

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
---	---	---

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ONESOURCE EMPLOYEE MANAGEMENT</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2012</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/2012</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/2012</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ONESOURCE EMPLOYEE MANAGEMENT, LLC</u> <u>11935 MASON MONTGOMERY ROAD</u> <u>CINCINNATI, OH 45249</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>27-0533371</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-683-0111</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>27-0533371</u>	2c Plan Sponsor's telephone number <u>513-683-0111</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>27-0533371</u>					
2c Plan Sponsor's telephone number <u>513-683-0111</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	ERIC GOEDDE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	ERIC GOEDDE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1047
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1047 6a(2) 944 6b 0 6c 262 6d 1206 6e 0 6f 1206 6g 554 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ONESOURCE EMPLOYEE MANAGEMENT	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 ONESOURCE EMPLOYEE MANAGEMENT, LLC	D Employer Identification Number (EIN) 27-0533371	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	63896	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ONESOURCE EMPLOYEE MANAGEMENT, LLC

27-0533371

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	9408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	2817	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ONESOURCE EMPLOYEE MANAGEMENT	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 ONESOURCE EMPLOYEE MANAGEMENT, LLC	D Employer Identification Number (EIN) 27-0533371	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	26335	11104
(2) Participant contributions.....	1b(2)	44429	26105
(3) Other.....	1b(3)	2751	2328
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		512749
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	229809	224686
(9) Value of interest in common/collective trusts	1c(9)		104803
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7807284	9056120
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	851228	
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	8961836 9937895
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	5017
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	5017 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8956819 9937895

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	468564
	(B) Participants	2a(1)(B)	1138804
	(C) Others (including rollovers)	2a(1)(C)	51155
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1658523
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6136
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	11363
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	17499
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	191350
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	191350
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1675
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		993639
(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)		545874
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3408560

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1164073	
(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)		1164073
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	96912	
(3) Investment advisory and management fees	2i(3)	21093	
(4) Other	2i(4)	14959	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		132964
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1297037

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2111523
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		1130447

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: **FLAGEL HUBER FLAGEL**

(2) EIN: **31-0796034**

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		100981
4b		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SHEAKLEY HUMAN RESOURCES RETIREMENT SAYINGS PLAN	41-2227998	003
THE JOB CENTER RETIRMENT SAVINGS PLAN	81-0936777	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.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
---	---	--

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

A Name of plan <u>ONESOURCE EMPLOYEE MANAGEMENT</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ONESOURCE EMPLOYEE MANAGEMENT, LLC</u>	D Employer Identification Number (EIN) <u>27-0533371</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**OneSource Employee Management
401(k) Savings Plan**

Financial Statements

December 31, 2019 and 2018



FLAGEL HUBER FLAGEL
Certified Public Accountants | Business Advisors

OneSource Employee Management 401(k) Savings Plan

Table of Contents

December 31, 2019 and 2018

Independent Auditor's Report	Page 1 - 2
-------------------------------------	------------

Financial Statements

Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 12

Supplementary Information

Schedule of Assets Held for Investment Purposes at End of Year	13 - 14
Schedule of Delinquent Participant Contributions	15



FLAGEL HUBER FLAGEL

Certified Public Accountants | Business Advisors

Independent Auditor's Report

To the Board of Trustees of
OneSource Employee Management 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of OneSource Employee Management 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by The Lincoln National Life Insurance Company and Fidelity Personal Trust Company, FSB, the Custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that the Custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Custodians as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the Custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matters

The supplementary schedule of assets held for investment purposes at end of year and the schedule of delinquent participant contributions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedules referred to above.

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

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Custodians, 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 dark ink, reading "Fligel Huber Fligel". The signature is written in a cursive, flowing style.

