

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 2019 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 <u>01/01/2019</u> and ending <u>12/31/2019</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☒ the final return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>AUREON 401(K) SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>04/01/1992</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>AUREON HR, INC.</u> <u>7600 OFFICE PLAZA DRIVE SOUTH</u> <u>SUITE 100</u> <u>WEST DES MOINES, IA 50266</u>	2b	Employer Identification Number (EIN) <u>42-1368750</u>
		2c	Plan Sponsor's telephone number <u>800-336-1931</u>
		2d	Business code (see instructions) <u>541600</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.	10/12/2020	KRISTA TURNER
	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
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 (2019)
v. 190130

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 19515
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) 16419 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 19
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 2S 2T 2R
- 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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan AUREON 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AUREON HR, INC.	D Employer Identification Number (EIN) 42-1368750	

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	374218	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUREON HR, INC

42-1368750

(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?
25	PLAN SPONSOR	137293	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	127261	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)

UBS FINANCIAL SERVICES

13-2638166

(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?
20	FINANCIAL ADVISOR	111585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan AUREON 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AUREON HR, INC.	D Employer Identification Number (EIN) 42-1368750	

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)	801408	
(2) Participant contributions.....	1b(2)	689792	
(3) Other.....	1b(3)	38215	
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)	3798565	
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	220284110	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	418436	

		(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	226030526 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	156403
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	156403 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	225874123 0

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)	3126762
	(B) Participants	2a(1)(B)	7790078
	(C) Others (including rollovers)	2a(1)(C)	4200201
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	15117041
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)	55061
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	55061
(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)	875316
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	875316
(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)		27708099
c Other income	2c		74137
d Total income. Add all income amounts in column (b) and enter total	2d		43829654

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12334336	
(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)		12334336
f Corrective distributions (see instructions)	2f		15254
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)	511511	
(3) Investment advisory and management fees	2i(3)	238847	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		750358
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13099948

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30729706
l Transfers of assets:			
(1) To this plan	2l(1)		705856
(2) From this plan	2l(2)		257309685

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) ☒ Unmodified (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: **LWBJ, LLP**

(2) EIN: **42-1462849**

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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)
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
ARMSCO RETIREMENT SAVINGS PLAN	84-1535657	002
COMMUNITY MANAGEMENT SPECIALISTS RETIREMENT	84-1246705	002
DELECTABLE EGG DTC LLC RETIREMENT SAVINGS PLAN	45-4288940	002

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

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EASTERN IOWA HEALTH CENTER RETIREMENT SAVINGS PLAN	20-2405575	002
FOOTHILLS ENERGY SERVICES, INC. RETIREMENT SAVINGS	80-0457444	002
INDIAN SUMMER LANDSCAPING RETIREMENT SAVINGS PLAN	84-1058646	002
OURAY SPORTSWEAR, LLC RETIREMENT SAVINGS PLAN	20-8963711	002

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

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TLMP CORPORATION RETIREMENT SAVINGS PLAN	84-0816655	002
SENIORITY, INC. 401(K) PLAN	94-3287180	001
HOYT SHERMAN PLACE FOUNDATION 401(K) P/S PLAN	42-1433940	001
ABO 401(K) AND PROFIT SHARING PLAN	47-4975107	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.)

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HANDRAIL, INC. 401(K) PLAN	83-3257184	001
LAMAIR-MULOCK-CONDON COMPANY 401(K) PROFIT SHARING PLAN	42-0893817	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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan AUREON 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AUREON HR, INC.		D Employer Identification Number (EIN) 42-1368750
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

AUREON 401(K) SAVINGS PLAN

Financial Statements

December 31, 2019

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Independent Auditors' Report

To the Board of Trustees
Aureon 401(k) Savings Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Aureon 401(k) Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as December 31, 2019 and 2018, and the related statement of changes in net assets available for the year ended December 31, 2019, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2019 and 2018, and the changes in net assets available for benefits for the year ended December 31, 2019, in accordance with accounting principles generally accepted in the United States of America.

