

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 ☐ 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 <u>UNIQUE STAFFING 401(K) RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/2000</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>UNIQUE STAFF LEASING I, LTD.</u> <u>4646 CORONA, SUITE 100</u> <u>CORPUS CHRISTI, TX 78411</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>74-2954372</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>361-852-6392</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>74-2954372</u>	2c Plan Sponsor's telephone number <u>361-852-6392</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>74-2954372</u>					
2c Plan Sponsor's telephone number <u>361-852-6392</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	LISA GREENE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	LISA GREENE
	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	5 490
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) 411 6a(2) 436 6b 0 6c 89 6d 525 6e 0 6f 525 6g 121 6h 1
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 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 UNIQUE STAFFING 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 UNIQUE STAFF LEASING I, LTD.	D Employer Identification Number (EIN) 74-2954372

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	39255	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 UNIQUE STAFFING 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 UNIQUE STAFF LEASING I, LTD.	D Employer Identification Number (EIN) 74-2954372	

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)	3684	8670
(2) Participant contributions.....	1b(2)	10135	20773
(3) Other.....	1b(3)	352	869
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)	24418	77075
(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)	3263239	5167030
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	3301828	5274417

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3301828	5274417
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Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	168180	
(B) Participants	2a(1)(B)	492757	
(C) Others (including rollovers)	2a(1)(C)	353169	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1014106
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)	2547	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2547
(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)	128621	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		128621
(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)		660204
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1805478

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	389696	
(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)		389696
f Corrective distributions (see instructions)	2f		104097
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)	39255	
(3) Investment advisory and management fees	2i(3)	3954	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		43209
j Total expenses. Add all expense amounts in column (b) and enter total	2j		537002

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1268476
l Transfers of assets:			
(1) To this plan	2l(1)		722617
(2) From this plan	2l(2)		18504

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: **TRANBARGER FHK PLLC**

(2) EIN: **82-4121583**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
K AUSTIN & ASSOCIATES LP, 401(K) PLAN	56-2318348	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 UNIQUE STAFFING 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 UNIQUE STAFF LEASING I, LTD.		D Employer Identification Number (EIN) 74-2954372
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 _____

UNIQUE STAFFING

401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2019 AND 2018

TRANBARGER FHK, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

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REPORT OF INDEPENDENT AUDITORS

Plan Administration of the
Unique Staffing 401(k) Retirement Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Unique Staffing 401(k) Retirement Plan (the “Plan”), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

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

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

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

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 U.S. generally accepted accounting principles.

Report on Supplementary Information

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule as of December 31, 2019, which is the responsibility of plan management, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Tranbarger FHK, PLLC

San Antonio, Texas
September 25, 2020

UNIQUE STAFFING 401(K) RETIREMENT PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31,	2019	2018
ASSETS		
Investments, at fair value	\$ 5,167,030	\$ 3,263,239
Receivables:		
Employer contributions	8,670	3,684
Participants' contributions	20,773	10,135
Other receivables	869	352
Notes receivable from participants	77,075	24,418
Total receivables	<u>107,387</u>	<u>38,589</u>
Total assets	<u>\$ 5,274,417</u>	<u>\$ 3,301,828</u>
LIABILITIES		
Excess contributions payable	<u>\$ 41,692</u>	<u>\$ 104,097</u>
Total liabilities	<u>41,692</u>	<u>104,097</u>
Net assets available for benefits	<u>\$ 5,232,725</u>	<u>\$ 3,197,731</u>

See accompanying notes to the financial statements.

UNIQUE STAFFING 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2019

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Interest and dividends	\$ 128,621
Net change in fair value of investments	660,205
Total investment income	<u>788,826</u>

Interest - notes receivable from participants	2,547
---	-------

Contributions:

Participant	492,757
Employer	168,179
Rollovers	334,647
Total contributions	<u>995,583</u>

Total additions	1,786,956
------------------------	------------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:

Participant distributions	371,844
Excess contributions refunded	41,692
Defaulted loans deemed distributed	344
Administrative expenses	<u>42,194</u>

Total deductions	456,074
-------------------------	----------------

NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,330,882
--	------------------

TRANSFER OF ASSETS INTO THE PLAN (NOTE 7)	722,616
--	----------------

TRANSFER OF ASSETS OUT OF THE PLAN (NOTE 7)	<u>(18,504)</u>
--	------------------------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>3,197,731</u>
End of year	<u><u>\$ 5,232,725</u></u>

See accompanying notes to the financial statements.