Certified Public Accountants

Cincinnati, Ohio

October 12, 2020

OneSource Employee Management 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 0	\$ 7,807,284
Registered investment companies	9,056,120	0
Common/collective trust	104,803	0
Money market fund	512,749	0
	<u>9,673,672</u>	<u>7,807,284</u>
Investments, at contract value:		
Guaranteed investment contracts	<u>0</u>	<u>851,228</u>
Receivables:		
Participant contributions	26,105	44,429
Employer contributions	11,104	26,335
Notes receivable from participants	224,686	229,809
Other	2,328	2,751
	<u>264,223</u>	<u>303,324</u>
Total Assets	<u>9,937,895</u>	<u>8,961,836</u>
Liabilities		
Excess contributions payable	<u>0</u>	<u>5,017</u>
Net Assets Available for Benefits	<u><u>\$ 9,937,895</u></u>	<u><u>\$ 8,956,819</u></u>

OneSource Employee Management 401(k) Savings Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Additions to Net Assets Attributed to:		
Contributions:		
Participant	\$ 1,138,804	\$ 1,117,339
Employer	468,564	496,786
Rollover	51,155	133,891
	<u>1,658,523</u>	<u>1,748,016</u>
Investment income (loss):		
Net investment gain (loss) from pooled separate accounts	1,014,152	(629,211)
Net investment gain from registered investment companies	545,874	0
Net investment gain (loss) from guaranteed investment contracts	(20,513)	9,630
Net investment gain from common/collective trust	1,675	0
Dividends from registered investment companies	191,350	0
Interest on money market fund	6,136	0
Other income	0	4,127
	<u>1,738,674</u>	<u>(615,454)</u>
Interest on notes receivable from participants	<u>11,363</u>	<u>7,122</u>
Total Additions	<u>3,408,560</u>	<u>1,139,684</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,164,073	280,693
Administrative expenses	132,964	88,440
Total Deductions	<u>1,297,037</u>	<u>369,133</u>
Change in Net Assets Available for Benefits	2,111,523	770,551
Net Assets Available for Benefits:		
Beginning of year	8,956,819	5,157,884
Transfers of Plan assets into the Plan	0	3,341,905
Transfers of Plan assets out of the Plan	<u>(1,130,447)</u>	<u>(313,521)</u>
End of year	<u>\$ 9,937,895</u>	<u>\$ 8,956,819</u>

The accompanying notes are an integral part of these statements.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

1. Description of The Plan

The following description of the OneSource Employee Management 401(k) Savings Plan (“the Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan with a cash or deferred arrangement covering substantially all employees of OneSource Employee Management, LLC (the Primary Employer) who have completed three months of service and are age twenty-one or older. Prior to September 1, 2019, employees were required to complete one year of service and be age twenty-one or older. The Plan was adopted on January 1, 2012 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan allows for other entities to participate in the Plan as a “Participating Employer” with the approval of the Primary Employer. The Primary Employer has approved the participation of the following entities:

A Able Rents Co.
LGD Dessert Company, LLC
Data Management, Inc.
Dillon Holdings, LLC
First Care Ohio, LLC
The Job Center, LLC (f/k/a DYTR Staffing and Management Company)
Ryan Logistics, Inc.
Pickaway Plains Ambulance Service, Inc.
Schindewolf Express, Inc.
Rush Expediting, Inc.
Murphy Transportation, Inc.
Circle S. Transport, Inc.
Comfort Keepers, Inc.
Axis Providers, Inc.
Nurtur Holdings LLC
Dakcomp Inc.

The employee eligibility requirements of the Participating Employers range from immediate to one year of service and minimum age between eighteen and twenty-one (as specified in each Participating Employer’s participation agreement).

Effective February 1, 2019, the Plan changed custodians from Lincoln National Life Insurance Company to Fidelity Personal Trust Company, FSB. Additionally, the Plan changed its third-party administrator from Pinnacle Financial Services, Inc. to Slavic Integrated Administration Services, Inc.

During September 2017, American EMS, LLC ceased its participation in the Plan. The accounts and assets of the affected participants totaling \$313,521 were transferred out of the Plan to a successor plan during 2018.

Effective January 1, 2017, Rush Expediting, Inc. began participating in the Plan. The related accounts and assets of Rush Transportation & Logistics, Inc. Profit Sharing Plan of \$1,928,259 were transferred into the Plan in 2018.

Effective November 1, 2017, Circle S. Transport, Inc. began participating in the Plan. Additionally, the related accounts and assets of Circle Transport Inc. 401(k) Profit Plan and Trust of \$31,353 were transferred into the Plan in 2018.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

1. Description of The Plan (Continued)

General (continued)

Effective February 1, 2018, Comfort Keepers, Inc. began participating in the Plan.

