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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                          |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                      | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>HR OUTSOURCING, INC. 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2004</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/2004</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                            | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2004</u>                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>HR OUTSOURCING, INC.</u><br><br><u>8215 FOREST POINT BLVD</u><br><u>SUITE 150</u><br><u>CHARLOTTE, NC 28273</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>58-2625927</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>844-810-8812</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>551112</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>58-2625927</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>844-810-8812</u> | <b>2d</b> Business code (see instructions)<br><u>551112</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>58-2625927</u>                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>844-810-8812</u>                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>551112</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2020 | SARAH SMITH                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>HR OUTSOURCING, INC.<br><br>8215 FOREST POINT BLVD<br>SUITE 150<br>CHARLOTTE, NC 28273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN<br>58-2625927<br><br><b>3c</b> Administrator's telephone number<br>770-349-8880                                 |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 9415                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 8363<br><b>6a(2)</b> 0<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 0<br><b>6e</b> 0<br><b>6f</b> 0<br><b>6g</b> 0<br><b>6h</b> 38 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <div><b>SCHEDULE A</b><br/><b>(Form 5500)</b><br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div><b>Insurance Information</b></div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ <b>File as an attachment to Form 5500.</b></div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div><b>2019</b></div> <div><b>This Form is Open to Public Inspection</b></div> |
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|                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019 |                                                             |
| <b>A</b> Name of plan<br>HR OUTSOURCING, INC. 401(K) PLAN                                  | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HR OUTSOURCING, INC.      | <b>D</b> Employer Identification Number (EIN)<br>58-2625927 |

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

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                       |
|---------------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |
|---------------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 36-6071399 | 70688         | 932348                                | 0                                                                           | 01/01/2019              | 12/31/2019 |

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

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid      |
|                                                                                                              |

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

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|                                                                                                         |

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ **STABLE VALUE OPTION****b** Balance at the end of the previous year ..... **7b** 4706154**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 459341(2) Dividends and credits ..... **7c(2)** 6385(3) Interest credited during the year ..... **7c(3)** 52222(4) Transferred from separate account ..... **7c(4)** 1644519(5) Other (specify below) ..... **7c(5)** 1092574▶ **CONVERSION, EBA CREDITS, FORFEITURE CREDITS, LOAN INTEREST AND PRINCIPAL**(6) Total additions ..... **7c(6)** 3255041**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 7961195**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 6518450(2) Administration charge made by carrier ..... **7e(2)** 30350(3) Transferred to separate account ..... **7e(3)** 656125(4) Other (specify below) ..... **7e(4)** 756270▶ **ADMIN FEE, EBA WITHDRAWAL, OVERNIGHT CHECK FEES, LOANS ISSUED, FORFEITED AMNTS, TPA ADMIN, LOAN/DIST FEES**(5) Total deductions ..... **7e(5)** 7961195**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |          |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |          |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |          |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | <b>0</b> |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |          |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |          |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                       |                 | <b>9b(3)</b>    | <b>0</b> |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |          |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |          |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |          |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |          |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |          |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |          |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |          |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |          |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |          |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | <b>0</b> |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |          |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |          |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |          |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |          |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |          |

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2019</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b> |                                                                        |            |
| <b>A</b> Name of plan<br><br><b>HR OUTSOURCING, INC. 401(K) PLAN</b>                                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                         | <b>001</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br><b>HR OUTSOURCING, INC.</b>         | <b>D</b> Employer Identification Number (EIN)<br><br><b>58-2625927</b> |            |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br><br><b>TRANSAMERICA FINANCIAL LIFE INSURAN</b><br><br><b>36-6071399</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(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)

TRANSAMERICA

36-6071399

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 52<br>62 64 67   | RECORDKEEPER                                                                                      | 575464                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

HR OUTSOURCING HOLDINGS

26-1196105

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | PLAN ADMIN                                                                                        | 135762                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FLORIDA RETIREMENT CONSULTANTS

59-3163228

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 13 37               | TPA                                                                                               | 128975                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

MERRILL LYNCH LIFE AGENCY, INC.

13-2808480

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISORY PLAN                                                                          | 111357                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HR OUTSOURCING, INC.

82-2457865

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | PLAN ADMIN                                                                                        | 62176                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FORESTALL CPAS, LLC

58-2412540

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT                                                                                        | 23750                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

REGIONS BANK

63-0371391

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | INVESTMENT ADVISORY PLAN                                                                                 | 20000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

|                                                                                                     |                                                                    |  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| <b>A</b> Name of plan<br><u>HR OUTSOURCING, INC. 401(K) PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) <u>001</u>                   |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>HR OUTSOURCING, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>58-2625927</u> |  |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                        |                               |                                                                                                              |  |  |
|--------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA BLACKROCK LIFEPATH INDEX 2030 RE</u>              |                               |                                                                                                              |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |  |  |
| <b>c</b> EIN-PN <u>36-6071399-836</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA BLACKROCK LIFEPATH INDEX 2025 RE</u>              |                               |                                                                                                              |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |  |  |
| <b>c</b> EIN-PN <u>36-6071399-835</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO REAL RETURN RET ACCT</u>                       |                               |                                                                                                              |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |  |  |
| <b>c</b> EIN-PN <u>36-6071399-995</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB GLOBAL BOND RET ACCT</u>                          |                               |                                                                                                              |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |  |  |
| <b>c</b> EIN-PN <u>36-6071399-045</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD REAL ESTATE INDEX RET A</u>              |                               |                                                                                                              |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |  |  |
| <b>c</b> EIN-PN <u>36-6071399-130</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA BLACKROCK LIFEPATH INDEX 2060 RE</u>              |                               |                                                                                                              |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |  |  |
| <b>c</b> EIN-PN <u>36-6071399-842</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LORD ABBETT HIGH YIELD RET ACCT</u>                  |                               |                                                                                                              |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                              |  |  |
| <b>c</b> EIN-PN <u>36-6071399-038</u>                                                                  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |  |  |

|                                                                                                 |                        |                                                                                                       |
|-------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERNATIONAL INDEX RE              |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 36-6071399-004                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID-CAP OPPORTUNITIES              |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 36-6071399-446                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET ACCT                 |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 36-6071399-971                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP INDE              |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 36-6071399-437                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND INDEX RET AC              |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 36-6071399-416                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2055 RE              |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 36-6071399-841                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL IN              |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 36-6071399-972                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI              |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 36-6071399-975                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET               |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 36-6071399-438                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO SPECIAL SMALL CAP VALUE              |                        |                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY |                        |                                                                                                       |
| <b>c</b> EIN-PN 36-6071399-965                                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX RETIREM

**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 36-6071399-833 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R

**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 36-6071399-051 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2050 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 36-6071399-840 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2045 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 36-6071399-839 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2040 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 36-6071399-838 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MARKET INDE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 36-6071399-166 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2035 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 36-6071399-837 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2020 RE