LWB, LLP

West Des Moines, Iowa
October 7, 2020

AUREON 401(K) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
Investments, at fair value:		
Mutual funds	\$ -	\$ 201,188,764
Money market funds	-	19,095,346
Self-directed brokerage accounts	-	418,436
Total investments	<u>-</u>	<u>220,702,546</u>
Receivables:		
Employer contributions	-	801,408
Participant contributions	-	728,007
Notes receivable from participants	-	3,798,565
Total receivables	<u>-</u>	<u>5,327,980</u>
Total assets	<u>-</u>	<u>226,030,526</u>
Liabilities		
Excess contributions payable	-	156,403
Net assets available for benefits	<u>\$ -</u>	<u>\$ 225,874,123</u>

See accompanying notes.

AUREON 401(K) SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2019

Additions

Investment income:

Net appreciation in fair value of investments	\$ 27,782,236
Interest and dividends	875,316
Net investment income	<u>28,657,552</u>

Interest income on notes receivable from participants	55,061
---	--------

Contributions:

Employer	3,126,762
Participants	7,790,078
Rollovers	4,200,201
Total contributions	<u>15,117,041</u>
Total additions	<u>43,829,654</u>

Deductions

Benefits paid to participants or beneficiaries	12,349,590
Administrative fees	750,358
Total deductions	<u>13,099,948</u>
Net increase in net assets available for benefits	<u>30,729,706</u>

Transfers in from other plans	705,856
Transfers out to other plans	(257,309,685)

Net assets available for benefits:

Beginning of year	225,874,123
End of year	<u><u>\$ -</u></u>

See accompanying notes.

AUREON 401(K) SAVINGS PLAN

Notes to Financial Statements

December 31, 2019

1. Description of the Plan

The following description of the Aureon 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was a multiple employer defined contribution plan intended to conform to and qualify under the provisions of Section 401, Section 413(c), and Section 501 of the Internal Revenue Code ("IRC") of 1986, as amended.

Oasis AHR, Inc. (the "Plan Administrator") (formerly Aureon HR, Inc.), in its capacity as the sponsoring employer, and certain other participating Companies (hereinafter referred to as the "Companies"), together formed a co-employer arrangement with respect to the employees of the Companies. The Plan covered all eligible employees of participating Companies. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

In March 2019, the Plan Administrator adopted a resolution to merge the Plan into the Oasis Retirement Savings Plan. Upon completion of the final phase of the transfer process in December 2019, the Plan was terminated.

Eligibility

Participating Companies elected specific eligibility requirements for Plan entrance for their employees.

Contributions

The Plan allowed for employee contributions up to 100% of eligible compensation, as defined by the Plan, subject to Internal Revenue Service ("IRS") limitations. Participants may have also contributed amounts representing distributions from other qualified defined benefit or defined contribution plans. The Companies may have also provided a matching contribution at their election. The participant contributions and the Companies' matching contributions were allocated to Plan investment options as directed by the participant. Participants who had attained the age of 50 before the end of the Plan year were eligible to make catch-up contributions.

Participant Accounts

Each participant's account was credited with the participant's elective contributions, allocations of employer's matching contributions, and investment income, and charged with withdrawals and an allocation of administrative expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

AUREON 401(K) SAVINGS PLAN

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Vesting

Participants were vested immediately in their contributions plus actual earnings thereon. Participating Companies established a vesting schedule for their employees relative to employer contributions.

Notes Receivable from Participants

Participants may have borrowed from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans were secured by the balance in the participant's account and bore interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Principal and interest was paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant (or participant's beneficiary in the event of death) may have elected to receive either a lump-sum distribution equal to the value of the participant's vested interest in his or her account or minimum distribution amounts described in the Plan agreement. For termination of service for other reasons, a participant may have received the value of the vested interest in his or her account as a lump-sum distribution. In addition, hardship distributions were permitted if certain criteria were met.