UNIQUE STAFFING 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2019 and 2018

1. DESCRIPTION OF THE PLAN

The following description of Unique Staffing 401(k) Retirement Plan (the “Plan”) provides general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

General – The Plan is a defined contribution plan covering substantially all eligible full-time or part-time employees of Unique Staffing (the “Company”) and its worksite employers who have elected to participate in the Plan. Employees must be at least twenty-one (21) years old to be eligible to participate; however, a worksite employer can elect to waive the age requirement. The service obligation is dependent upon the election of the worksite employer and varies from one day of service to one year of service prior to participation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Participant Contributions – An eligible Participant may authorize the Company to withhold from one percent up to one hundred percent of eligible compensation not to exceed the annual limits established by the Internal Revenue Service (“IRS”). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participant contributions are invested in accordance with investment directions provided to the Trustee by the participant.

Employer Contributions – Each participating worksite employer has the option of determining what, if any, elective matching contributions it will make to the Plan on behalf of the participants. Currently, ranging from 1% to 20% of compensation. In addition, discretionary contributions may be made to the Plan by worksite employers.

Participant Accounts – Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s contribution and (b) Plan earnings, and charged with an allocation of administrative expenses, which are allocated proportionally among all participants based on their investment in each fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

UNIQUE STAFFING 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2019 and 2018

1. DESCRIPTION OF THE PLAN (continued)

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon and shall become fully vested in all funds upon death, total or permanent disability. Vesting for the worksite employer's discretionary matching contribution portion of the participant's account equals the percentage in the vesting schedule completed by each worksite employer in its adoption agreement which ranges from 0 years to 6 years pro-rata.

Notes Receivable from Participants – Participant's may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and a participant may only have one receivable outstanding at any point in time. The loan interest rate is set at the prime rate. Principal and interest is paid ratably through regular payroll deductions. Loans outstanding upon termination of a participant are distributed as benefits paid to participants if not paid off.

Payment of Benefits – Upon termination of service, death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of his or her vested account or rolled into an eligible retirement plan account established for the terminating participant.

Withdrawals – Withdrawals during employment are permitted under certain circumstances. There are two types of withdrawals: hardship and non-hardship. A hardship withdrawal is available under limited circumstances, which the participant must document. A non-hardship withdrawal is available under certain circumstances, depending on the participant's age, length of Plan participation, and/or type of account or sub-account involved.

Forfeited Accounts – Forfeited balances of terminated participants' nonvested accounts are used to reduce administrative costs and then future Company contributions. At December 31, 2019 and 2018, forfeited non-vested accounts totaled **\$25,123** and \$24,720, respectively. During 2019, **\$37** was forfeited by participants who withdrew from the Plan and earnings were **\$366**.

Administrative Expenses – Expenses are allocated to the participants' account on a per capita basis or pro rata basis at the discretion of the Plan Sponsor. The expenses are charged to the participants' accounts at the end of each calendar quarter. Participants are also charged fees associated with specific transactions (loans, distributions, etc.) which are incurred individually and are also charged for other Plan maintenance costs. All participant fees are deducted from the participants' accounts as the fees are incurred.

UNIQUE STAFFING 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2019 and 2018

1. DESCRIPTION OF THE PLAN (continued)

Termination of the Plan – Although the Company has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions and earnings thereon.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The Plan's financial statements are reported on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note 8 for discussion of fair value measurements.

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

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 and 2018. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits – Benefits are recorded when paid.

UNIQUE STAFFING 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2019 and 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risks and Uncertainties – Financial instruments which potentially subject the Plan to concentrations of credit risk consist primarily of securities in which the Plan invests. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the near-term could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

Funding Policy – It is the policy of the Plan's employer to deposit the participants' withheld contributions within the ERISA required time limit which is the earliest date they can be segregated from general assets.

Withdrawing Participant Obligations – Amounts allocated to withdrawing participants are claims that have been processed and approved for payment prior to year-end, but not paid as of that date. These amounts were deemed immaterial for the year ended December 31, 2019 and 2018.

3. PARTY-IN INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Investments, Custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Slavic Mutual Funds Management Corporation is the trustee as defined by the Plan. These transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment management services were **\$3,954** for the year ended December 31, 2019. The Plan also paid Slavic Integrated Administration, Inc. a total of **\$38,240** in administrative fees. The administrative fees include activity fees, redemption fees, managed portfolio fees, and document fulfillment fees. The Plan Sponsor pays any other fees related to the Plan's operations directly.

