

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)	
B	This return/report is:		
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>PREEMPLOYER, INC. MULTIPLE EMPLOYER PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>333</u>
		1c	Effective date of plan <u>07/01/2003</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>PREEMPLOYER, INC.</u> <u>5855 WEST MAIN STREET</u> <u>DOTHAN, AL 36305</u>	2b	Employer Identification Number (EIN) <u>58-2471604</u>
		2c	Plan Sponsor's telephone number <u>334-712-9939</u>
		2d	Business code (see instructions) <u>541214</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.	10/16/2019	DEBBIE DOBBS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2019	DEBBIE DOBBS
	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	5 547
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) 516 6a(2) 390 6b 0 6c 39 6d 429 6e 0 6f 429 6g 162 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 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
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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)** ☐ **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 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 PREEMPLOYER, INC. MULTIPLE EMPLOYER PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 PREEMPLOYER, INC.	D Employer Identification Number (EIN) 58-2471604	

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	34033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVISORY SOUTH

7000 CENTRAL PARKWAY
SUITE 1750
ATLANTA, GA 30328

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	ADVISORY FEE	9857	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Part II Information on Participating Plans (to be completed by DFEs)

(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
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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>PREEMPLOYER, INC. MULTIPLE EMPLOYER PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PREEMPLOYER, INC.</u>	D Employer Identification Number (EIN) <u>58-2471604</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)	5643	20544
(2) Participant contributions	1b(2)	15726	43702
(3) Other.....	1b(3)	1603	14749
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	73725	75722
(9) Value of interest in common/collective trusts	1c(9)	22308	146962
(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)	6069654	5940370
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	6188659 6242049
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6188659 6242049

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)	177238
	(B) Participants	2a(1)(B)	430877
	(C) Others (including rollovers)	2a(1)(C)	11871
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	619986
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)	2766
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2766
(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)	253645
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	253645
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-554148
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		322249

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53839	
(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)		53839
f Corrective distributions (see instructions)	2f		5679
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	34033	
(3) Investment advisory and management fees.....	2i(3)	13262	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		47295
j Total expenses. Add all expense amounts in column (b) and enter total	2j		106813

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		215436
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		162046

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: CARR, RIGGS AND INGRAM

(2) EIN: 72-1396621

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		944
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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LL ROBERTS GROUP RETIREMENT SAVINGS PLAN	75-2962401	001

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.
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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>PREEMPLOYER, INC. MULTIPLE EMPLOYER PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PREEMPLOYER, INC.</u>	D Employer Identification Number (EIN) <u>58-2471604</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>		
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
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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
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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):

**PRemployer, Inc.
Multiple Employer Plan**

**FINANCIAL STATEMENTS
(AND SUPPLEMENTAL SCHEDULES)**

December 31, 2018 and 2017



CRI CARR
RIGGS &
INGRAM

CPAs and Advisors

CRlcpa.com

**PRemployer, Inc. Multiple Employer Plan
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December 31, 2018**

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Supplemental Schedules

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Note: *Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.*

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
PREmployer, Inc. Multiple Employer Plan

Report on the 2018 Financial Statements

We were engaged to audit the accompanying financial statements of PREmployer, Inc. Multiple Employer Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, the statement of changes in net assets available for benefits for the year then ended, 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.

Auditors' 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 auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee, as of and for the year ended December 31, 2018, that the information provided to the plan administrator by the Trustee 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 Schedules

The supplemental schedules entitled Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (held at end of year) as of and for the year ended December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis but are 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 schedules referred to above.

Other Matter – 2017 Financial Statements

The financial statements of the Plan as of December 31, 2017 were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Mid Atlantic Trust Company, the Trustee of the Plan. Their report, dated October 12, 2018, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 schedules, other than that derived from the information certified by the Trustee, 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.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, L.L.C.