Forfeitures

At December 31, 2018, forfeited nonvested accounts totaled \$92,522. These accounts were to be used to reduce employer contributions. During the year ended December 31, 2019, employer contributions were reduced by \$57,186 from forfeited nonvested accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

AUREON 401(K) SAVINGS PLAN

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

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

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included 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 were measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. Related fees were recorded as administrative expenses and were expensed when they are incurred. No allowance for credit losses had been recorded as of December 31, 2018.

Payment of Benefits

Benefits were recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan were paid by the Plan, including contract administration, recordkeeping, and audit fees. Expenses that were paid by the Companies are excluded from these financial statements. Fees related to administration of notes receivable from participants were charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

3. Income Tax Status

The Plan operated under a nonstandardized adoption agreement in connection with a prototype retirement plan document sponsored by Slavic 401k.com, Inc. The IRS had determined and informed the Trustees by a letter dated March 31, 2014, that the prototype plan, as amended, was designed in accordance with applicable sections of the IRC. Although the Plan had been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified, and the related trust was tax-exempt leading up through its termination.

Accounting principles generally accepted in the United States of America require 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.

AUREON 401(K) SAVINGS PLAN

Notes to Financial Statements (continued)

4. Fair Value Measurements

The framework for measuring fair value provides a three-tier fair value hierarchy, which categorizes the inputs used in measuring fair value. These categories include (in descending order of priority): Level 1, defined as observable inputs such as quoted prices in active markets for identical assets; Level 2, defined as inputs other than quoted prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore requiring the Plan to develop its own assumptions.

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

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

Mutual funds and money market funds: Valued based on quoted prices of identical assets in active markets.

Self-directed brokerage accounts: These investments include money market funds, common stocks, mutual funds, and exchange traded funds, all of which are valued based on quoted prices of identical assets in active markets.

The following table shows Plan investments measured at fair value as of December 31, 2019 and 2018 and the input categories associated with those investments:

Description	December 31, 2019		December 31, 2018	
	Level 1	Total	Level 1	Total
Mutual funds	\$ -	\$ -	\$ 201,188,764	\$ 201,188,764
Money market funds	-	-	19,095,346	19,095,346
Self-directed brokerages	-	-	418,436	418,436
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 220,702,546</u>	<u>\$ 220,702,546</u>

5. Related-Party and Party-In-Interest Transactions

Certain Plan investments were shares of mutual funds managed by Fidelity Investments. Fidelity Investments was the custodian as defined by the Plan and, therefore, these transactions qualified as party-in-interest transactions. As aforementioned, fees paid by the Plan for investment management services are included as a reduction of the return earned on each fund. The Plan also contained participant loans. Certain employees and officers of the Companies, who are also participants in the Plan, performed administrative services for the Plan. The Plan reimbursed the Plan Administrator \$137,293 during the year ended December 31, 2019.

AUREON 401(K) SAVINGS PLAN

Notes to Financial Statements (continued)

6. Subsequent Events

The Plan evaluated subsequent events through October 7, 2020, the date the financial statements were available to be issued.