**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 36-6071399-834 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>HR OUTSOURCING, INC. 401(K) PLAN</b>                                                                                                                                                                                                         | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HR OUTSOURCING, INC.</b>                                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><b>58-2625927</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                     |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                   |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                     |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                              | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                              |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 2515911               | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 4706154               | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 95701094              | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                 |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 102923159 0     |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                 |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                 |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                 |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0             |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 102923159 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 |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3657570   |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 11260017  |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 1391342   |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 16308929  |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 114161    |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 114161    |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> |           |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 52290     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 18244660  |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 34720040  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 10811290 |          |
| (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) |          | 10811290 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          | 163763   |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          |          |
| h Interest expense .....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 23750    |          |
| (2) Contract administrator fees .....                                                | 2i(2) | 902377   |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 131357   |          |
| (4) Other .....                                                                      | 2i(4) |          |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 1057484  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 12032537 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 22687503  |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan .....                                   | 2l(1) |  | 32647991  |
| (2) From this plan .....                                 | 2l(2) |  | 158258653 |

**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: FORRESTALL CPAS, LLC

(2) EIN: 58-2412540

**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  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                |     | X  |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           | X   |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  | X   |    |         |
| <b>n</b> 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   |    |         |

**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         |
| COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN | 27-3007025   | 333         |
| TRINET 401(K) PLAN                              | 48-1304650   | 334         |
| PLATINUM GROUP 401(K) RETIREMENT SAVINGS PLAN   | 81-4384156   | 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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.) .....                                          |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <b>d</b> 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.).....                                |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <b>g</b> 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?.....                                                     |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <b>h</b> 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?.....                                           |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <b>j</b> 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.) ..... |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <b>n</b> 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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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) |
|-----------------------------------------|--------------|-------------|
| INSPIRITY 401(K) PLAN                   | 76-0178498   | 001         |
| RESOURCING EDGE RETIREMENT SAVINGS PLAN | 46-3045894   | 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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HR OUTSOURCING, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>HR OUTSOURCING, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>58-2625927</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>36-6071399</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 \_\_\_\_\_

**HR OUTSOURCING, INC. 401(K) PLAN**  
**Financial Statements and Supplementary Information**  
**December 31, 2019 and 2018**

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**Forrestall CPAs**

MEMBERS OF AMERICAN INSTITUTE OF CPA'S  
GEORGIA SOCIETY OF CPA'S

THE ASSOCIATION OF CERTIFIED FRAUD EXAMINERS  
AND ASPPA

## **INDEPENDENT AUDITORS' REPORT**

To the Administrative Committee of the  
HR Outsourcing, Inc. 401(k) Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of HR Outsourcing, Inc. (the "Company") 401(k) Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2019 and 2018 and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-B of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information which was certified by Transamerica Financial Life Insurance Company for the years ended December 31, 2019 and 2018, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the plan administrator that the custodian held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the custodian is complete and accurate.

**Disclaimer of Opinion**

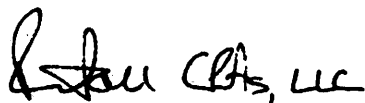
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the December 31, 2019 and 2018 financial statements. Accordingly, we do not express an opinion on these financial statements.

**Emphasis of Matter – Plan Merger**

As further discussed in Note 1, the plan was merged into Oasis Multiple Employer Plan effective November 2019. Our disclaimer of opinion is not modified with respect to this matter.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

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

A handwritten signature in black ink, appearing to read "Forrestall CPAs, LLC", is written above the printed name.

Forrestall CPAs, LLC  
Buford, GA  
October 10, 2020

**HR Outsourcing, Inc. 401(k) Plan**  
**Statements of Net Assets Available for Plan Benefits**  
**December 31, 2019 and 2018**

|                                            | <u>2019</u>              | <u>2018</u>                      |
|--------------------------------------------|--------------------------|----------------------------------|
| <b>ASSETS</b>                              |                          |                                  |
| Investments:                               |                          |                                  |
| At fair value                              | \$ <u>-0-</u>            | \$ <u>100,407,248</u>            |
|                                            | <u>-0-</u>               | <u>100,407,248</u>               |
| Receivables:                               |                          |                                  |
| Participant contributions                  | -0-                      | 158,252                          |
| Employer contributions                     | -0-                      | 44,105                           |
| Participant loans                          | <u>-0-</u>               | <u>2,515,911</u>                 |
| Total receivables                          | -0-                      | 2,718,268                        |
| <br>TOTAL ASSETS                           | <br>\$ <u><u>-0-</u></u> | <br>\$ <u><u>103,125,516</u></u> |
| <br><b>LIABILITIES</b>                     |                          |                                  |
| Excess contributions payable               | \$ <u>-0-</u>            | \$ <u>-0-</u>                    |
| <br>TOTAL LIABILITIES                      | <br><u>-0-</u>           | <br><u>-0-</u>                   |
| <br>NET ASSETS AVAILABLE FOR PLAN BENEFITS | <br>\$ <u><u>-0-</u></u> | <br>\$ <u><u>103,125,516</u></u> |

See accompanying Independent Auditors' Report and Notes to Financial Statements

**HR Outsourcing, Inc. 401(k) Plan**  
**Statements of Changes in Net Assets Available for Plan Benefits**  
**December 31, 2019 and 2018**

|                                                       | <u>2019</u>          | <u>2018</u>                  |
|-------------------------------------------------------|----------------------|------------------------------|
| ADDITIONS:                                            |                      |                              |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:                |                      |                              |
| Investment income:                                    |                      |                              |
| Net appreciation (depreciation) in FMV of investments | \$ <u>18,254,564</u> | \$ <u>(4,963,142)</u>        |
| Interest income on notes receivable from participants | <u>-0-</u>           | <u>100,605</u>               |
| Contributions:                                        |                      |                              |
| Participants                                          | 11,101,765           | 10,215,631                   |
| Employer                                              | 3,613,465            | 3,402,568                    |
| Rollovers                                             | 1,391,342            | 1,052,650                    |
| Transfers-in from other plans                         | <u>31,112,168</u>    | <u>40,588,318</u>            |
| Total contributions                                   | <u>47,218,740</u>    | <u>55,259,167</u>            |
| Total additions                                       | <u>65,473,304</u>    | <u>50,396,630</u>            |
| DEDUCTIONS:                                           |                      |                              |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:             |                      |                              |
| Benefits paid to participants                         | 11,131,487           | 16,935,949                   |
| Transfers-out to other plans                          | 156,703,942          | 13,715,666                   |
| Administrative expenses                               | <u>763,391</u>       | <u>519,332</u>               |
| Total deductions                                      | <u>168,598,820</u>   | <u>31,170,947</u>            |
| Net (decrease) increase                               | (103,125,516)        | 19,225,683                   |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS                |                      |                              |
| Beginning of year                                     | 103,125,516          | 83,899,833                   |
| End of year                                           | \$ <u><u>-0-</u></u> | \$ <u><u>103,125,516</u></u> |

See accompanying Independent Auditors' Report and Notes to Financial Statements

**HR Outsourcing, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2019 and 2018**

**Note 1: Description of the Plan**

The following brief description of the HR Outsourcing, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the plan document and the individual participating employer’s adoption agreements for a complete description of the plan’s provisions.