Enterprise, Alabama

October 15, 2019

**PREmployer, Inc. Multiple Employer Plan
Statements of Net Assets Available for Benefits**

<i>December 31,</i>	2018	2017
Assets		
Investments, at fair value:		
Mutual funds	\$ 5,732,729	\$ 5,839,541
Money market funds	207,641	230,113
Common/collective trust	146,962	22,308
Total investments	6,087,332	6,091,962
Receivables:		
Employer contribution	20,544	5,643
Participant contribution	43,702	15,726
Notes receivable from participants	75,722	73,725
Other receivables	14,749	1,603
Total receivables	154,717	96,697
Net Assets Available for Benefits	\$ 6,242,049	\$ 6,188,659

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

PREmployer, Inc. Multiple Employer Plan
Statement of Changes in Net Assets Available for Benefits

For the year ended December 31,

2018

Additions to Net Assets Attributed to:

Investment income:

Interest and dividends	\$	256,411
------------------------	----	---------

Contributions

Employer		177,238
----------	--	---------

Participants		430,877
--------------	--	---------

Rollovers		11,871
-----------	--	--------

Total contributions		619,986
---------------------	--	---------

Total additions		876,397
-----------------	--	---------

Deductions from Net Assets Attributed to:

Net depreciation in value of investments		554,149
--	--	---------

Benefits paid to participants		53,839
-------------------------------	--	--------

Administrative expenses		47,295
-------------------------	--	--------

Corrective distributions		5,678
--------------------------	--	-------

Total deductions		660,961
------------------	--	---------

Net increase		215,436
--------------	--	---------

Transfers out of the plan, net		162,046
--------------------------------	--	---------

Net Assets Available for Benefits

Beginning of year		6,188,659
-------------------	--	-----------

End of year	\$	6,242,049
-------------	----	-----------

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

PRemployer, Inc. Multiple Employer Plan Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the PRemployer, Inc. Multiple Employer Plan (the “Plan”) provides only general information. Refer to Plan documents for a more complete description of Plan provisions.

General

The Plan is a voluntary multiple employer defined contribution plan, covering all full-time employees of AGF Machinery, LLC (AGF), Arkansas Refrigerated Services, Inc. (ARS), Bob Woodall Air Care Systems, Inc. (BWA), Bob Woodall Commercial Air Systems(BWCA), Cleveland & Gilchrist P.C. dba Aventa Specialized Women Care (CGPC), House of Cabinetry(HOC), ITS Products, Inc. (ITS), Nowcom, LLC(NOW), Polyengineering, Inc. & Polyenvironmental Corp. (POLY), PRemployer, Inc.(PRE), Southern Clay Brick Co., LLC(SCB), Sumlar Therapy Services (STS), Tracom, Inc. (TRA), TriState Graphics II, LLC (TSG), Wiregrass Museum of Art (WGM), and Wise Forklift, Inc. (WFI), (collectively the Companies, or individually the Employer) (collectively the “Companies”, or individually “Sponsor”, “Employer”, or “Plan Administrator”). The Plan is subject to the provisions of the Department of Labor’s (DOL’s) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Plan’s Investment Committee (Investment Committee) determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Plan assets are held and managed by Slavic, which invests contributions and Plan earnings, makes investment transactions as directed by the Investment Committee and provides certain recordkeeping services. Mid Atlantic Trust Company acts as the third-party administrator for the Plan, which performs certain plan administration and annual ERISA compliance testing.

Transfers

During the year ended December 31, 2018, five participating employers (BWCA, HOC, NOW, PRE, and SCB) joined the Plan and one participating employer (ARS) left the Plan, resulting in a net \$162,046 of assets being transferred out of the Plan. During the year ended December 31, 2017, four participating employers (AGF, BWA, CGPC, and WFI) joined the Plan. Net assets totaling \$541,407 were merged into the Plan.

Eligibility

Employees of the following companies are eligible to participate in the Plan upon completion of three months of employment: WFI and WGM. Employees of the following companies are eligible to participate in the Plan upon completion of 1 year of service including 1,000 hours in a consecutive 12 months after attaining age 21: ITS, POLY, PRE, and TRA. Employees of CGPC and TSG are eligible to participate in the Plan upon completion of 1 year of service including 1,000 hours in a consecutive 12 months and after attaining age 18. Employees of STS are eligible to participate after 1 month of service. Employees of ARS are eligible to participate after 6 months and attaining age 21. Employees

PRemployer, Inc. Multiple Employer Plan Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Eligibility (Continued)

of AGF, HOC, NOW, and SBC are eligible to participate after 3 months of service and attaining age 18. Employees of BWA and BWCA are eligible to participate after 3 months of service and attaining the age of 20. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may elect to contribute from 1% to 80% of their compensation to the Plan through payroll reductions on a pre-tax basis or Roth contributions, as defined by the Plan, plus catch up contributions as defined in the Plan document. A participant may also elect to defer a specific dollar amount to the Plan. Rollover contributions are permitted as described in the Plan document. Participants direct the investment of their contributions into various investment options offered by the Plan.