UNIQUE STAFFING 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2019 and 2018

4. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31:

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per financial statements	\$ 5,232,725	\$ 3,197,731
Current excess contributions refunded in subsequent year	<u>41,692</u>	<u>104,097</u>
Net assets available for benefits per Form 5500	<u>\$ 5,274,417</u>	<u>\$ 3,301,828</u>

The following is a reconciliation of the net change in net assets available for benefits per the financial statements as of December 31, 2019, to Schedule H of Form 5500:

Net change in net assets available for benefits per financial statements	\$ 1,330,882
Prior excess contributions refunded in current year on 5500	(104,097)
Current excess contributions refunded in following year not on 5500	<u>41,692</u>
Net change in net assets available for benefits per Form 5500	<u>\$ 1,268,477</u>

5. FEDERAL INCOME TAXES

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

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2016.

UNIQUE STAFFING 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2019 and 2018

6. FIDELITY BOND

The Plan was covered by a fidelity bond for the year ended December 31, 2019. The Plan coverage was in accordance with regulations.

7. PLAN MERGERS AND ROLLOVERS

In 2019, the Plan recognized the inclusion of Communication Systems International, LLC; Port Aransas Chamber & Tourism Bureau; Porter Station, Inc.; Swissfluid (USA), Inc.; Total Process Solutions, Inc.; and Voestalpine Texas, LLC. All are worksite employers, whom elected to participate in the Plan, with transfers of assets to the Plan amounting to **\$722,616**. In 2019, one worksite employer, K Austin & Associates, LP, exited the Plan for a total of **\$18,504**. Such activity is presented in the statement of changes in net assets available for benefits as transfers.

8. FAIR VALUE OF FINANCIAL INSTRUMENTS

FASB Accounting Standards Codification 820 ("FASB ASC 820"), "*Fair Value Measurements and Disclosures*," provides the framework for measuring fair value for financial assets and liabilities. The Plan does not have any nonfinancial assets or liabilities. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs – Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 Inputs – Inputs to the valuation methodology are other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (for example, interest rates, volatilities, prepayment speeds, loss severities, credit risks and default rates) or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

UNIQUE STAFFING 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2019 and 2018

8. FAIR VALUE OF FINANCIAL INSTRUMENTS (continued)

Level 3 Inputs – Significant unobservable inputs that reflect an entity’s own assumptions that market participants would use in pricing the assets or liabilities.

A description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below. The Plan Administrator determines fair value based on quoted market prices, where available. If quoted prices are not available, fair value is estimated based upon other observable inputs. The Plan Administrator uses unobservable inputs when observable inputs are not available. Adjustments may be made to reflect the assumptions that market participants would use in pricing the asset or liability.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value:

	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>	<u>Total Fair Value</u>
December 31, 2019				
Mutual Funds	<u>\$ 5,167,030</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,167,030</u>
Total investments at fair value	<u>\$ 5,167,030</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,167,030</u>
December 31, 2018				
Mutual Funds	<u>\$ 3,263,239</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,263,239</u>
Total investments at fair value	<u>\$ 3,263,239</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,263,239</u>

UNIQUE STAFFING 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2019 and 2018

9. EXCESS CONTRIBUTION PAYABLE

Non-discrimination testing performed by the third party administrator, found that the average deferral percentage for highly compensated participants was greater than the allowable maximum average for the Plan year ending December 31, 2019 and 2018. The amount of excess 2018 contributions refunded in 2019 totaled \$104,097. The amount of excess 2019 contributions refunded in 2020 totaled **\$41,692**.

10. SUBSEQUENT EVENTS

The Plan Sponsor has performed a review of subsequent events through the date of the opinion, which is the date the financial statements were available for issuance, and concludes there were no other events or transactions occurring during this period that required recognition or disclosure in the financial statements except as noted below. Any events occurring after this date have not been factored into the financial statements being presented.

On December 20, 2019, the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) was enacted and was effective beginning on January 1, 2020. The SECURE Act provisions included, among other things, an increase in the age limit for required minimum distributions from 70½ to 72.

Effective January 1, 2020, as a result of the Tax Cuts and Jobs Act of 2017, the Plan will not initiate a six-month suspension period on Elective Deferrals (and after-tax contributions) following a hardship distribution and the Plan discontinued any remaining portion of the suspension for hardship distributions made prior to January 1, 2020.

The outbreak of COVID-19 and its development into a pandemic in March 2020 has significantly disrupted many aspects of society as well as economic markets. The extent to which the pandemic will impact the Plan will depend on future developments, which are highly uncertain and cannot be predicted or estimated. Because the values of the Plan's individual investments have fluctuated and will continue to fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan's liquidity cannot be determined at this time.