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

AUREON 401(K) SAVINGS PLAN

PLAN#001

EIN #: 42-1368750

(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
	American Funds	RERGX - American Funds EuroPacifc R6		-
	American Funds	RWIGX - American Funds Capital World G & I R6		-
	Delaware	DDVIX - Delaware Value		-
	DFA	DFCEX - DFA Emerging Markets Core Equity		-
	DFA	DFISX - DFA Int'l Small Company		-
	Eaton Vance	EIHIX - Eaton Vance High Income Opportunities I		-
	Fidelity	FDVAX - Fidelity Advisor Diversified Int'l A		-
	Fidelity Self-Directed Brokera	FISDB - Fidelity SDB		-
	Franklin/Templeton	FUFRX - Franklin Utilities R6		-
	Gabelli Funds/SSga	SVSPX - SSgA S&P Index 500		-
	John Hancock	JHBIX - John Hancock Bond I		-
	JPMorgan	JMGFX - JPMorgan Mid Cap Growth R5		-
	JPMorgan	JPIEX - JPMorgan US Research Enhanced Equity L		-
	MFS	MSFRX - MFS Total Return		-
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		-
	Neuberger & Berman	NBSRX - Neuberger Berman Socially Responsible		-
	T Rowe Price	PIEQX - T Rowe Price Int'l Equity Index		-
	T Rowe Price	PRNEX - T Rowe Price New Era		-
	T Rowe Price	PRWAX - T Rowe Price New American Growth		-
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		-
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		-
	Vanguard	VFFVX - Vanguard Target Retirement 2055		-
	Vanguard	VFIFX - Vanguard Target Retirement 2050		-
	Vanguard	VFORX - Vanguard Target Retirement 2040		-
	Vanguard	VGELX - Vanguard Energy Admiral		-
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		-
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		-
	Vanguard	VINAX - Vanguard Industrial Index Admiral		-
	Vanguard	VITAX - Vanguard Information Technology Index Ad		-
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		-
	Vanguard	VMFXX - Vanguard Federal Money Market		-
	Vanguard	VMMXX - Vanguard Money Market Prime		-
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		-
	Vanguard	VSGBX - Vanguard Short-Term Fed		-
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		-
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		-
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		-
	Vanguard	VTHRX - Vanguard Target Retirement 2030		-
	Vanguard	VTINX - Vanguard Target Retirement Income		-
	Vanguard	VTIVX - Vanguard Target Retirement 2045		-
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admira		-
	Vanguard	VTTHX - Vanguard Target Retirement 2035		-
	Vanguard	VTTSX - Vanguard Target Retirement 2060		-
	Vanguard	VTTVX - Vanguard Target Retirement 2025		-
	Vanguard	VTWNX - Vanguard Target Retirement 2020		-
	Vanguard	VTXVX - Vanguard Target Retirement 2015		-
	Wells Fargo	WFMIX - Wells Fargo Special Mid Cap Value Inst		-
	Participant Loan	4% to 6.50%		-