The following Employers elected matching contributions of 50% of participants' elective deferrals up to 6% of compensation: STS and WGM. WGM participants will become eligible for matching contributions on the first day of the following calendar quarter after completing one year of service including 1,000 hours in 12 consecutive months. BWA and BWCA elected matching contributions of 50% of participants' elective deferrals up to 4% of compensation. TSG elected matching contributions of 100% of participants' elective deferrals up to 5%. The following Employers made safe harbor matching contributions to participants' accounts equal to 100% of their contributions up to 4% of compensation: CGPC and ITS. AGF, HOC, NOW, POLY, SBC and WFI elected discretionary matching contributions determined at the end of each year. POLY also elected safe harbor matching contributions of 100% of participants' elective deferrals up to 3% of compensation, plus 50% of the next 2%. The following Employers elected not to match participants' contributions: ARS, PRE and TRA. Total Employer contributions were \$177,238 for the year ended December 31, 2018.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Employer's contributions, if any, as well as allocations of Plan earnings. Administration expenses will be deducted from participant accounts or the forfeiture account, at the discretion of the Employer. 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 by the plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants that are employed by POLY and ARS are vested immediately in their employee contributions, the Company's matching contributions, and any earnings thereon. Participants that are employed by AGF, BWA, BWCA, CGPC, HOC, ITS, NOW, PRE, SCB, TRA, TSG and WFI are vested immediately in their employee contributions and actual earnings or losses thereon.

PREmployer, Inc. Multiple Employer Plan
Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Vesting (Continued)

Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Participants that are employed by STS are vested immediately in their employee contributions and actual earnings or losses thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after four years of credited service.

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1 year	25%
2 years	50%
3 years	75%
4 years	100%

Participants that are employed by WGM are vested immediately in their employee contributions and actual earnings or losses thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service.

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

PREmployer, Inc. Multiple Employer Plan Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account, and may not be funded from Roth designated accounts. The loans bear interest at a rate commensurate with local prevailing rates.

Principal and interest are paid ratably through payroll deductions. Outstanding notes receivable from participants totaled \$75,722 and \$73,725 at December 31, 2018 and 2017, respectively.

Benefit Payments

Upon termination of service due to death, disability, retirement, or separation, participants or their beneficiaries may be entitled to receive a distribution of their vested account balance in the form of a lump-sum payment. Upon attaining age 59 1/2, participants may elect to withdraw funds from the Plan equal to the value of their vested account balances. The Plan will make an involuntary distribution 60 days following separation of service for those participants with account balances less than \$1,000.

Forfeitures

At December 31, 2018 and 2017, forfeited nonvested accounts totaled \$958 and \$865 respectively. These accounts will be used to reduce future employer contributions or pay administrative expenses. Also, in 2018, no employer contributions were reduced from forfeited nonvested accounts.

Hardship Withdrawals

As permitted by the Internal Revenue Code (IRC), a participant may request a financial hardship withdrawal if they experience a severe financial hardship. The participant must meet the condition that they cannot relieve the amount of the need by stopping the elective contributions to the Plan. The financial hardship withdrawal may not exceed the amount of the financial hardship or the value of the vested portion of the participant's balance, whichever is less.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

PREmployer, Inc. Multiple Employer Plan Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

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

Investment Valuation and Income Recognition

Investments generally are reported at fair value, but may also be reported at contract value or net asset value (NAV). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion of fair value measurements, contract value, and NAV.

The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 or 2017.

Payment of Benefits

Distributions to participants are recorded when paid.

Expenses

Expenses attributable to the general Plan administration were paid by the Plan and allocated among the accounts of all participants, in proportion to their account balances, unless paid by the Employer. During the year ended December 31, 2018, expenses of \$47,295 were paid by the Plan and allocated to participant accounts.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that these changes could materially affect amounts reported in the Plan's financial statements.

PRemployer, Inc. Multiple Employer Plan Notes to Financial Statements

NOTE 3: INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The Plan Administrator has elected the method of compliance, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The following financial information included in the Plan's financial statements has been derived from information certified to be complete and accurate by the Trustee under such regulation:

- a) Total investments and notes receivable from participants, at fair value, included in the statements of net assets available for benefits at December 31, 2018 and 2017.
- b) Investment income and interest income on notes receivable from participants information included in the statement of changes in net assets available for benefits for the year ended December 31, 2018.
- c) All amounts included in Note 4, *Fair Value Measurements (Unaudited)*.
- d) All information included in the supplemental schedule of assets (held at end of year) as of December 31, 2018.