***General***

The primary sponsor of the Plan is HR Outsourcing, Inc. which a wholly owned subsidiary of Paychex, Inc. The Plan is a defined contribution multiple employer plan covering substantially all employees of each of the participating entities (collectively known as the “Company”, “Plan Sponsor”, or “Plan Administrator”).

The Plan’s eligibility requirements vary from employer to employer based on elections made by participating employers in their individual adoption agreement. Eligibility ranges from one hour of service to one year of service. Age requirements vary from no minimum age to age 21 for entry into the Plan. Plan entry dates are monthly and quarterly upon completion of the individual employer’s eligibility requirements. Employees subject to collective bargaining, non-resident aliens, and those who have unverified employment status are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan’s custodian is Transamerica Financial Life Insurance Company and the Plan’s record keeper is Transamerica Retirement Solutions, LLC Emerging Markets.

During 2018, Paychex acquired Oasis Outsourcing, Inc. As part of the acquisition, management of Paychex decided to merge the Plan with the Oasis Outsourcing, Inc. 401(k) Multiple Employer Plan. The plan sponsor provided a blackout notice to the participants of the plan on September 27, 2019. The final contributions submitted into the plan occurred on October 23, 2019, and the transfer of the plan assets to the Oasis 401k Multiple Employer Plan occurred on October 28, 2019.

***Contributions***

Participants may elect to defer a portion of their annual compensation based on participating employer’s election of such contribution types. The employers may elect to provide for either a discretionary or non-discretionary matching or profit sharing contribution. Additionally, employers are allowed to elect a safe harbor option which provides for minimum required matching contributions. If elected in the adoption agreement, participants who have attained age 50 before the end of the Plan year are permitted to make catchup contributions. Individual employers may also elect to allow for Roth contributions. Contributions are subject to certain limitations under the Internal Revenue Code (IRC).

Forfeitures are used to either pay administrative expenses or reduce future Company contributions.

***Participant Investment Account Options***

Investment fund options include various types of investment securities offered by the Plan. Each participant has the option of directing his or her contributions into any of these investment securities and may change their allocations daily.

**HR Outsourcing, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2019 and 2018**

**Note 1: Description of the Plan (continued)**

***Participant Accounts***

Each participant's account is credited with the participant's contributions, the Company's contributions and plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

***Vesting***

Participants are immediately vested in their voluntary contributions plus earnings thereon. Participants vest in the Company's matching contributions based on the election made by each participating employer in the individual adoption agreement.

Participants are immediately vested upon termination of the Plan, upon reaching the normal retirement age of 65, or upon disability or death while an employee of the Plan Sponsor.

***Notes Receivable from Participants***

The Plan provides for the issuance of loans to the participants at a minimum amount of \$1,000 and up to a maximum equal to the lesser of \$50,000 (less the highest outstanding loan amount during the prior twelve months) or 50% of their vested account balance. Participants may have only one loan outstanding at any given time. At December 31, 2019 and 2018, the loan balances were \$0 and \$2,515,911, respectively. The loans are secured by the balance in the participant's account and bear interest rates that are commensurate with rates charged by other lenders on similar loans. Scheduled payments must be made by payroll deduction over a period not to exceed five years, unless the loans were used to purchase a primary residence in which case the loan terms may be repaid over a period not to exceed fifteen years. Participants may prepay their loans at any time.

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Notes receivable are recorded on the accrual basis of accounting. Delinquent note receivable from participants are recorded as a distribution based upon the terms of the Plan document, therefore there is no allowance for uncollectible notes receivable from participants. Any participant loans in excess of 90 days past due automatically enter non-accrual status.

***Payment of Benefits***

Upon termination of service due to death, disability, retirement or for other reasons, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Upon attainment of age 59 1/2, a participant may elect to withdraw all or part of their deferral account and vested employer matching contribution account. In-service withdrawals of a participant's pre-tax contribution account and vested employer matching contribution account are permitted in cases of proven financial hardship. Participants may request distribution of their rollover accounts at any time. If a participant's account balance is less than \$1,000 upon termination of service, a distribution of the participant's account will be made automatically in a single lump-sum cash distribution.

**HR Outsourcing, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2019 and 2018**

**Note 1: Description of the Plan (continued)**

***Forfeited Accounts***

Forfeitures consist of unvested company contributions in participants' accounts at the conclusion of their participation in the Plan. Forfeitures are held in the Plan and are used to either pay administrative expenses or reduce future Company contributions. At December 31, 2019 and 2018, there were \$0 and \$280,850, respectively, in forfeited non-vested accounts. During 2019 and 2018, administrative expenses were reduced by \$116,837 and \$113,218, respectively, from forfeited non-vested accounts.

***Plan Expenses***

Administrative expenses are paid either by the Company or the Plan, as determined by the Plan Sponsor. Administrative expense paid for by the Plan for the years ended December 31, 2019 and 2018 were \$763,391 and \$519,332 respectively. Fees charged for processing notes receivable from participants, as well as other account transaction fees, are charged directly to the accounts of the applicable participants. A portion of the Plan expenses were paid by the Plan Sponsor during the years ended December 31, 2019 and 2018.

**Note 2: Summary of Significant Accounting Policies**

***Basis of Accounting***

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

Investment held by a defined contribution plan are required to be reported at fair value.

***Use of Estimates***

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

***Payment of Benefits***

Benefit payments to participants are recorded when paid.

***Administrative Expenses***

Administrative expenses may be paid by the Company or the Plan at the Company's discretion.

**HR Outsourcing, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2019 and 2018**

**Note 2: Summary of Significant Accounting Policies (continued)**

***Investments Valuation and Income Recognition***

Investments are reported at fair value. Quoted market prices, if available, are used to value certain investments in pooled separate accounts, and other certain pooled separate accounts and common/collective trust funds are valued at fair value using the NAV per share (or its equivalent) as a practical expedient.

Investments in the common/collective trust funds consists of the Transamerica Stable Value Focus Account fund. This fund consists of group annuity contracts which are considered to be fully benefit-responsive investment contracts. These contracts are valued at contract value which equals fair value. The terms of these contracts require all permitted participant-initiated transactions involving the investment to occur at contract value with no conditions, limits or restrictions. Permitted participant-initiated transactions are those allowed by the underlying defined contribution plan such as withdrawals for benefits, loans or transfers to other investment choices within the plan and reasonable access to their assets. The occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable.

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

**Note 3: Certification of Plan Custodian**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5(c) of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Transamerica Financial Life Insurance Company has certified the following information for the years ended December 31, 2019 and 2018, included in the accompanying financial statements and supplemental schedule, is complete and accurate:

- Investments as shown in the accompanying statements of net assets available for plan benefits as of December 31, 2019 and 2018
- Investment income as shown in the accompanying statements of changes in net assets available for plan benefits for the years ended December 31, 2019 and 2018

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule.