UNIQUE STAFFING 401(K) RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2019 and 2018

10. SUBSEQUENT EVENTS (continued)

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security (CARES) Act was enacted. The CARES Act provides immediate and temporary relief for eligible retirement plans and their participants who were adversely impacted by COVID-19. The Plan has adopted the provisions of the CARES Act to allow these participants to: take coronavirus-related distributions and loans, penalty-free, up to \$100,000, and up to 100% of the vested account balance; defer loan repayments for up to one year; and temporarily suspend required minimum distributions.

SUPPLEMENTAL SCHEDULE

UNIQUE STAFFING 401(K) RETIREMENT PLAN

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

EIN #74-2954372

PLAN NUMBER 333

PLAN YEAR 1/1/2019 - 12/31/2019

(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
Mutual Funds				
	American Funds	American Funds EuroPacific R6	**	\$ 175,673
	American Funds	American Funds New Perspective R6	**	167,506
	American Funds	American Funds Washington Mutual R6	**	68,646
	Ishares	BlackRock Int'l Index K	**	19,805
	Dimensional Funds	DFA Emerging Markets Core Equity	**	72,572
	Dreyfus	Dreyfus Worldwide Growth	**	8,066
*	Fidelity Funds	Fidelity Advisor Energy A	**	1,793
*	Fidelity Funds	Fidelity Govt. Money Market	**	24,957
*	Fidelity Funds	Fidelity Select Health Care	**	60,176
*	Fidelity Funds	Fidelity US Bond Index	**	61,196
	JPMorgan Funds	JPMorgan Discipline Equity	**	139,582
	Nationwide	Nationwide Ziegler NYSE Arca Tech 100 In	**	83,498
	Oppenheimer Funds	Oppenheimer Global Fund A	**	14,109
	Oppenheimer Funds	Oppenheimer Gold & Special Minerals	**	771
	Principal Funds	Principal Large Cap Growth	**	128,635
	SSgA Funds/Gabelli Funds	SSgA S&P Index 500	**	281,367
	Vanguard Funds	Vanguard Federal Money Market	**	484,450
	Vanguard Funds	Vanguard Growth Index Admiral	**	43,796
	Vanguard Funds	Vanguard Industrial Index Admiral	**	115,872
	Vanguard Funds	Vanguard Information Technology Index Ad	**	132,797
	Vanguard Funds	Vanguard Mid Cap Index Admiral	**	74,223
	Vanguard Funds	Vanguard Mid-Cap Growth Index Admiral	**	65,754
	Vanguard Funds	Vanguard Money Market Prime	**	33
	Vanguard Funds	Vanguard REIT Index Admiral	**	17,080
	Vanguard Funds	Vanguard Short-Term Federal Admiral	**	716,842
	Vanguard Funds	Vanguard Short-Term Inf Prot Index Admir	**	1,118
	Vanguard Funds	Vanguard Small Cap Index Admiral	**	45,226
	Vanguard Funds	Vanguard Target Retirement 2020	**	415
	Vanguard Funds	Vanguard Target Retirement 2025	**	123,805
	Vanguard Funds	Vanguard Target Retirement 2030	**	14,725
	Vanguard Funds	Vanguard Target Retirement 2035	**	653,035
	Vanguard Funds	Vanguard Target Retirement 2040	**	25,223
	Vanguard Funds	Vanguard Target Retirement 2045	**	14,695
	Vanguard Funds	Vanguard Target Retirement 2050	**	8,273
	Vanguard Funds	Vanguard Target Retirement 2055	**	53,628
	Vanguard Funds	Vanguard Target Retirement 2060	**	42,037
	Vanguard Funds	Vanguard Target Retirement Income	**	8
	Vanguard Funds	Vanguard Total Stock Market Index Admira	**	1,225,643
Total Investments				\$ 5,167,030
*	Participant loans	Balances with interest rates of 4.75% - 6.75%		\$ 77,075

* Indicates Party-in-Interest to Plan

** Cost omitted for participant-directed investments

See Report of Independent Auditors.