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED)

The Plan applies ASC 820, *Fair Value Measurements and Disclosures*, which establishes a framework for measuring fair value and expands disclosures about fair value measurements. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are observable for the asset or liability; or
- 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.

PRemployer, Inc. Multiple Employer Plan Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED) (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Money market accounts: The fair value of the money market accounts is based on amounts reported in the active market or other observable inputs, such as quoted market prices in active markets of the underlying investments.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trusts ("CCTs"): The Plan's CCTs are valued based on NAV per share or unit as a practical expedient as reported by the fund manager, multiplied by the number of shares or units held as of the measurement date. Accordingly, these NAV based investments have been excluded from the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in different fair value measurements at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

Description	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
December 31, 2018				
Mutual funds	\$ 5,732,729	\$ -	\$ -	\$ 5,732,729
Money market funds	207,641	-	-	207,641
	5,940,370	-	-	5,940,370
Common collective trusts ^(A)				146,962
Investments at fair value	\$ 5,940,370	\$ -	\$ -	\$ 6,087,332

PREmployer, Inc. Multiple Employer Plan
Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (UNAUDITED) (Continued)

Description	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
December 31, 2017				
Mutual funds	\$ 5,839,541	\$ -	\$ -	\$ 5,839,541
Money market funds	230,113	-	-	230,113
	6,069,654	-	-	6,069,654
Common collective trusts ^(A)				22,308
Investments at fair value	\$ 6,069,654	\$ -	\$ -	\$ 6,091,962

^(A) Investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Management evaluated the significance of transfer between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2018, there were no significant transfers in or out of Levels 1, 2 or 3.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes information related to the CCTs measured at fair value based on NAV per share as of December 31, 2018 and 2017, respectively. The CCTs are maintained by investment companies and hold investments in accordance with a stated set of fund objectives.

Year-End	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2018	\$ 146,962	N/A	Daily	Daily
December 31, 2017	\$ 22,308	N/A	Daily	Daily

PREmployer, Inc. Multiple Employer Plan Notes to Financial Statements

NOTE 5: TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 6: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain administrative services are provided by Slavic Integrated Administration, Inc. (the Plan's third party administrator). Slavic is the Trustee and record-keeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid to Slavic Integrated Administration, Inc. for investment and management services totaled \$47,295 for the year ended December 31, 2018.

NOTE 7: PLAN TERMINATION

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

NOTE 8: DELINQUENT PARTICIPANT CONTRIBUTIONS

The Department of Labor (DOL) Regulation 2580.412-11 requires an employer to segregate participant contributions from its general assets as soon as practicable, but in no event later than the 15 business days following the end of the month in which amounts are contributed by participants or withheld from their wages. During 2018, the Company did not timely segregate participant contributions totaling \$944. The Company calculated lost earnings pursuant to guidelines established by the Department of Labor and determined they are trivial. At December 31, 2018, delinquent contributions totaling \$944 were corrected.

NOTE 9: SUBSEQUENT EVENTS

Management of the Plan evaluated all events or transactions that occurred after December 31, 2018 through October 15, 2019, the date the Plan's financial statements were available to be issued.

PREmployer, Inc. Multiple Employer Plan

EIN#58-2471604 Plan#333

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

December 31, 2018

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Totally Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 944	\$ -	\$ 944	\$ -	-

See Independent Auditors' Report.