**HR Outsourcing, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2019 and 2018**

**Note 4: Disclosure About Fair Value of Plan Assets**

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1**      Quoted prices in active markets for identical assets
- Level 2**      Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3**      Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

***Recurring Measurements***

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall as of December 31, 2019 and 2018:

| <b>Assets at Fair Value as of December 31, 2019:</b> |                |                |                |               |
|------------------------------------------------------|----------------|----------------|----------------|---------------|
|                                                      | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>  |
| Pooled separate accounts                             | \$ -0-         | \$ -0-         | \$ -0-         | \$ -0-        |
|                                                      | -0-            | -0-            | -0-            | -0-           |
| Pooled separate accounts *                           |                |                |                | -0-           |
| Common/collective trust funds *                      |                |                |                | -0-           |
|                                                      |                |                |                | <u>\$ -0-</u> |

| <b>Assets at Fair Value as of December 31, 2018:</b> |                |                |                |                       |
|------------------------------------------------------|----------------|----------------|----------------|-----------------------|
|                                                      | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>          |
| Pooled separate accounts                             | \$ 18,856,197  | \$ -0-         | \$ -0-         | \$ 18,856,197         |
|                                                      | 18,856,197     | -0-            | -0-            | 18,856,197            |
| Pooled separate accounts *                           |                |                |                | 76,844,897            |
| Common/collective trust funds *                      |                |                |                | 4,706,154             |
|                                                      |                |                |                | <u>\$ 100,407,248</u> |

**HR Outsourcing, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2019 and 2018**

**Note 4: Disclosure About Fair Value of Plan Assets (continued)**

\*In accordance with Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amount presented in this table is intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for plan benefits.

The Plan's investments (including gains and losses on investments purchased and sold, as well as held during the year) appreciated (depreciated) in value by \$18,254,564 and \$(4,963,142) during the years ended December 31, 2019 and 2018, respectively.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2019.

The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

***Investments***

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases, where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

**Note 5: Transfers to and from other plans**

The Plan routinely transfers assets to other qualified plans and receives assets from other qualified plans as participating employers exit or enter the Plan.

**Note 6: Related-Party and Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons. Per the Form 5500, these parties are: HR Outsourcing Holdings (plan administration), Transamerica (recordkeeper), Florida Retirement Consultants (third-party administrator), HR Outsourcing, Inc. (plan administration), Infante & Company (accountant) and Fiduciary Partners Investment Consultants (investment advisor).

Direct expenses paid to service providers during the year ended December 31, 2019 was approximately \$1,057,000. Indirect expenses paid to service providers during the year ended December 31, 2019 was approximately \$175,000.

The Company provides certain administrative services at no cost to the Plan.

**HR Outsourcing, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2019 and 2018**

**Note 7: Risks and Uncertainties**

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

**Note 8: Tax Status**

The plan has received a determination letter from the Internal Revenue Service stating that the Plan is qualified under Section 401(a) of the IRC for the plan adopted on September 24, 2004, applicable to the amendments executed on January 23, 2013 and December 27, 2010. The Plan Administrator and the Plan Counsel believe that the Plan has been designed to comply with the requirements of the IRC and has indicated that it will take the necessary steps to bring the Plan's operations into compliance with the IRC.

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 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 (IRS). The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, 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 IRS audits for any tax periods in progress.

**Note 9: Plan Termination**

Although it 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% vested in their Company contributions.

**Note 10: Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2018 to Form 5500:

|                                                                     | <u><b>2018</b></u>           |
|---------------------------------------------------------------------|------------------------------|
| Net assets available for plan benefits per the financial statements | \$ 103,125,516               |
| Employee contributions receivable                                   | (158,252)                    |
| Employer contributions receivable                                   | <u>(44,105)</u>              |
| Net assets available for plan benefits per the Form 5500            | <u><u>\$ 102,923,159</u></u> |

**HR Outsourcing, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2019 and 2018**

**Note 10: Reconciliation of Financial Statements to Form 5500 (continued)**

The following is a reconciliation of changes in net assets available for plan benefits per the financial statements at December 31, 2019 to Form 5500:

|                                                                               | <u><b>2019</b></u>                 |
|-------------------------------------------------------------------------------|------------------------------------|
| Change in net assets available for plan benefits per the financial statements | \$(103,125,516)                    |
| Transfers-In from other Plans - current year                                  | (32,647,991)                       |
| Transfers-Out to other Plans - current year                                   | 158,258,653                        |
| Employee contributions receivable - prior year                                | 158,252                            |
| Employer contributions receivable - prior year                                | <u>44,105</u>                      |
| Change in net assets available for plan benefits per the Form 5500            | <u><u><b>\$ 22,687,503</b></u></u> |

The following is a reconciliation of changes in net assets available for plan benefits per the financial statements at December 31, 2018 to Form 5500:

|                                                                               | <u><b>2018</b></u>                  |
|-------------------------------------------------------------------------------|-------------------------------------|
| Change in net assets available for plan benefits per the financial statements | \$ 19,225,683                       |
| Employee contributions receivable - current year                              | (158,252)                           |
| Employer contributions receivable - current year                              | (44,105)                            |
| Transfers-In from other Plans - current year                                  | (40,588,318)                        |
| Transfers-Out to other Plans - current year                                   | 13,715,666                          |
| Employee contributions receivable - prior year                                | 198,842                             |
| Employer contributions receivable - prior year                                | <u>70,819</u>                       |
| Change in net assets available for plan benefits per the Form 5500            | <u><u><b>\$ (7,579,665)</b></u></u> |

**HR Outsourcing, Inc. 401(k) Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2019 and 2018**

**Note 11: Subsequent Events**

Management evaluated subsequent events for the Plan through October 10, 2020, the date the financial statements were available to be issued. No subsequent events were noted that would require disclosure or modification to the financial statements.

## MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

| <b>Plan Name: HR Outsourcing Inc.</b>             |                                          |                                          |
|---------------------------------------------------|------------------------------------------|------------------------------------------|
| <b>Contract Number: 932348</b>                    |                                          |                                          |
| <b>Employer Identification Number: 58-2625927</b> |                                          |                                          |
| <b>Plan Identification Number: 001</b>            |                                          |                                          |
| <b>Plan Year End: December 31, 2019</b>           |                                          |                                          |
| (a)<br>Name of Participating Employer             | (b)<br>Employer Identification<br>Number | (c) Percent of<br>Total<br>Contributions |
| HR Outsourcing Holdings                           | 26-1196105                               | 0.00%                                    |
| Animal Amour Veterinary Hospital & Pet Lodge      | 81-3625198                               | 0.00%                                    |
| Centerpoint Direct LLC                            | 76-0814819                               | 0.17%                                    |
| Grizzel and Mann                                  | 58-1693252                               | 0.00%                                    |
| Quorum Services LLC                               | 20-2148530                               | 0.00%                                    |
| Vereda Inc.                                       | 58-2664798                               | 0.00%                                    |
| Meditech Spine LLC                                | 32-0042743                               | 0.25%                                    |
| Gregory B. Levett & Sons Funeral Home             | 58-1865866                               | 0.63%                                    |
| Triple Z Inc.                                     | 58-1801915                               | 0.14%                                    |
| United Auto Acceptance Corp.                      | 58-2144255                               | 0.08%                                    |
| DDR Technologies Inc.                             | 58-2625026                               | 0.41%                                    |
| Paces MedEquip LLC                                | 26-1805301                               | 0.04%                                    |
| Ocean Bay Management Inc.                         | 26-2115318                               | 0.04%                                    |
| Novus LLC                                         | 06-1622734                               | 0.12%                                    |
| Gerber Agril International LLC                    | 58-2438846                               | 1.08%                                    |
| MedEquip Repairs Inc                              | 65-0314246                               | 0.00%                                    |
| Amerikooler Inc.                                  | 58-2625927                               | 0.00%                                    |
| Empire Heating & Air Conditioning Inc.            | 58-1611352                               | 0.47%                                    |
| Brookwood Program Management LLC                  | 20-0659836                               | 0.11%                                    |
| Vitro Minerals Inc.                               | 20-2436865                               | 0.03%                                    |
| Isles Yacht Club Inc.                             | 59-1673859                               | 0.37%                                    |
| PCS Partners Inc                                  | 58-2402100                               | 0.24%                                    |
| Resource Commercial Flooring Network LLC          | 20-4171282                               | 0.53%                                    |
| Lice Ladies Atlanta LLC                           | 90-0996951                               | 0.01%                                    |
| CGATL LLC                                         | 46-2779133                               | 0.98%                                    |
| Galt Plaza Apartments                             | 59-1027000                               | 0.06%                                    |
| River Strand Golf and Country Club                | 20-3650619                               | 0.19%                                    |
| 55 Inc.                                           | 46-3502299                               | 0.06%                                    |
| Chetu Inc.                                        | 65-0999101                               | 0.30%                                    |
| American Vascular Access LLC                      | 26-2589655                               | 0.33%                                    |
| Volusia Flager Vascular Access Center LLC         | 26-4050587                               | 0.47%                                    |
| AVA Valley Holdings LLC                           | 30-0707063                               | 0.00%                                    |
| Gateway Vascular Center LLC                       | 45-1623727                               | 0.00%                                    |
| Columbus Vascular Cneter LLC                      | 45-2676957                               | 0.05%                                    |
| Newnan Vascular Center LLC                        | 27-1436788                               | 0.32%                                    |
| Douglas Vascular Center LLC                       | 45-3712446                               | 0.16%                                    |
| Foothill Vascular Center LLC                      | 46-1150169                               | 0.00%                                    |
| Valley Interventional Medical Associates          | 45-4351266                               | 0.04%                                    |
| Franville Corporation dba Krystal                 | 62-1518065                               | 0.06%                                    |
| One World Inc.                                    | 58-2402938                               | 0.44%                                    |
| Carib Import and Export Inc.                      | 65-0124710                               | 0.57%                                    |

| (a)<br>Name of Participating Employer                                          | (b)<br>Employer Identification<br>Number | (c) Percent of<br>Total<br>Contributions |
|--------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|
| SPG Dry Cooling USA LLC.                                                       | 47-5587002                               | 1.18%                                    |
| Ultimate Health Plans                                                          | 45-3599221                               | 0.34%                                    |
| Kilowatts Electric & Lighting                                                  | 59-2524091                               | 0.14%                                    |
| El Capitan Sports Center Inc.                                                  | 59-1526084                               | 0.07%                                    |
| Executive and Professional Management Services Inc.                            | 20-2038504                               | 0.16%                                    |
| Excel Association Management Inc.                                              | 75-3996282                               | 0.56%                                    |
| Millenia Patient Services LLC                                                  | 45-5279446                               | 0.12%                                    |
| ICON Management Services Inc.                                                  | 26-0395188                               | 1.40%                                    |
| Solid Rock Community School Inc.                                               | 73-1695232                               | 0.26%                                    |
| JHS & E Oviedo LLC                                                             | 27-2613011                               | 0.02%                                    |
| Jonathan Schwartz dba Massage Envy                                             | 27-0053400                               | 0.28%                                    |
| Dallas to Reno LLC dba Massage Envy Waterford                                  | 11-3781833                               | 0.07%                                    |
| Campus Evolution Villages LLC                                                  | 46-1151804                               | 0.00%                                    |
| Fusfoo Media LLC                                                               | 35-2513324                               | 0.08%                                    |
| Georgia Air & Refrigeration Inc.                                               | 46-2974100                               | 1.14%                                    |
| The Hotaling Group Inc.                                                        | 03-0477184                               | 0.21%                                    |
| Hotaling Property & Casualty LLC                                               | 47-3818546                               | 0.37%                                    |
| ACTA Laboratories Inc.                                                         | 33-0387243                               | 0.96%                                    |
| Life Healing Center PC                                                         | 27-2004035                               | 0.09%                                    |
| Marlon Lynn Architect PA                                                       | 20-1640494                               | 0.00%                                    |
| FTS US Inc                                                                     | 81-4274412                               | 0.03%                                    |
| PRG Port Royal LP dba Preserve at Point Royal                                  | 47-3887845                               | 0.00%                                    |
| PGR Registry Jax LP dba Registry at Windsor Parke                              | 46-2967337                               | 0.06%                                    |
| Lazy Magnolia Brewing Company LLC                                              | 01-0813509                               | 0.22%                                    |
| BellaMare at Williams Island Condo Association Inc                             | 20-2805499                               | 0.21%                                    |
| Integrity Locating Services                                                    | 26-4171467                               | 0.23%                                    |
| 12 Financial LLC                                                               | 46-3300547                               | 0.05%                                    |
| 4 Staffing Inc dba Synergy Medical Staffing                                    | 26-2600905                               | 0.22%                                    |
| A Kids Place Children's Program LLC                                            | 38-3976836                               | 0.22%                                    |
| A Kids Place Tampa Bay Inc.                                                    | 26-2757636                               | 0.10%                                    |
| Ready Fleet LLC                                                                | 47-0967488                               | 0.03%                                    |
| Riverside Staffing Services Inc.                                               | 20-4357804                               | 2.17%                                    |
| Riverwood Golf Club LLC                                                        | 46-1708460                               | 0.02%                                    |
| Akita Copy Products Inc.                                                       | 59-3065417                               | 0.03%                                    |
| All Pro Auto Parts Inc.                                                        | 20-4010623                               | 0.00%                                    |
| Roadteam Staffing Inc.                                                         | 90-1036909                               | 1.98%                                    |
| Robinson Sports Inc dba Fit2Run                                                | 14-1952328                               | 0.04%                                    |
| BroadJump LLC                                                                  | 45-4513955                               | 1.35%                                    |
| Rossmeyer Daytona Motorcycles Inc.                                             | 59-3205613                               | 1.79%                                    |
| Bruce Rossmeyer New Smyrna Motorcycle Co Inc                                   | 20-2178089                               | 0.11%                                    |
| RTI Dedicated LLC                                                              | 26-3866686                               | 0.33%                                    |
| Sea Hag Marina Inc.                                                            | 59-3535704                               | 0.50%                                    |
| CH6-Rosedale LLC dba Rosedale Golf & Country Club                              | 47-3816029                               | 0.03%                                    |
| CHD Partners LLC dba Emerald Coast Harley-Davidson                             | 45-4169093                               | 0.00%                                    |
| SEMCO Construction Inc. CEL Construction Inc. AND SEMCO Restoration Inc.       | 59-1570066                               | 0.01%                                    |
| CLC Furniture - Connell Furniture of Vero Beach Inc dba Badcock Home Furniture | 46-4238394                               | 0.13%                                    |
| Coral Hospitality GA LLC dba Amicalola Lodge                                   | 55-0869731                               | 0.03%                                    |
| Communication Corner and More! Inc                                             | 26-4519010                               | 0.00%                                    |