Multiple-Employer Plan Participating Employer Information

AUREON 401(K) SAVINGS PLAN

PLAN # 001

EIN: 42-1368750

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
2pifi, Inc	81-4870865	0.36%
4 Touch, LLC dba QA Graphics	20-5858578	0.26%
Action Reprographics, Inc.	42-0668173	0.03%
AgeWell Living	27-1852888	0.18%
AgriSmart Information Systems LLC	26-1861507	0.13%
All American Records Management	27-0832951	0.05%
Alpine Auto Body, Inc. dba Alpine Carstar	84-1127246	0.34%
Ambassador Title Services	27-4752733	0.24%
American Trust Senior Care LLC dba Discovery Management	26-4399821	8.79%
Amoret Farms, Inc.	39-1904034	0.01%
Amrhein Pharmacy, Inc.; Medica #70	43-0926359	0.15%
Anderson Properties	42-1384268	0.07%
Animal Rescue League of Iowa, Inc.	42-0680427	0.15%
Ankeny Medical Park Surgery Center	83-1281114	0.24%
Armsco/Native Hospitality Group LLC/Delectable Egg Enterpr	84-1535657	0.49%
Arona Corporation dba Aaron's Sales & Lease	42-1455271	1.06%
Aspect, Inc.	20-2251944	0.32%
Association of Boards of Certification	54-0944673	0.24%
Aureon HR, Inc.	42-1368750	10.92%
B&B Enterprises of Fayetteville, Inc.;Medica #128	56-1867768	0.04%
Barton Creek Senior Living, Inc. dba Querencia at Barton Cr	20-1203479	0.71%
Bishop Electric, Inc.	42-1284616	0.00%
Black Hawk County Gaming Association	80-0103166	0.08%
Bluestone Engineering, LLC	20-1637343	0.53%
Boise Retirement Community	20-3659420	0.24%
Boys & Girls Club of the Midlands	47-0467350	1.16%
Brain Injury Association of Iowa dba Brain Injury Alliance o	42-1182407	0.29%
BRC-HH	82-3602311	0.11%
Buckingham Senior Living Community dba Buckingham	30-0097872	0.65%
Burkhead Electric	42-1466681	0.06%
Busboom Management Group, LLC	20-3583529	0.26%
C&A Transportation and Logistics, Inc.	20-2453432	0.14%
Camp Hertko Hollow	76-0717999	0.03%
Capital Alliance Corporation	75-1597911	0.05%
CC Anderson PC dba Medica 350 Pharmacy	68-0551875	0.06%
Cedar Valley Habitat for Humanity	42-1320296	0.18%
Center Associates	42-0805386	0.70%
Christian Living Service, Inc	37-1753293	0.14%
Christopher's Fine Jewelry & Rare Coins, LTD.	42-1481142	0.09%
Chrysalis Foundation	42-1337635	0.10%
Colorado Comfort Products, Inc	84-0645100	0.19%
Colorado Outdoor	86-0832912	0.45%
Community & Family Resources	42-0938934	0.05%
Community Foundation of Greater Des Moines	42-6139033	0.64%
Community Management Specialist, Inc.	84-1246705	0.24%

Multiple-Employer Plan Participating Employer Information

AUREON 401(K) SAVINGS PLAN

PLAN # 001

EIN: 42-1368750

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Connect Your Home, LLC	90-0959759	0.10%
ConnectFive, Inc.	26-1630284	0.28%
Conterra Holdings, LLC	46-3023816	0.99%
Cornerstone Commercial Contractors	42-1449149	0.03%
Cornerstone Community Credit Union	42-5068209	0.06%
Cortes Construction, Inc.	80-0724307	0.01%
CrossRoads Shooting Sports, LLC	47-1147662	0.02%
CSL Woodward Master Operator LLC dba Cedarbrook Senior	46-1129918	0.08%
Custom Flag Company	26-0016883	0.13%
D & N Enterprises / Medicap #29	39-1886479	0.01%
D.C. Communications	42-1356040	0.01%
Davey Coach Sales Inc.	84-1205448	0.68%
Daymark Operations LLC	81-4398144	0.04%
Delectable Egg DTC LLC	45-4288940	0.01%
Discovery Village at Naples, LLC	45-1263515	0.18%
Dominion Management, LLC/Somerby Senior Living Services	20-8621988	1.20%
DSM Sleep Specialist PLC	83-1110180	0.35%
E W Nutrition USA, Inc.	26-4688256	0.46%
Eagle Technology Management	42-1526811	1.52%
Eastern Iowa Health Center	20-2405575	1.91%
Emory Dry Ice	82-4418878	0.00%
Encore Living Group, LLC	27-2017911	0.30%
Engineering Resource Group	42-1448031	0.21%
Enterprise Iowa	42-1483700	0.01%
EVizzit dba Integrated Telehealth Partners	45-4320054	0.10%
Executive Cleaners, Inc./Two Men & A Truck	42-1487396	0.22%
First Pacific Group	68-0488086	0.43%
FISH 2 O GROUP	81-4607330	0.62%
Foothills Energy Services, Inc.	80-0457444	0.59%
Forbes Pharmacy Corp.	42-1078504	0.13%
Future Net, Inc. dba Eyes Open Iowa	42-1472525	0.03%
GBSL Staffing AL, LLC dba Oak Grove Inn	82-3642396	0.01%
Geothermal Eco Options, Inc.	45-2720576	0.10%
Gilbert & Cook, Inc.	42-1407818	1.62%
Gilbert AL Partners, LP	38-3972972	0.01%
Glen Raven Pharmacy, Inc.	56-2150901	0.03%
Global Vet LINK	42-1514408	0.67%
Globe Acceptance, Inc.	06-1723458	0.02%
Great Lakes Communication	20-2658447	0.24%
Greater Des Moines Botanical Garden	42-0540765	0.28%
Greenbrier Development LLC.	20-4280923	0.49%
Greenbrier Senior Living	61-1744704	0.31%
Greystone Marketing Services Company, LLC	20-2011713	0.36%
Growers Edge	81-1057515	0.97%
Haila Architecture Structure Planning Ltd.	81-3619460	0.26%