PREmployer, Inc. Multiple Employer Plan
EIN#58-2471604 Plan#333
Schedule H, Line 4i – 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	(d) Cost**	(e) Current value
	Vanguard	VTTVX - Vanguard Target Retirement 2025	\$	1,126,678
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		841,523
	American Funds	RLBGX - American Funds American Balanced R6		597,903
	American Funds	RWMGX - American Funds Washington Mutual R6		429,708
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		346,969
	American Funds	RNPGX - American Funds New Perspective R6		322,400
	Vanguard	VTTHX - Vanguard Target Retirement 2035		259,187
	Vanguard	VFORX - Vanguard Target Retirement 2040		257,849
	Vanguard	VMFXX - Vanguard Federal Money Market		207,639
	American Funds	RAFGX - American Funds AMCAP R6		183,386
	American Funds	RICGX - American Funds The Inv Co of America		176,949
	Putnam	QCLZQ - Putnam Stable Value		146,962
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		133,986
	American Funds	REGX - American Funds EuroPacific R6		117,577
	Vanguard	VTHRX - Vanguard Target Retirement 2030		115,868
	Vanguard	VFIFX - Vanguard Target Retirement 2050		108,107
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		69,339
	Vanguard	VITAX - Vanguard Information Technology Index Ad		66,223
	Fidelity	FCPGX - Fidelity Small Cap Growth		59,075
	Vanguard	VIGAX - Vanguard Growth Index Admiral		52,851
	MassMutual	MGRFX - MassMutual Select Mid Cap Growth Equity		49,085
	Vanguard	VINAX - Vanguard Industrial Index Admiral		47,468
	American Funds	RCWGX - American Funds Capital World Bond R6		46,709
	Vanguard	VTWNX - Vanguard Target Retirement 2020		36,808
	Vanguard	VSIX - Vanguard Small Cap Value Index Adm		31,306
	American Funds	RFFTX - American Funds 2035 Target Date		30,114
	Vanguard	VTMGX - Vanguard Developed Market Index Adm		29,280
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		28,278
	DFA	DFCEX - DFA Emerging Markets Core Equity		27,070
	Vanguard	VFFVX - Vanguard Target Retirement 2055		26,120
	Vanguard	VTIVX - Vanguard Target Retirement 2045		16,685
	American Funds	RFKTX - American Funds 2055 Target		13,529
	Fidelity	FIPDX - Fidelity Inflation-Protected Bond Index		11,648
	Wells Fargo	WFPRX - Wells Fargo Special Mid Cap Value R6		11,515
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		9,440
	American Funds	RFDTX - American Funds 2025		7,769
	Vanguard	VTTSX - Vanguard Target Retirement 2060		7,538
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		6,140
	Vanguard	VVIAX - Vanguard Value Index Admiral		5,508
	Lord Abbott	LHYVX - Lord Abbett High Yield FD CL R6		4,914

-Continued-

See Independent Auditors' Report.

PREmployer, Inc. Multiple Employer Plan
EIN#58-2471604 Plan#333
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2018
(Continued)

American Funds	RFBGX - American Funds Bond Fund of America R6	3,347
American Funds	RIGGX - American Int'l Growth and Income R6	3,228
Vanguard	VEMAX - Vanguard Emerging Markets Stock Index Ad	2,748
JPMorgan	JUSMX - JP Morgan US Small Company CL R6	2,310
American Funds	RFGTX - American Funds 2040 Target Date	2,300
Vanguard	VMGMX - Vanguard Mid Cap Growth Index Admiral	1,398
Northern	NOSGX - Northern Small Cap Value	1,387
American Funds	RFETX - American Funds 2030 Target Date	1,361
American Funds	RFITX - American Funds 2050 Target Date	697
American Funds	RNWGX - American Funds New World R6	646
Fidelity	Self-Directed Brokera FRESX - Fidelity Real Estate Investment	485
Vanguard	VSMAX - Vanguard Small Cap Index Admiral	174
Vanguard	VTWSX - Vanguard Total World Stock Index Inv	90
Vanguard	VTABX - Vanguard Total Intl Bd Idx Admiral	56
Vanguard	VMMXX - Vanguard Money Market Prime	2
Total investments		6,087,332
* Notes receivable from participants 4.25%-6.00%, various maturities		75,722
		Total \$ 6,163,054

* Denotes a party-in-interest

** Cost not required for participant directed

See Independent Auditors' Report.