Effective March 1, 2018, Axis Providers, Inc. and Nurtur Holdings LLC began participating in the Plan. Additionally, the related accounts and assets of HumaCare Retirement Savings Plan of \$1,199,880 were transferred into the Plan during 2018.

Effective July 1, 2018, Dakcomp Inc. began participating in the Plan. Additionally, the related accounts and assets of ADP TotalSource Retirement Savings Plan of \$182,413 were transferred into the Plan during 2018. Dakcomp Inc. ceased participation in the Plan effective May 31, 2019. Additionally, the accounts and assets of the affected participants totaling \$194,600 were transferred out of the Plan to a successor plan during 2019.

Effective April 1, 2019, The Job Center, LLC ceased participation in the Plan. Additionally, the accounts and assets of the affected participants totaling \$1,325,047 were transferred out of the Plan to a successor plan during 2019.

Contributions

The Plan provides for contributions by participating employees of an amount not to exceed the maximum amount allowable under the applicable provisions of the Internal Revenue Code of 1986, as amended (the Code).

The Primary Employer is required to make a safe harbor matching contribution to the accounts of its participating employees equal to one-hundred percent (100%) of the amount of the participant's elected deferrals that do not exceed three percent (3%) of the participant's Plan compensation, plus fifty percent (50%) of the amount of the participant's elected deferrals that exceed three percent (3%) but do not exceed five (5%) of the participant's Plan compensation. In addition, the Primary Employer may make a discretionary profit sharing contribution. During 2019 and 2018, the Primary Employer elected not to make any discretionary profit sharing contributions.

The Plan allows for each Participating Employer to make matching contributions, profit sharing contributions, safe harbor matching contributions and safe harbor non-elective contributions as set forth in each Participating Employer's participation agreement. During 2019 and 2018, some Participating Employers made matching and safe harbor matching contributions. During 2019 and 2018, no profit sharing contributions or safe harbor non-elective contributions were made by Participating Employers.

Participant Accounts

Each participant's account is credited with (a) contributions, (b) an allocation of Plan earnings and losses, and (c) Plan expenses. The participants direct the investment of their account balances among certain investment options offered by the Plan. The Employer contributions are invested in accordance with the participants' investment selection.

Plan Investment Options

Upon enrollment in the Plan, participants may direct their contributions in over forty (40) investment options. Participants may change their investment options at any time. Except for the Vanguard Prime Money Market Fund and the Reliance Trust Company Stable Value Fund, there is no guarantee of principal or earnings when participating in these funds.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

1. Description of The Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their account balances the lesser of \$50,000, or fifty percent (50%) of their vested account balance. Note terms range from one (1) to five (5) years, or longer if used for the purchase of a primary residence. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest is paid ratably through payroll deductions.

Rollovers

The Plan permits participants to transfer distributions from other qualified plans into the Plan, subject to approval by the Plan.

Vesting

Participants are immediately 100% vested in their participant, rollover, and safe harbor contribution accounts at the time such contributions are made. Participants become vested in Employers' non-safe harbor contributions accounts (if applicable) according to the vesting schedule set forth in the multiple employer participation agreements. In the event no vesting schedule is set forth in such document, the vesting schedule is as follows:

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

Forfeitures

Forfeitures are created when participants terminate employment before becoming fully vested in non-safe harbor Employer contributions. Forfeited nonvested accounts may be used to pay administrative expenses or reduce future Employer contributions. At December 31, 2019 and 2018, forfeited nonvested accounts totaled \$76,580 and \$63,081, respectively. During 2019 and 2018, forfeited nonvested amounts totaling \$1,496 and \$2,016, respectively, were used to pay Plan expenses. During 2019 and 2018, forfeited nonvested amounts were not used to reduce any Employer contributions.

Payment of Benefits

The benefit to which a Plan participant is entitled is the benefit that can be provided by the contributions made and income earned on investments. Upon service or disability retirement, death, or termination, a participant or beneficiary will receive an amount equal to the value of his account, including earnings. The benefit will be paid in a lump-sum amount or, partial withdrawals in amounts necessary to satisfy the required minimum distributions of the Internal Revenue Service Code.