| (a)<br>Name of Participating Employer                                 | (b)<br>Employer Identification<br>Number | (c) Percent of<br>Total<br>Contributions |
|-----------------------------------------------------------------------|------------------------------------------|------------------------------------------|
| Coral Hospitality GA LLC dba Brasstown Valley Resort                  | 55-0869732                               | 0.18%                                    |
| Coral Hospitality GA LLC dba George T Bagby State Park                | 55-0869733                               | 0.00%                                    |
| Coral Hospitality GA LLC dba Lake Blackshear Resort & Golf Club       | 55-0869734                               | 0.12%                                    |
| Show Me Golf LLC                                                      | 20-4811700                               | 0.02%                                    |
| Strategy LLC                                                          | 45-1099454                               | 0.00%                                    |
| Suncoast Sales LLC                                                    | 20-5689224                               | 0.36%                                    |
| Crescent City Partners LLC                                            | 20-3238074                               | 0.00%                                    |
| Cutting Edge Lawn Equipment Inc.                                      | 83-0343747                               | 0.03%                                    |
| The Landings Yacht Golf & Tennis Club Inc                             | 59-1526144                               | 0.62%                                    |
| Dan Wylie's Dream Enterprises Inc dba Dream RV Inc.                   | 65-0875412                               | 0.00%                                    |
| David B. Simmons MD PA                                                | 20-1978854                               | 0.23%                                    |
| Timber Greens Community Association Inc.                              | 59-3238342                               | 0.04%                                    |
| Delaire Country Club Inc.                                             | 59-1856832                               | 0.23%                                    |
| EjCon Corporation                                                     | 80-0032839                               | 0.05%                                    |
| Endeavour Catamaran Corporation                                       | 59-3352638                               | 0.03%                                    |
| Ferus GP LLC                                                          | 98-1015473                               | 0.00%                                    |
| Ferus Natural Gas Fuels LP                                            | 99-0383659                               | 0.05%                                    |
| TNHD Partners LLC dba Harley-Davidson of Cool Springs                 | 27-1293636                               | 0.00%                                    |
| TriEngle Family Investments LLC                                       | 20-1916990                               | 0.08%                                    |
| TriEngle Locke LLC dba Golftec Milwaukee Inc.                         | 20-4265113                               | 0.07%                                    |
| Franklin Research Group Inc.                                          | 31-1326304                               | 0.02%                                    |
| Global Equipment Sales & Service Inc                                  | 20-4793357                               | 0.40%                                    |
| TriEngle Motown LLC dba Golftec - MI                                  | 26-0887506                               | 0.06%                                    |
| Unstoppable Software Inc.                                             | 26-1857596                               | 0.16%                                    |
| Gibbs & Register Inc Second Liq                                       | 59-3026022                               | 0.00%                                    |
| Grasslands Golf and Country Club I and II                             | 59-3012740                               | 0.54%                                    |
| Oklahoma Millworks Inc.                                               | 73-1556874                               | 0.00%                                    |
| Polk County Opportunity Council Inc.                                  | 59-1965164                               | 0.00%                                    |
| RGA Group LLC                                                         | 27-1059322                               | 0.00%                                    |
| Habitat for Humanity of Broward Inc.                                  | 59-2320573                               | 0.43%                                    |
| The Dworkin Company Inc.                                              | 43-1912221                               | 0.00%                                    |
| Halifax River Yacht Club Inc                                          | 59-0279321                               | 0.03%                                    |
| Hood Depot International Inc.                                         | 65-0990011                               | 0.52%                                    |
| Independence Avenue Dental LLC dba Comfort Dental (True Dental Group) | 26-3944018                               | 0.11%                                    |
| Jonathan S Petrover DDS LC dba Petrover Orthodontics                  | 65-0682130                               | 0.43%                                    |
| Kansas City Independent Auto Auction Inc.                             | 43-1154147                               | 1.12%                                    |
| Kenneth A. Giraldo MD P.A.                                            | 14-1845723                               | 0.54%                                    |
| Maxim Management Group LLC                                            | 26-3925342                               | 0.10%                                    |
| McCabe Law Group P.A.                                                 | 26-4762988                               | 0.64%                                    |
| Metro Facility Maintenance                                            | 81-5178183                               | 0.35%                                    |
| Mid-American Specialized Transport Inc.                               | 26-1822871                               | 0.16%                                    |
| NCHD Partners LLC dba Smokin' Harley-Davidson                         | 60-0724979                               | 0.00%                                    |
| Office Installation Company Inc. dba OIC Inc                          | 48-1054687                               | 0.05%                                    |
| Park Dental of Ocala P.A.                                             | 27-0586332                               | 0.01%                                    |
| Progressive Laboratories Inc.                                         | 75-1464885                               | 0.34%                                    |
| Bay Area Physical Therapy LLC                                         | 65-0930862                               | 0.00%                                    |
| Fortune General Employer                                              | 12-1212121                               | 0.00%                                    |
| Bonita National Golf Club Inc                                         | 46-4544548                               | 0.09%                                    |