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

PREEMPLOYER, INC. MULTIPLE EMPLOYER PLAN

PLAN # 333

EIN # 58-2471604

(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
	DFA	DFCEX - DFA Emerging Markets Core Equity		27,070
	Fidelity	FCPGX - Fidelity Small Cap Growth		59,075
	Fidelity	FIPDX - Fidelity Inflation-Protected Bond Index		11,648
	Fidelity Self-Directed Brokera	FRESX - Fidelity Real Estate Investment		485
	JPMorgan	JUSMX - JP Morgan US Small Company CL R6		2,310
	Lord Abbott	LHYVX - Lord Abbett High Yield FD CL R6		4,914
	MassMutual	MGRFX - MassMutual Select Mid Cap Growth Equity		49,085
	Northern	NOSGX - NORTHERN SMALL CAP VALUE		1,387
	Putnam	QCLZQ - Putnam Stable Value		146,962
	American Funds	RAFGX - American Funds AMCAP R6		183,386
	American Funds	RBFGX - American Funds Bond Fund of America R6		3,347
	American Funds	RCWGX - American Funds Capital World Bond R6		46,709
	American Funds	RERGX - American Funds EuroPacific R6		117,577
	American Funds	RFDTX - AMERICAN FUNDS 2025		7,769
	American Funds	RFETX - AMERICAN FUNDS 2030 TARGET DATE		1,361
	American Funds	RFFTX - American Funds 2035 Target Date		30,114
	American Funds	RFGTX - AMERICAN FUNDS 2040 TARGET DATE		2,300
	American Funds	RFITX - AMERICAN FUNDS 2050 TARGET DATE		697
	American Funds	RFKTX - AMERICAN FUNDS 2055 TARGET		13,529
	American Funds	RICGX - American Funds The Inv_ Co_ of America		176,949
	American Funds	RIGGX - American Int'l Growth and Income R6		3,228
	American Funds	RLBGX - American Funds American Balanced R6		597,903
	American Funds	RNPGX - American Funds New Perspective R6		322,400
	American Funds	RNWGX - American Funds New World R6		646
	American Funds	RWMGX - American Funds Washington Mutual R6		429,708
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		69,339
	Vanguard	VEMAX - Vanguard Emerging Markets Stock Index Ad		2,748
	Vanguard	VFFVX - Vanguard Target Retirement 2055		26,120
	Vanguard	VFIFX - Vanguard Target Retirement 2050		108,107
	Vanguard	VFORX - Vanguard Target Retirement 2040		257,849
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		6,140
	Vanguard	VIGAX - Vanguard Growth Index Admiral		52,851
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		133,986
	Vanguard	VINAX - Vanguard Industrial Index Admiral		47,468
	Vanguard	VITAX - Vanguard Information Technology Index Ad		66,223
	Vanguard	VMFXX - Vanguard Federal Money Market		207,639
	Vanguard	VMGMX - Vanguard Mid Cap Growth Index Admiral		1,398
	Vanguard	VMMXX - Vanguard Money Market Prime		2
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		28,278
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		9,440
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		346,969
	Vanguard	VSIX - Vanguard Small Cap Value Index Adm		31,306
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		174
	Vanguard	VTABX - Vanguard Total Intl Bd Idx Admiral		56
	Vanguard	VTHRX - Vanguard Target Retirement 2030		115,868
	Vanguard	VTIVX - Vanguard Target Retirement 2045		16,685
	Vanguard	VTMGX - Vanguard Developed Market Index Adm		29,280
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admira		841,523
	Vanguard	VTTHX - Vanguard Target Retirement 2035		259,187
	Vanguard	VTTX - Vanguard Target Retirement 2060		7,538
	Vanguard	VTTVX - Vanguard Target Retirement 2025		1,126,678
	Vanguard	VTWNX - Vanguard Target Retirement 2020		36,808
	Vanguard	VTWSX - Vanguard Total World Stock Index Inv		90
	Vanguard	VVIAX - Vanguard Value Index Admiral		5,508
	Wells Fargo	WFPRX - Wells Fargo Special Mid Cap Value R6		11,515
	Participant Loans	4.25% - 6.00%		75,722

Multiple-Employer Plan Participating Employer Information

PREmployer, Inc. Multiple Employer Plan		EIN # 58-2471604
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
AGF Machinery, LLC	26-1353389	2.07%
Arkansas Refrigerated Services, Inc.	71-0689396	0.60%
Bob Woodall Air Care Systems, Inc.	63-0574879	12.04%
Bob Woodall Commercial Air Systems	82-3765545	1.53%
Cleveland & Gilchrist P.C. dba Aventa Specialized Women Care	20-3929220	12.11%
House of Cabinetry	63-0694020	1.05%
ITS Products, Inc.	72-1396959	4.87%
Nowcom, LLC	85-0485757	0.16%
Poly, Inc & Polyenvironmental Corp	63-0779072	38.90%
PREmployer, Inc.	58-2471604	6.40%
Southern Clay Brick Co., LLC	27-0193559	1.40%
Sumlar Therapy Services, Inc.	58-2492069	5.52%
Tracom, Inc.	20-0639320	1.15%
TriState Graphics II, LLC	27-2087789	4.16%
Wiregrass Museum of Art	63-0958800	1.35%
Wise Forklift Incorporated	63-1026284	6.68%