Multiple-Employer Plan Participating Employer Information

AUREON 401(K) SAVINGS PLAN

PLAN # 001

EIN: 42-1368750

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Halbrook Excavating, Inc	42-1417064	0.22%
Hamilton Juffer & Associates, LLP, Rahamilton, PC,Majuffer,F	20-3626340	0.46%
Hamilton's Funeral Home, Inc.	42-0925007	0.68%
Heartland Plant Innovations, Inc.	26-2721741	0.06%
Heartland Youth for Christ	42-0845219	0.00%
Hemphill Search Group, Inc.	47-0829586	0.27%
Heritage San Antonio AL Partners, LP	47-3525023	0.03%
Hoffman Partners, LLC	03-0405507	0.00%
Home Opportunities Made Easy, Inc. dba HOME, Inc.	42-0931497	0.08%
Horizons Unlimited of Palo Alto County	42-0943483	0.18%
Hoyt Sherman Place Foundation	42-1433940	0.01%
HRG Management Services, LLC	47-2269943	0.02%
IGL Staffing, LLC	47-4043696	0.19%
Industrial Technology Corporation	42-1145340	0.08%
Inland Coatings Holdings, LLC	36-4794818	0.77%
Intraco, Inc. dba Cablevey	42-0988325	0.90%
Iowa 4-H Foundation	42-6061606	0.06%
Iowa Agriculture Literacy Foundation	31-1672416	0.15%
Iowa Arthritis & Osteoporosis Center	47-3818676	1.92%
Iowa Association of Business and Industry	42-0332900	0.32%
Iowa Association of School Boards	42-0703904	0.69%
Iowa Beef Industry Council	42-0931773	0.06%
Iowa Behavioral Health Association	42-1388307	0.06%
Iowa Cattlemen's Association	42-0924739	0.06%
Iowa Communications Alliance	46-4012454	0.16%
Iowa County Records Association	42-1213325	0.10%
Iowa Diabetes & Endocrinology Research Center, PLC	26-0210887	0.25%
Iowa Gaming Association	42-1456072	0.10%
Iowa Health Care Association	42-6067903	0.38%
Iowa Healthiest State Initiative	45-4570642	0.13%
Iowa Pork Producers Association	42-6123593	0.37%
Iowa Steel Fabrication, LLC	46-2326382	0.42%
Iowa Taxpayers Association	42-0336050	0.04%
Iowa-Illinois Safety Council	42-1087375	0.04%
IWLC	45-2932668	0.01%
John Madden Company	84-1443706	0.17%
Johnston Urbandale Soccer Club, Inc	42-1247416	0.08%
Junior Achievement of Central Iowa	42-0759070	0.08%
Jupiter Elite, Inc.	81-4830040	0.02%
Keystone Property Mgt., LLC	47-3831277	0.18%
KJAA, Inc.; Medicap #7	45-0514276	0.11%
La Quercia,LLC	42-1515626	0.02%
Lakeview Surgery Center, LC	42-1516120	0.85%
Lang Technologies dba Full Count	46-3083618	0.85%
Laramy-K Optical, Inc.	42-1343924	0.14%