| (a)<br>Name of Participating Employer                              | (b)<br>Employer Identification<br>Number | (c) Percent of<br>Total<br>Contributions |
|--------------------------------------------------------------------|------------------------------------------|------------------------------------------|
| Corkscrew Shores Master Association Inc.                           | 46-5124602                               | 0.01%                                    |
| Champions at Country Gate                                          | 80-0915102                               | 0.11%                                    |
| Oasis Club at LEN-CG South LLC                                     | 47-1396767                               | 0.15%                                    |
| Treviso Bay Golf Club Inc                                          | 45-4147014                               | 0.09%                                    |
| Treviso Bay Property Owners Master Association Inc                 | 20-2568540                               | 0.11%                                    |
| Bonita National Homeowner s Association Inc                        | 46-4551071                               | 0.02%                                    |
| Lakewood National Golf Club Inc                                    | 47-3641376                               | 0.14%                                    |
| Point Engineering Inc.                                             | 59-3149670                               | 0.00%                                    |
| Capital City Jet Center Inc                                        | 58-2625927                               | 0.09%                                    |
| AMS & Sons Moving Company LLC d/b/a Two Men and Truck of Asheville | 20-5173290                               | 0.03%                                    |
| Badia Spices Inc                                                   | 59-1435632                               | 4.29%                                    |
| Icon Amenities LLC                                                 | 81-5182256                               | 1.41%                                    |
| Overtyme Inc. dba Hatch Toyota                                     | 20-5481570                               | 0.30%                                    |
| Redbridge Group of Florida Inc                                     | 27-0585394                               | 0.84%                                    |
| FactoryMation LLC                                                  | 20-3425641                               | 0.57%                                    |
| Duval Vascular Center LLC                                          | 47-3780610                               | 0.11%                                    |
| Dupree & Phillips Ent dba Superior Graphic Finishing               | 58-1341441                               | 0.08%                                    |
| PIR Sales Inc                                                      | 86-0695914                               | 0.76%                                    |
| Hideaway Bay Marina Inc                                            | 59-1827154                               | 0.03%                                    |
| Edge Auto Inc.                                                     | 59-3836156                               | 0.78%                                    |
| Legacy Automotive Group                                            | 61-1366429                               | 0.27%                                    |
| Storey Lake Club LLC.                                              | 47-1998047                               | 0.00%                                    |
| Banyan Hills Technologies Inc.                                     | 46-3346505                               | 0.98%                                    |
| Aceyus Inc                                                         | 20-2434907                               | 3.01%                                    |
| Ezekiel Aeronautics LLC                                            | 58-2596068                               | 0.02%                                    |
| Fabulous Fish Co.                                                  | 43-1609394                               | 0.12%                                    |
| Coastal Eye Associates PLLC                                        | 76-0468441                               | 1.11%                                    |
| Workforce Solutions Group                                          | 02-0554412                               | 0.27%                                    |
| Moss Hill Foliage Inc.                                             | 59-3017271                               | 0.02%                                    |
| PHM Management Inc.                                                | 27-1676181                               | 0.66%                                    |
| Madden Enterprises Inc. dba Madden's Ace Hardware                  | 65-0210036                               | 0.43%                                    |
| Wally Enterprises Inc.                                             | 47-2808929                               | 0.22%                                    |
| Infinitas                                                          | 51-4941151                               | 0.31%                                    |
| ThinkDirect Marketing Group Inc.                                   | 26-3170017                               | 0.81%                                    |
| Storage Masters Management LLC                                     | 20-5964454                               | 0.01%                                    |
| Camp Fire                                                          | 13-1623921                               | 0.33%                                    |
| Retail Software Solutions Group LLC                                | 81-4332782                               | 0.06%                                    |
| Ruby Has LLC                                                       | 45-2816144                               | 0.57%                                    |
| KC Hopps Ltd.                                                      | 43-1793528                               | 0.31%                                    |
| Interconnect Inc.                                                  | 20-5755002                               | 0.19%                                    |
| Precision Air Cargo Inc.                                           | 84-1110757                               | 0.05%                                    |
| Barnes Ace Inc.                                                    | 84-1340221                               | 0.05%                                    |
| Utilicon Services Inc.                                             | 58-2431150                               | 0.79%                                    |
| AIMS Medical Sales College LLC                                     | 27-3751894                               | 0.20%                                    |
| HR Outsourcing Inc. Douglas B. Seckendorf DC PC                    | 13-3985645                               | 0.08%                                    |
| Weatherford Rehabilitation Hospital LLC                            | 61-1712808                               | 0.08%                                    |
| Robare Asset Management Inc.                                       | 76-0651964                               | 1.32%                                    |
| Plantation Lakes Inc. HOA Golf                                     | 20-8693298                               | 0.03%                                    |

| (a)<br>Name of Participating Employer                           | (b)<br>Employer Identification<br>Number | (c) Percent of<br>Total<br>Contributions |
|-----------------------------------------------------------------|------------------------------------------|------------------------------------------|
| Cajun and Grill of America Inc.                                 | 65-0413845                               | 1.17%                                    |
| Network Utility Force LLC                                       | 45-3937512                               | 0.20%                                    |
| Lew Hall Jr. & Associates Inc. dba Gentry Morrison Funeral Home | 59-2216488                               | 0.26%                                    |
| Westminster FCU                                                 | 84-0527432                               | 0.24%                                    |
| Integrity Business Services Inc.                                | 47-1662520                               | 0.02%                                    |
| HR Outsourcing Inc.                                             | 46-4557891                               | 0.56%                                    |
| SpacePole Inc.                                                  | 35-2509691                               | 0.19%                                    |
| Ninety Nine Human Resources LLC                                 | 47-1292086                               | 1.13%                                    |
| Noble Anesthesia Partners PLLC                                  | 80-0751622                               | 1.26%                                    |
| T Lyman LLC dba Twisted Oaks Golf Club                          | 47-1561432                               | 0.02%                                    |
| Chatham Capital Holdings Inc.                                   | 58-2662652                               | 1.00%                                    |
| Landarama Realty Inc.                                           | 22-2049954                               | 0.36%                                    |
| Optical Factory & Showroom Inc.                                 | 59-1727200                               | 0.15%                                    |
| Response Marketing Inc.                                         | 86-0914446                               | 0.15%                                    |
| Vino.com LLC dba Total Beverage Solution                        | 43-1917285                               | 2.29%                                    |
| Womack Sanitation Inc.                                          | 65-0524645                               | 1.13%                                    |
| Martin Ingram Enterprising Inc. dba Auto City                   | 75-1230528                               | 0.30%                                    |
| Blentech Corporation                                            | 68-0101106                               | 3.65%                                    |
| Spohn Ranch Inc.                                                | 95-4670208                               | 1.11%                                    |
| ACJInternational LLC                                            | 26-1742995                               | 0.76%                                    |
| Arto Brick California Pavers                                    | 20-1298968                               | 0.44%                                    |
| Broedell Plumbing Supply Inc.                                   | 59-2743259                               | 0.12%                                    |
| Carolina Innovations LLC                                        | 06-1521366                               | 0.73%                                    |
| Wacom Quartz Corp.                                              | 86-0997973                               | 0.50%                                    |
| Levine Properties Inc.                                          | 56-1509116                               | 0.76%                                    |
| Be Green Packaging LLC                                          | 38-3756872                               | 1.13%                                    |
| Absolute Protection Team Inc                                    | 59-3501525                               | 0.36%                                    |
| Central Florida Orthopaedic Surgery Associates P.L.             | 16-1686153                               | 0.26%                                    |
| Neil H. Weisman MD PA                                           | 80-0840723                               | 0.44%                                    |
| Mission Bay Yacht Club                                          | 95-1660058                               | 0.11%                                    |
| Antero Automotive & Truck Services Inc.                         | 26-3347663                               | 0.29%                                    |
| Devon Management Corp                                           | 06-1448350                               | 0.45%                                    |
| US Tamex Corp.                                                  | 95-4654449                               | 0.57%                                    |
| RVR Consulting Group II                                         | 26-1450370                               | 0.18%                                    |
| Bankers Home Mortgage Inc.                                      | 59-3478518                               | 0.25%                                    |
| Accurant Biotech Inc.                                           | 82-4726293                               | 0.16%                                    |
| Silitronics Solutions Inc.                                      | 82-0959759                               | 0.49%                                    |
| Verdad Oil & Gas Corporation                                    | 75-1965015                               | 1.73%                                    |
| Issam Tina Solutions Inc. dba I.T. Solutions Inc.               | 20-1186211                               | 6.49%                                    |
| VirTeca LLC                                                     | 83-1892743                               | 0.34%                                    |
| DSI Digital LLC                                                 | 31-1829779                               | 0.38%                                    |
| Thermo Cool Corporation                                         | 03-0380939                               | 0.44%                                    |
| Michael Charette Land Surveying Inc.                            | 82-4724452                               | 0.06%                                    |
| K.R.I. Properties Inc.                                          | 20-0441189                               | 0.22%                                    |
| OAC Services Inc.                                               | 20-4963143                               | 0.41%                                    |
| Sole Supports Inc.                                              | 62-1502448                               | 0.87%                                    |
| Energy Shield Window & Door Company LLC                         | 81-4284160                               | 0.00%                                    |
| OneSource Medical Group LLC                                     | 26-0159522                               | 0.28%                                    |

