-8007128	6.51%
Edan Medical USA, Inc	45-4978198	2.00%
Educate78	47-4248922	1.96%
eLearning Guild	80-0015989	3.33%
ETN Media	90-0395401	0.99%
Execustaff HR, Inc.	27-0037153	2.80%
Fiber Foton Factory	81-3758609	0.60%
Fitech Source Inc.	37-1614598	0.45%
Gener8, LLC	38-3664122	10.81%
Giva, Inc.	77-0516918	0.00%
HERNEST Institute for Reproductive Medicine, Inc.	81-4059858	0.40%
HSI USA, Inc.	46-3389051	9.02%
IC Industrial Management, LLC	82-1673617	2.30%
Labyrinth Learning	94-3275555	2.17%
Martineau & Associates, Inc.	94-3221820	0.06%
Martone Radio Technology, Inc.	20-2167687	0.77%
Mastery Design Collaborative, Inc.	46-4316933	0.27%
MCA, Inc.	77-0276947	0.09%
Moraware, Inc	34-2004949	2.88%
Oakland Enrolls	82-2763443	0.41%
OncoMed Pharmaceuticals, Inc.	38-3572512	9.56%
Pahara Institute	45-5141625	2.71%
Pebble Beach Systems, Ltd.	98-0503443	0.44%
Precise Automation, Inc.	68-0638928	3.98%
Project Hosts	20-1873841	3.66%
Rich Data Corporation North America, Inc.	81-3447133	0.05%
San Jose Public Library Foundation	77-0142379	0.14%
ScaleMP, Inc.	20-0145869	0.60%
Sentons USA, Inc.	45-2719897	5.40%
Silicon Schools Fund, Inc.	45-4860788	1.24%
SOFTTHINKS USA, INC.	77-0557601	0.09%
SOP Management, LLC	83-1427066	0.00%
TalkingTech US, LLC	98-0500219	0.24%
Teaching Channel, Inc.	81-5425591	2.80%
TeleMessage	04-3519699	0.85%
Valens Semiconductor Inc.	99-0372574	0.00%
Vision To Learn	45-3457853	0.66%
Watermark	77-0409688	0.75%
WindSpring, Inc.	56-2422492	0.00%
Woodsborough Homes Association	94-2683167	0.06%
Youth Community Service	20-8099150	0.18%

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 2018 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2018 or fiscal plan year beginning		01/01/2018	and ending
		12/31/2018	
A This return/report is for:	☐ a multiemployer plan	☒ 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	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a Name of plan EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan 01/01/1994	
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) EXECUSTAFF HR, INC. 5898 SILVER CREEK VALLEY ROAD SAN JOSE CA 95138		2b Employer Identification Number (EIN) 27-0037153 2c Plan Sponsor's telephone number (408) 364-2800 2d Business code (see instructions) 541990	

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		10/9/17	SUSAN J. JOCHHEIM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/9/17	SUSAN J. JOCHHEIM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		10/9/17	SUSAN J. JOCHHEIM
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ 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 1, 091
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) 738
a(2) Total number of active participants at the end of the plan year	6a(2) 762
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 384
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1, 146
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 1, 146
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 859
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 Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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) ☒ 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) ☒ 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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 _____

Attachment to 2018 Form 5500, Part 1 Line A
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Plan sponsor's Name: EXECUSTAFF HR, INC.

EIN: 27-0037153

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
Actenum Corporation	98-1062803	0.36%
ActiveState Software Inc.	98-0628630	1.20%
Adaptrum, Inc.	20-0549688	3.87%
Altair Semiconductor, Inc.	26-2963106	0.55%
Bandwith 10	80-0714187	0.89%
Besser Associates, Inc.	77-0445002	0.00%
Box Top Growth Partners, LLC	83-2052512	0.00%
Caerus Molecular Diagnostics, Inc.	26-4149921	0.00%
California Teacher Development Collaborative	32-0001315	0.67%
Catellus Development Corporation	27-4348983	11.24%
CK12 Foundation	20-8007128	6.51%
Edan Medical USA, Inc	45-4978198	2.00%
Educate78	47-4248922	1.96%
eLearning Guild	80-0015989	3.33%
ETN Media	90-0395401	0.99%
Execustaff HR, Inc.	27-0037153	2.80%
Fiber Foton Factory	81-3758609	0.60%
Fitech Source Inc.	37-1614598	0.45%
Gener8, LLC	38-3664122	10.81%
Giva, Inc.	77-0516918	0.00%
HERNEST Institute for Reproductive Medicine, Inc.	81-4059858	0.40%
HSI USA, Inc.	46-3389051	9.02%
IC Industrial Management, LLC	82-1673617	2.30%
Labyrinth Learning	94-3275555	2.17%
Martineau & Associates, Inc.	94-3221820	0.06%
Martone Radio Technology, Inc.	20-2167687	0.77%
Mastery Design Collaborative, Inc.	46-4316933	0.27%
MCA, Inc.	77-0276947	0.09%
Moraware, Inc	34-2004949	2.88%
Oakland Enrolls	82-2763443	0.41%
OncoMed Pharmaceuticals, Inc.	38-3572512	9.56%
Pahara Institute	45-5141625	2.71%
Pebble Beach Systems, Ltd.	98-0503443	0.44%
Precise Automation, Inc.	68-0638928	3.98%
Project Hosts	20-1873841	3.66%
Rich Data Corporation North America, Inc.	81-3447133	0.05%
San Jose Public Library Foundation	77-0142379	0.14%
ScaleMP, Inc.	20-0145869	0.60%
Sentons USA, Inc.	45-2719897	5.40%
Silicon Schools Fund, Inc.	45-4860788	1.24%
SOFTTHINKS USA, INC.	77-0557601	0.09%
SOP Management, LLC	83-1427066	0.00%
TalkingTech US, LLC	98-0500219	0.24%
Teaching Channel, Inc.	81-5425591	2.80%
TeleMessage	04-3519699	0.85%
Valens Semiconductor Inc.	99-0372574	0.00%
Vision To Learn	45-3457853	0.66%
Watermark	77-0409688	0.75%
WindSpring, Inc.	56-2422492	0.00%
Woodsborough Homes Association	94-2683167	0.06%
Youth Community Service	20-8099150	0.18%