Multiple-Employer Plan Participating Employer Information

UNIQUE STAFFING 401(K) RETIREMENT PLAN		PLAN # 333	EIN # 75-2954372
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
3S - Superior Sealing Services	82-1542830	11.05%	
Asset Management Specialist, Inc.	74-2616063	0.36%	
Builders Association of Corpus Christi dba Coastal Bend Home	74-1131019	2.25%	
CECT Workforce Solutions, LLC	47-4578560	1.45%	
CECT Workforce Solutions, LLC	47-4578560	2.31%	
CECT Workforce Solutions, LLC	47-4578560	1.40%	
CECT Workforce Solutions, LLC	47-4578560	1.43%	
Corpus Christi Convention & Visitors Bureau	74-1265416	7.67%	
Crocker Transfer & Storage	74-0578500	0.33%	
Gass Automotive, Inc.	20-0956307	4.13%	
Houston Auto Auction, Inc.	74-1853236	0.83%	
K Austin & Associates, LP	56-2318348	2.82%	
Metreel, Inc	27-4700729	1.98%	
Port Aransas Chamber & Tourism Bureau	74-1855506	1.59%	
Porter Station, Inc. dba Kings Crossing Car Care	76-0426386	2.92%	
San Antonio Testing Lab	74-2653138	0.05%	
Swissfluid(USA), Inc.	20-8540964	6.21%	
TGE Industrial Services, LLC	36-4771723	3.93%	
The Law Office of Pamela D. Orsak	46-0718624	2.55%	
Third Coast Federal Credit Union	74-6059762	5.58%	
Total Process Solutions, Inc.	76-0641253	1.47%	
Turner, Ramirez & Associates, Inc.	74-2832741	3.44%	
Unique Staff Leasing, Ltd.	74-2954372	11.25%	
Voestalpine Texas, LLC	33-1227799	9.80%	
Western Steel Company	75-0757850	2.28%	
Xtend Packaging, Inc.	68-0590251	10.94%	

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

UNIQUE STAFFING 401(K) RETIREMENT PLAN PLAN # 333

EIN #: 74-2954372

(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		175,673
	American Funds	RNPCX - American Funds New Perspective R3		-
	American Funds	RNPGX - American Funds New Perspective R6		167,506
	American Funds	RWMGX - American Funds Washington Mutual R6		68,646
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		19,805
	DFA	DFCEX - DFA Emerging Markets Core Equity		72,572
	Dreyfus	PGROX - BNY Mellon Worldwide Growth A		8,066
	Fidelity	FAGNX - Fidelity Advisor Natural Resources		-
	Fidelity	FANAX - Fidelity Advisor Energy A		1,793
	Fidelity	FMCAx - Fidelity Advisor Mid Cap T		-
	Fidelity	FSOAX - Fidelity Adv_ Value Strategies A		-
	Fidelity	FSPHX - Fidelity Select Health Care		60,176
	Fidelity	FZBXX - Fidelity Govt_ Money Market		24,956
	Fidelity	FXNAX - Fidelity US Bond Index		61,196
	Gabelli Funds/SSga	SVSPX - SSgA S&P Index 500		281,367
	JPMorgan	JPIEX - JPMorgan US Research Enhanced Equity L		139,582
	Kemper Multi-Fund	KDHAX - DEUTSCHE EQUITY DIVIDEND FD-A		-
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		83,498
	Oppenheimer Funds	MSIGX - Invesco Oppenheimer Main Street A		-
	Oppenheimer Funds	OGLNX - Oppenheimer Global - N		-
	Oppenheimer Funds	OPGSX - Invesco Oppenheimer Gold & Special Miner		772
	Oppenheimer Funds	OPPAX - Invesco Oppenheimer Global A		14,109
	Principal	PLGIX - Principal Large Cap Growth		128,635
	Vanguard	VBMFX - Vanguard Total Bond Index		-
	Vanguard	VFFVX - Vanguard Target Retirement 2055		53,628
	Vanguard	VFIFX - Vanguard Target Retirement 2050		8,273
	Vanguard	VFORX - Vanguard Target Retirement 2040		25,223
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		17,080
	Vanguard	VIGAX - Vanguard Growth Index Admiral		43,796
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		74,223
	Vanguard	VINAX - Vanguard Industrial Index Admiral		115,872
	Vanguard	VITAX - Vanguard Information Technology Index Ad		132,798
	Vanguard	VMFXX - Vanguard Federal Money Market		484,450
	Vanguard	VMGMX - Vanguard Mid Cap Growth Index Admiral		65,754
	Vanguard	VMMXX - Vanguard Money Market Prime		33
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		716,842
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		45,226
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		1,118
	Vanguard	VTHRX - Vanguard Target Retirement 2030		14,725
	Vanguard	VTINX - Vanguard Target Retirement Income		8
	Vanguard	VTIVX - Vanguard Target Retirement 2045		14,695
	Vanguard	VTSAx - Vanguard Total Stock Market Index Admira		1,225,644
	Vanguard	VTTHX - Vanguard Target Retirement 2035		653,035
	Vanguard	VTTSX - Vanguard Target Retirement 2060		42,037
	Vanguard	VTTVX - Vanguard Target Retirement 2025		123,805
	Vanguard	VTWNX - Vanguard Target Retirement 2020		415
	Participant Loans	4.75% to 6.75%		77,075