

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2019</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019			
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a one-participant plan	☐ a foreign plan	
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 Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information —enter all requested information			
1a Name of plan RESOLUTIONS 401(K) PLAN	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	01/01/2003	
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) RESOLUTIONS EDUCATION SERVICES PROVIDER, INC. 2222 W. NORTHERN AVENUE SUITE A-110 PHOENIX, AZ 85021	2b Employer Identification Number (EIN)	72-1542526	
	2c Sponsor's telephone number	602-564-7380	
	2d Business code (see instructions)	611000	
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		
5a Total number of participants at the beginning of the plan year	5a	19	
b Total number of participants at the end of the plan year	5b	21	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c	15	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	18	
d(2) Total number of active participants at the end of the plan year	5d(2)	19	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0	

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	07/31/2020	DANIELLE POLLARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	527928	683904
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	527928	683904
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	26243	
(2) Participants	8a(2)	91452	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	117997	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		235692
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	75975	
e Certain deemed and/or corrective distributions (see instructions) ...	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	3741	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		79716
i Net income (loss) (subtract line 8h from line 8c)	8i		155976
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		69000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		378
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below..... ☐ Yes ☒ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)



**FILING AUTHORIZATION FOR THE
FORM 5500-SF**

Plan Name: Resolutions 401(k) Plan
EIN / PN: 75-1542526 / 001

Plan Year Ending: December 31, 2019

PART I: Authorization of Practitioner to Electronically Sign and File

I hereby authorize Edberg Perry, LLC to electronically sign and file the above-named return(s) / report(s) through EFAST2.

I understand that in granting this authority:

- I/we must manually sign and date page 1 of the Form 5500 and/or page 1 of Form 5500-SF and provide a scanned copy of that signature page to Edberg Perry, LLC before the electronic filing can be initiated;
- Edberg Perry, LLC will retain a copy of this written authorization in its records;
- Edberg Perry, LLC will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding the annual return(s)/report(s); and
- A copy of my signature, as it appears on page 1 of the Form 5500 and/or page 1 of Form 5500-SF, will be included with the return(s)/report(s) posted by the Department of Labor on the Internet for public disclosure.
- Edberg Perry, LLC shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan(s) and applies only for the Plan year end stated above.

Plan Administrator:

Date:

7/31/2020

Employer/Plan Sponsor (if not the Plan Administrator):

Date:

PART II: Acknowledgement of Receipt of Authorization

On behalf of Edberg Perry, LLC, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For Edberg Perry, LLC:

Date:

The designated service provider must retain this authorization.
Do not submit this form to the DOL unless requested to do so.

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed 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-SF.**OMB Nos. 1210-0110
1210-0089**2019****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019

and ending 12/31/2019

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- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information**1a** Name of plan

Resolutions 401(k) Plan

1b Three-digit
plan number
(PN) ▶

001

1c Effective date of plan
01/01/2003**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)

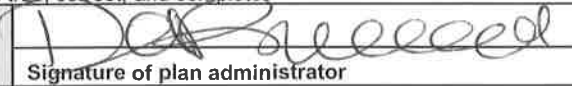
Resolutions Education Services Provider, Inc.

2b Employer Identification Number
(EIN) 72-1542526**2c** Sponsor's telephone number
(602) 564-7380**2d** Business code (see instructions)
6110002222 W. Northern Avenue
Suite A-110
Phoenix, AZ 85021**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

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Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		7/31/2020	Danielle Pollard
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2019)
v.190130



ACCEPTANCE

The items and conditions of this Agreement are agreed to and accepted by the Plan Administrator on behalf of the Plan:

Resolutions 401(k) Plan

CLIENT (PLAN ADMINISTRATOR) SIGN AND DATE HERE

✕ [Signature] / 7/31/2020
Signature of Plan Administrator Date

If fees are not paid by the Plan Trustee, the Company will be responsible to make payment:

Resolutions- An Education Services Provider

CLIENT (PLAN SPONSOR) SIGN AND DATE HERE

✕ [Signature] / 7/31/2020
Signature of Corporate Officer Date
Danielle Pollard / Treasurer
Print or Type Name Title

THIS BLOCK IS FOR Edberg Perry, LLC USE ONLY

This Agreement is accepted by Edberg Perry, LLC:
Edberg Perry, LLC

_____/_____
Signature of Edberg Perry, LLC. Corporate Officer Date
Susan H. Perry, President

7/23/2020



Appendix IV

Your Elections

All options available to the Company with regard to Edberg Perry's services are listed below. If nothing is listed, no options are available. Please indicate the desired elections for the options listed and return to Edberg Perry if changes are made:

§ Participant Pays for Loan and Distribution Fees

At the Company's election, Edberg Perry will withdraw the fees for processing loans, distributions, withdrawals and qualified domestic relations orders (QDRO) from the account of the Plan participant initiating the activity at the time the participant receives the funds. (In the case of a QDRO, the fees would be withdrawn at the time the work is done.) The fees for these services are listed in Appendix II under Participant Services. For existing clients, Edberg Perry will act in accordance with the most recent election currently on file for the Plan. For new clients, and for existing clients wishing to reconfirm or change a previous election, please initial below to indicate the desired election. (select one option).

- ☒ ***Participants will pay these fees***
☐ ***The Company will pay these fees***