Hardship Withdrawals

The Plan allows for hardship withdrawals in the event of immediate and heavy financial need up to 100% of the participant's vested account balance.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

1. Description of The Plan (Continued)

Payment of Expenses

All expenses of administration may be paid out of the Plan unless paid by the Employer. Such expenses shall include any expenses incident to the functioning of the administrator, including, but not limited to, fees of accountants, counsel, and other specialists and their agents, and other costs of administering the Plan. Until paid, the expenses shall constitute a liability of the Plan. However, the Employer may reimburse the Plan for any administration expenses incurred. Any administration expenses paid to the Plan as a reimbursement shall not be considered an Employer contribution. The Employer elected to pay some administration expenses incurred in 2019 and 2018.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires the Plan administrator to make certain estimates and assumptions that could affect reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for fully benefit-responsive investment contracts which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 8).

The Plan presents in the statements of changes in net assets available for benefits, the net investment gain (loss) from pooled separate accounts and net investment gain from common/collective trust, which consist of interest, dividends, realized gains or losses and unrealized appreciation (depreciation) on those investments. The Plan also presents in the statements of changes in net assets available for benefits, the net investment gain (loss) from guaranteed investment contracts, which consists of earnings credited at the contracted rate less applicable termination fees on those investments. Additionally, the Plan presents in the statements of changes in net assets available for benefits, the net investment gain from registered investment companies, which consists of realized gains and losses and unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are reflected on a trade-date basis. Interest and dividends are recorded when earned.

Payment of Benefits

Benefits are recorded when paid.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability of the Plan. At December 31, 2019 and 2018, \$0 and \$5,017, respectively, were recorded as payable and included in benefits paid to participants for the years then ended.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

3. Party-in-Interest Transactions

The Plan invests in registered investment companies managed by affiliates of Fidelity Personal Trust Company, FSB (Fidelity). The Plan also invested in pooled separate accounts managed by The Lincoln National Life Insurance Company (Lincoln). Additionally, the Plan also invested in guaranteed investment contracts with Lincoln. Fidelity and Lincoln act as Custodians for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rule.

4. Tax Status

Effective February 1, 2019, the Employers adopted the Slavic Integrated Administration Multiple Employer Plan and need not apply for a separate determination letter, but instead may rely on the opinion letter dated March 31, 2014 issued by the Internal Revenue Service stating that employers who adopt the Plan will be considered to have a plan qualified under Code section 401(a). Prior to February 1, 2019, the Employers had adopted the Pinnacle Financial Services Defined Contribution Prototype Plan and Trust and need not apply for a separate determination letter, but instead may rely on the opinion letter dated March 31, 2014 issued by the Internal Revenue Service stating that employers who adopt the Plan will be considered to have a plan qualified under Code section 401(a). Accordingly, the Plan's net investment income is exempt from tax.

Accounting principles generally accepted in the United States of America require the Plan sponsor to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The 2016 through 2018 tax years remain subject to potential examination by taxing authorities.

5. Plan Termination

While the Primary Employer has not expressed any intent to terminate the Plan, it is free to do so at any time. Upon termination of the Plan by the Primary Employer, the accounts of the affected participants shall become fully vested, and assets in the Plan shall be distributed to participants in proportion to their respective account balances after payment of appropriate Plan expenses.

6. Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and supplementary schedules, including all investments held at December 31, 2019 and 2018, and net investment gain (loss) from pooled separate accounts, net investment gain (loss) from guaranteed investment contracts, net investment gain from registered investment companies, net investment gain from common/collective trust and interest on money market fund was obtained or derived from unaudited information supplied to the plan administrator and certified as complete and accurate by Fidelity Personal Trust Company, FSB and The Lincoln National Life Insurance Company (the Custodians of the Plan). Additionally, notes receivable from participants at December 31, 2018 and interest on notes receivable from participants for the year then ended, was obtained or derived from unaudited information supplied to the plan administrator and certified as complete and accurate by The Lincoln National Life Insurance Company.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

7. Risks and Uncertainties

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

8. Fair Value Measurements

The Plan's investments in registered investment companies, pooled separate accounts, common/collective trusts and money market funds are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan utilizes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and lowest priority to unobservable inputs. The three levels of inputs used to measure fair value under this accounting standard are described as follows:

- Level 1 - Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities.
- Level 2 - Observable inputs other than quoted prices included within Level 1. Inputs that are principally derived from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value measurement of the assets or liabilities. These include certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies the Plan used for assets measured at fair value.