| (a)<br>Name of Participating Employer                      | (b)<br>Employer Identification<br>Number | (c) Percent of<br>Total<br>Contributions |
|------------------------------------------------------------|------------------------------------------|------------------------------------------|
| Genuine Concepts LLC                                       | 46-2346026                               | 0.03%                                    |
| The Friedman Williams Group LLC                            | 90-0086097                               | 0.48%                                    |
| Smitthipong & Rosamond Associates Inc.                     | 86-0913246                               | 0.22%                                    |
| Mountain Midwifery Center Inc.                             | 20-4044633                               | 0.05%                                    |
| Freeman Law PLLC                                           | 46-1942349                               | 0.21%                                    |
| Homkor of Missouri Inc.                                    | 43-1583937                               | 0.23%                                    |
| Miller Bros. Giant Tire Service - Orlando Inc.             | 59-2902373                               | 0.71%                                    |
| Oakwood Dental Arts LLC                                    | 20-0643388                               | 0.25%                                    |
| Horizon Pediatric Therapy Inc.                             | 20-1015104                               | 0.16%                                    |
| Lyon Engineering & Surveying Inc.                          | 86-0786985                               | 0.96%                                    |
| Zummo Meat Company Inc.                                    | 74-1478952                               | 1.48%                                    |
| Metro Construction Inc.                                    | 83-2434060                               | 0.05%                                    |
| Power Holdings LLC                                         | 20-0711558                               | 0.10%                                    |
| Compliance Systems Management LLC                          | 20-8365355                               | 0.15%                                    |
| Alcove Ventures LLC dba Psych360                           | 46-2446456                               | 0.24%                                    |
| aNb Media Inc.                                             | 47-2884564                               | 0.21%                                    |
| The Loggerhead Group Inc. dba Wood & Laminate              | 86-1144637                               | 0.02%                                    |
| CSS Staffing LLC                                           | 20-0093380                               | 0.33%                                    |
| K-Rain Manufacturing Corp.                                 | 59-1371301                               | 0.25%                                    |
| Zapp Packaging Inc.                                        | 61-1867941                               | 0.15%                                    |
| Maple Leaf Truck Service LLC                               | 46-2450054                               | 0.00%                                    |
| Fleenor Bros. Enterprises Ltd.                             | 43-1613243                               | 0.67%                                    |
| South Shore Eye Center PLLC                                | 76-0618388                               | 0.13%                                    |
| Sandstone Properties Inc.                                  | 95-4511843                               | 0.10%                                    |
| Seacrest Naples LLC dba Southwest Property Management      | 83-2428773                               | 0.38%                                    |
| Supreme Elastic Corporation                                | 56-0815483                               | 0.00%                                    |
| XPower Manufacture Inc.                                    | 80-0710178                               | 0.33%                                    |
| S A Feather Co. Inc.                                       | 81-0566867                               | 0.00%                                    |
| Fine Hospitality Group LLC                                 | 20-4627429                               | 0.05%                                    |
| Treasure8 LLC                                              | 90-0611566                               | 0.02%                                    |
| 21st Century Therapy P.C.                                  | 43-1748211                               | 0.00%                                    |
| Advanced Care Solutions Inc.                               | 65-0917602                               | 0.30%                                    |
| Print Time Inc.                                            | 43-1364448                               | 0.13%                                    |
| Orient Bioresource Center Inc.                             | 82-1987130                               | 0.01%                                    |
| Garage Floor Coating Franchise System Inc. dba Eco-CorFlex | 20-5682805                               | 0.07%                                    |
| Axis HealthCare Partners LLC                               | 46-0565284                               | 0.13%                                    |
| Advanced Management of Southwest Florida Inc               | 65-0260360                               | 0.05%                                    |
| Deep Creek Golf Inc.                                       | 59-2483013                               | 0.00%                                    |
| Watkins Realty Services LLC.                               | 27-1937581                               | 0.00%                                    |
| Royal Precision Products Corp.                             | 59-1629672                               | 0.07%                                    |
| Augusta Foot & Ankle PC                                    | 58-2632543                               | 0.07%                                    |
| Indus.ai Inc.                                              | 82-2364639                               | 0.26%                                    |
| W. B. Howland Inc.                                         | 59-2920697                               | 0.02%                                    |

**Schedule H, Line 5b**

**Schedule of Assets or Liabilities Transferred From This Plan To Another Plan**

Name of Plan:

► HR OUTSOURCING, INC. 401(K) PLAN

Employer Identification No.: ► 58-2625927

Plan year (beginning/ending): ► 01/01/2019-12/31/2019 Plan number: ► 001

| <b>(1) Name of plan(s)</b>                                           | <b>(2) EIN(s)</b> | <b>(3) PN(s)</b> |
|----------------------------------------------------------------------|-------------------|------------------|
| RSSG Holdings, LLC 401(k) Plan & Trust                               | 83-2736568        | 002              |
| Chetu, Inc. 401(k) Profit Sharing Plan                               | 65-0999101        | 002              |
| Empire Heating and Air Conditioning, Inc. 401(k) Profit Sharing Plan | 58-1611352        | 001              |
| Macro 401(k) Plan                                                    | 47-2625030        | 001              |
| Privia Retirement Plan                                               | 26-1385077        | 001              |
| Life Healing Center, PC 401(k) Plan                                  | 27-2004035        | 001              |
| OIC, Inc. Retirement Plan                                            | 48-1054687        | 001              |
| OnSite 401(k)                                                        | 26-4154669        | 001              |
| Engage PEO Retirement Savings Plan                                   | 45-2441552        | 001              |
| DecisionHR Retirement Services, Inc.                                 | 59-3405686        | 333              |
| Amplify HR Retirement Savings Plan                                   | 82-1671832        | 001              |
| PathGoal Employer Services 401(k) Plan                               | 13-4010751        | 001              |
| Petrover Orthodontics 401(k) Plan                                    | 65-0682130        | 001              |
|                                                                      |                   |                  |
|                                                                      |                   |                  |
| SEE SCHEDULE H FOR SIX ADDITIONAL ENTRIES                            |                   |                  |