Multiple-Employer Plan Participating Employer Information

AUREON 401(K) SAVINGS PLAN

PLAN # 001

EIN: 42-1368750

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Largefoot LLC	46-2160011	0.14%
Laurence J. Pino, P.A.	30-0601650	0.03%
LeadingAge Iowa	23-7345539	0.10%
LSCO, Inc dba. Career Links	42-1449282	0.01%
Macari-Healey Publishing Co, LLC	45-2971774	0.47%
Mahaska Veterinary Clinic PLC	42-0807399	0.00%
Make-A-Wish Foundation of Iowa	42-1310530	0.20%
Margramon PC; Medicap #282	42-1502421	0.14%
Masterpiece Living, LLC	26-1337962	0.21%
McKinley Advertising Company	42-1308975	0.04%
MCP of Wilson; Medicap #109	56-1914106	0.09%
Mesa AL Partners, LP	32-0477888	0.02%
Metco Credit Union	42-0835734	0.12%
MM Composite, Inc.	39-2080075	0.06%
Mokosak Advisory Group, LLC	26-3318305	0.11%
Monarch Investment & Mangement Group	20-1188057	1.52%
MTS Iowa, Inc. dba Majestic Trucks	32-0166951	0.16%
My Diabetes Home, LLC	27-2679800	0.02%
National Student Exchange	31-0925267	0.07%
Neighborhood Centers of Johnson County	42-1060964	0.21%
Nelson Manufacturing Company	42-1009698	0.83%
New Vision Development Partners, Inc.	27-0996412	0.14%
North American Minerals	38-2248283	0.05%
Northwest Senior Housing, dba Edgemere	75-2771278	1.47%
Olson Explosives, Inc.	42-0985009	0.58%
One Ton Welding, Inc.	42-1506430	0.02%
Optimum Networking, Inc	84-1313411	0.20%
Organization of MISO States	16-1671529	0.09%
Orthopaedic Outpatient Surgery Center, LC	42-1508092	1.05%
Ouray Sportswear, LLC	20-8963711	0.30%
Pelgas, Inc.	42-1486420	0.17%
Picture Woods	84-0845653	0.12%
Plains Area Mental Health, Inc.	42-1000717	0.77%
Polk County Credit Union	42-6064396	0.00%
Pospisil Painting	42-1090181	0.06%
Presbyterian Communities and Services	26-1459224	5.15%
Printers Pride, Inc.	59-1860006	0.08%
Professional Golf Supply Inc.	42-1330248	0.03%
Project Iowa	80-0731028	0.11%
PSL Associates, LLC	83-1427127	1.39%
Pyxis Care Management	46-3582699	0.01%
Quad Cities Community Foundation	42-6122716	0.36%
RC Family Farms, Inc.	20-4011488	0.36%
RCS Millwork, LC	42-1465708	1.08%
Redstone Village	63-1169107	0.20%