Registered investment companies (mutual funds) and money market fund: Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-end funds that are registered with the U.S. Securities and Exchange Commission. The funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Pooled separate accounts and common/collective trust: Valued at the net asset value of units of the pooled separate account or common/collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the investments will be sold for an amount different from the reported net asset value. Transactions (purchases and sales) may occur daily. There are no unfunded commitments or significant redemption restrictions at December 31, 2019 and 2018.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

8. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value.

	December 31, 2019			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 9,056,120	\$ 0	\$ 0	
Money market fund	512,749	0	0	
Total assets in the fair value hierarchy	<u>\$ 9,568,869</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 9,568,869</u>
Investments measured at net asset value				104,803
Total assets at fair value				<u>\$ 9,673,672</u>
	December 31, 2018			Total
	Level 1	Level 2	Level 3	
Total assets in the fair value hierarchy	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Investments measured at net asset value				7,807,284
Total assets at fair value				<u>\$ 7,807,284</u>

9. Fully Benefit-Responsive Investment Contracts

The Plan held a portfolio of traditional investment contracts with The Lincoln National Life Insurance Company (Lincoln) at December 31, 2018. These contracts met the fully benefit-responsive investment contract criteria and therefore were reported at contract value. Contract value was the relevant measurement for fully benefit-responsive investment contracts because this was the amount that would be received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract (held in a general account), plus earnings, less participant withdrawals, and administrative expenses. The Plan did not hold any synthetic investment contracts at December 31, 2018.

The traditional investment contracts held by the Plan were guaranteed investment contracts. Lincoln was contractually obligated to repay the principal and interest at a specified interest rate that was guaranteed to the Plan. The crediting rate was based on a formula established by Lincoln but could not be less than one percent (1%) for the Managed Principal Protection Portfolio and zero percent (0%) for the Guaranteed Stable Value Account, per annum. Interest was credited daily to participant accounts. Such interest rates were reviewed on a quarterly basis for resetting.

The Plan's ability to receive amounts due in accordance with the guaranteed investment contracts was dependent on Lincoln's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations could have been affected by future economic and regulatory developments. There were no reserves against contract value for the credit risk of Lincoln or otherwise. The guaranteed investment contracts did not have a maturity date.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2019 and 2018

9. Fully Benefit-Responsive Investment Contracts (Continued)

Certain events could have limited the ability of the Plan to transact at contract value with the issuer. Such events included certain amendments to the plan documents, violations of investment guidelines, breach of contract and/or the failure of the trust to qualify for exemption under ERISA. During 2019, the Plan changed its custodian and terminated its investment contracts with Lincoln. As a result, a contract value adjustment reduced the contract value by \$25,459 at the time of termination.

10. Delinquent Participant Contributions

During the Plan year ended December 31, 2019 and 2018, participant deferrals in the amount of \$0 and \$657, respectively, were not remitted to the Plan by the Employers within the appropriate time period prescribed by law. These transactions constitute prohibited transactions as defined by ERISA. The Employers are aware of the occurrences and are taking appropriate steps to correct the situation.

11. Subsequent Events

The Plan's management evaluated the activity of the Plan through October 12, 2020 (the date the financial statements were available to be issued) and concluded that, except as disclosed below, no subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. As such, it is uncertain as to the full magnitude that the pandemic will have on the Plan Sponsor's financial condition, liquidity, workforce and future results of operations as well as the effects on the Plan.

OneSource Employee Management 401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year

EIN 27-0533371 Plan #333

December 31, 2019

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	Blackrock International Index Fund	Registered investment company	(y)	\$ 117,345
	DFA Emerging Markets Core Equity Portfolio Fund	Registered investment company	(y)	282,389
	DFA Real Estate Security Portfolio Fund	Registered investment company	(y)	151,164
	American Funds EuroPacific Growth Fund	Registered investment company	(y)	706,585
*	Fidelity 500 Index Fund	Registered investment company	(y)	456,335
	American Funds Growth Fund of America	Registered investment company	(y)	401,204
	American Funds Invesmtent Company of America Fund	Registered investment company	(y)	1,529
	American Funds New Perspective	Registered investment company	(y)	101,297
	Vanguard LifeStrategy Conservative Growth Fund	Registered investment company	(y)	18,506
	Vanguard LifeStrategy Moderate Growth Fund	Registered investment company	(y)	74,582
	Vanguard LifeStrategy Growth Fund	Registered investment company	(y)	510
	Vanguard Explorer Fund	Registered investment company	(y)	146,238
	Vanguard Small Cap Value Fund	Registered investment company	(y)	204,501
	Vanguard Mid Cap Value Fund	Registered investment company	(y)	41,031
	Vanguard Mid Cap Growth Fund	Registered investment company	(y)	47,780
	Vanguard Targeted Retirement 2025 Fund	Registered investment company	(y)	3,247
	Vanguard Targeted Retirement 2035 Fund	Registered investment company	(y)	4,382
	Vanguard Targeted Retirement 2045 Fund	Registered investment company	(y)	5,284
	Vanguard Targeted Retirement 2065 Fund	Registered investment company	(y)	7,203
	Vanguard Targeted Retirement 2020 Fund	Registered investment company	(y)	62,362
	Vanguard Targeted Retirement 2060 Fund	Registered investment company	(y)	9,388
	Vanguard Targeted Retirement 2055 Fund	Registered investment company	(y)	12,838
	Vanguard Targeted Retirement 2050 Fund	Registered investment company	(y)	283,597

OneSource Employee Management 401(k) Savings Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year (Continued)

EIN 27-0533371 Plan #333

December 31, 2019

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Targeted Retirement 2040 Fund	Registered investment company	(y)	2,928
	Vanguard Targeted Retirement 2030 Fund	Registered investment company	(y)	100,153
	Vanguard Information Technology Index Fund	Registered investment company	(y)	354,128
	Vanguard Industrials Index Fund	Registered investment company	(y)	234,407
	Vanguard Mid Cap Index Fund	Registered investment company	(y)	234,123
	Vanguard Growth Index Fund	Registered investment company	(y)	40,894
	Vanguard Value Index Fund	Registered investment company	(y)	439,460
	Vanguard Small Cap Index Fund	Registered investment company	(y)	15,802
	Vanguard Total Stock Market Index Fund	Registered investment company	(y)	2,302,513
	American Funds Bond Fund of America	Registered investment company	(y)	25,436
	DFA Inflation Protected Securities Fund	Registered investment company	(y)	746,925
*	Fidelity U.S. Bond Index Fund	Registered investment company	(y)	79,791
	Prudential High Yield Fund	Registered investment company	(y)	178,900
	Vanguard Short Term Inflation Protection Securities Index	Registered investment company	(y)	6
	Vanguard Target Retirement Income Fund	Registered investment company	(y)	242
	Vanguard Short Term Federal Fund	Registered investment company	(y)	1,161,115
	Reliance Trust Company Stable Value Fund	Common/collective trust	(y)	104,803
	Vanguard Prime Money Market Fund	Money market fund	(y)	512,749
	Participant Loans	Low: 3.50% High: 6.50%	0	224,686
			<u>\$ 0</u>	<u>\$ 9,898,358</u>

* Denotes party-in-interest

(y) Plan's custodian does not provide historical cost information

OneSource Employee Management 401(k) Savings Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN 27-0533371 Plan #333
December 31, 2019

Participant Contributions Transferred Late to the Plan	Total that Constitute Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ☒	Not Corrected	Corrected Outside VFCP	Pending Correction in VFCP	
March 2016 withholdings	\$ 9,639			
April 2016 withholdings	14,219			
May 2016 withholdings	7,552			
June 2016 withholdings	7,291			
July 2016 withholdings	4,304			
August 2016 withholdings	11,191			
September 2016 withholdings	7,121			
October 2016 withholdings	4,982			
November 2016 withholdings	4,666			
December 2016 withholdings	1,894			
April 2017 withholdings	5,132			
May 2017 withholdings	5,851			
June 2017 withholdings	4,258			
July 2017 withholdings	1,358			
August 2017 withholdings	3,153			
November 2017 withholdings	3,662			
December 2017 withholdings	4,051			
July 2018 withholdings	657			
	<u>\$ 100,981</u>			



In this ever-changing business environment, Flagel Huber Flagel goes beyond numbers and deadlines, returning the trust and confidence our clients place in us, with a caring partner relationship. We are committed to a collaborative search for ideas and solutions that help business organizations thrive and families build and preserve wealth. Our commitment is simple; financial and operational *insight*, service *integrity*, and problem solving *innovation*.