Multiple-Employer Plan Participating Employer Information

AUREON 401(K) SAVINGS PLAN

PLAN # 001

EIN: 42-1368750

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Resource Transport	84-1565287	0.08%
Revert Inc.	84-1543344	0.23%
River Highlands, LLC	47-5467465	0.01%
Roadrunner Fabrication	84-1312147	0.12%
Rocket Referrals LLC	46-3126880	0.23%
Santimco, Inc.; Medicap #217	31-1513612	0.05%
Savannah Homes	42-1467986	0.02%
Senior Housing Consultants, Inc.	76-0741352	0.08%
Senior Housing Healthcare Inc.	20-3308829	3.48%
Senior Housing Management Inc.	11-3712998	0.41%
Seniority, Inc.	94-3287180	1.24%
SHYFT Collective, LLC	27-0731211	0.75%
Similasan Corporation	33-0222888	0.18%
Sincera Solutions, Inc.	26-0141901	0.13%
Sioux Valley Community Credit Union	42-0837840	0.07%
Smart AG Inc.	82-5066834	0.03%
Springs Staffing, LLC	47-3508120	0.09%
St. Louis Gear Company	43-0627232	0.17%
St. Mark Lutheran Church of Cedar Rapids, Iowa	42-0810662	0.04%
Statistics & Control, Inc.	20-2187996	0.45%
Summit Therapy LLC	27-0835947	0.09%
Surpass Senior Living, LLC	36-4804935	0.10%
Surprise AL Partners, LP	35-2545211	0.03%
Swine Health Information Center	47-3408746	0.07%
Technology Association of Iowa	39-1908574	0.05%
Telligen Community Initiative	20-2017785	0.03%
Terminal Consolidation Company/Trans Services Inc	43-1014425	0.48%
Tero International, Inc.	42-1402246	0.21%
The Aspens at MariposaPoint, LP	82-2039065	0.01%
The Boulder Company	42-1116596	2.27%
The Des Moines Playhouse	42-0776415	0.12%
The Gwen Johnson Team	20-3128360	0.04%
The Heart Connection	42-1313167	0.09%
The Landmark Towers Condominium Assoc. Inc	26-2058257	0.04%
The Nathan Yip Foundation	82-0549095	0.01%
The Native Fund	27-4082308	0.04%
TIG Distributing, Inc.	20-4042322	0.33%
Tim W. James OD, PC dba Ken-Caryl Vision Center	84-0856910	0.04%
Tuscan Gardens Management Corporation + Tuscan Gardens	45-2175695	0.29%
Tuscan Gardens of Venetia Bay Management Company LLC	61-1739300	0.00%
Twin Creeks AL Partners, LP	47-1488951	0.00%
Valore Management, Inc dba Apartment Concepts Unlimited	20-8040843	0.07%
Vander Haag's, Inc./Ryden, Inc.	42-0896487	2.54%
Vantec, Inc.	42-1245139	0.50%
VenuWorks, Inc.	42-1463763	4.16%

Multiple-Employer Plan Participating Employer Information

AUREON 401(K) SAVINGS PLAN

PLAN # 001

EIN: 42-1368750

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Vukota Capital Management, LLC + Avantic dba Avantic Resi	82-3260818	0.23%
WalkMed, LLC	81-4917665	0.28%
Watermere at Southlake Condominium Association	26-1779598	0.03%
Waypoint Services for Women, Children & Families/Waypoint	42-0680307	0.15%
West Des Moines Chamber of Commerce	20-5465820	0.10%
Wi, LLC	32-0262231	0.29%
Willow Creek Baptist Church	42-1050909	0.06%
Wixted, Inc. dba Wixted & Company	20-0075025	0.36%
Woodriver Energy, LLC	46-4484599	0.60%
Wyoming Community Foundation	83-0287513	0.53%
Youth Emergency Services & Shelter of Iowa	23-7442304	0.51%
Zenergii LLC dba Climatrol Quality Aluminum Products	81-3685490	0.00%

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 2019 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 multiemployer plan	☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)		
	☐ a single-employer plan	☐ a DFE (specify) _____		
B This return/report is:	☐ the first return/report	☒ the final return/report		
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)		
C If the plan is a collectively-bargained plan, check here. ☐				
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program			
	☐ special extension (enter description) _____			

Part II Basic Plan Information—enter all requested information			
1a Name of plan AUREON 401(K) SAVINGS PLAN	1b	Three-digit plan number (PN) ▶	001
	1c	Effective date of plan 04/01/1992	
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) AUREON HR, INC. 7600 OFFICE PLAZA DRIVE SOUTH SUITE 100 WEST DES MOINES IA 50266	2b	Employer Identification Number (EIN) 42-1368750	
	2c	Plan Sponsor's telephone number (800) 336-1931	
	2d	Business code (see instructions) 541600	

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

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

SIGN HERE		10/12/2020	Krista Turner
	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
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 (2019)
v. 190130

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 19,515
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 16,419
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 19
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 2S 2T 2R

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)