www.fhf-cpa.com

3400 South Dixie Drive, Dayton, OH 45439 | 937.299.3400
9135 Governors Way, Cincinnati, OH 45249 | 513.774.0300

Multiple-Employer Plan Participating Employer Information

OneSource Employee Management 401(k) Savings Plan		EIN: 27-0533371
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
A Able Rents, Inc.	34-1089816	4.92%
Circle S. Transport, Inc.	31-1383345	0.61%
Comfort Keepers, Inc.	31-1585212	1.19%
D&M Carter	80-0903332	0.29%
Dakcomp Inc. dba Rentmart	31-1590742	0.10%
Data Management, Inc.	61-1314174	1.87%
Dillon Holdings, LLC	56-2603523	2.57%
LGD Dessert Company, LLC dba Libby's Gourmet Desserts	31-1713028	3.01%
MedUS Healthcare Travelers (formerly Axis Providers, Inc.)	46-4026103	1.64%
Murphy Transportation, Inc.	31-1190302	6.30%
Nurtur Holdings LLC	20-1230907	14.55%
OneSource Employee Management, LLC	27-0533371	18.89%
Pickaway Plains Ambulance Service, Inc. dba Pro Care Medical	31-1296377	1.41%
Rush Transportation Logistics, Inc.	06-1701503	30.16%
Ryan Logistics Inc	31-1685203	10.42%
Schindewolf Express, Inc.	31-1118981	2.08%

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

OneSource Employee Management 401(k) Savings Plan

Plan # 333

EIN # : 27-0533371

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		117,345
	DFA	DFCEX - DFA Emerging Markets Core Equity		282,388
	DFA	DFREX - DFA Real Estate Securities		151,164
	DFA	DIPSX - DFA Inflation Protected SEC Port		746,925
	Fidelity	FXAIX - Fidelity 500 Index		456,334
	Fidelity	FXNAX - Fidelity US Bond Index		79,791
	Prudential	PHYZX - Prudential High Yield Z		178,900
	Reliance Trust	QEWFAQ - Reliance NY Life Anchor Series 1 CL 0		104,803
	American Funds	RBFQX - American Funds Bond Fund of America R6		25,436
	American Funds	RERGX - American Funds EuroPacific R6		706,585
	American Funds	RGAGX - American Funds Growth Fund of America R6		401,204
	American Funds	RICGX - American Funds The Inv Co of America		1,529
	American Funds	RNPGX - American Funds New Perspective R6		101,297
	Vanguard	VASGX - Vanguard Life Strategy Growth		510
	Vanguard	VEVRX - Vanguard Explorer Adm		146,238
	Vanguard	VFFVX - Vanguard Target Retirement 2055		12,838
	Vanguard	VFIFX - Vanguard Target Retirement 2050		283,597
	Vanguard	VFORX - Vanguard Target Retirement 2040		2,928
	Vanguard	VIGAX - Vanguard Growth Index Admiral		40,893
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		234,123
	Vanguard	VINAX - Vanguard Industrial Index Admiral		234,407
	Vanguard	VITAX - Vanguard Information Technology Index Ad		354,128
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		7,203
	Vanguard	VMFXX - Vanguard Federal Money Market		512,749
	Vanguard	VMGMX - Vanguard Mid Cap Growth Index Admiral		47,780
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		41,031
	Vanguard	VSCGX - Vanguard Life Strategy Conservative		18,506
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		1,161,115
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		204,501
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		15,803
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		74,583
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		6
	Vanguard	VTNRX - Vanguard Target Retirement 2030		100,153
	Vanguard	VTINX - Vanguard Target Retirement Income		242
	Vanguard	VTIVX - Vanguard Target Retirement 2045		5,284
	Vanguard	VTSAK - Vanguard Total Stock Market Index Admira		2,302,513
	Vanguard	VTTHX - Vanguard Target Retirement 2035		4,382
	Vanguard	VTTSX - Vanguard Target Retirement 2060		9,389
	Vanguard	VTTVX - Vanguard Target Retirement 2025		3,247
	Vanguard	VTWNX - Vanguard Target Retirement 2020		62,362
	Vanguard	VVIAX - Vanguard Value Index Admiral		439,460
	Participant Loan	3.50% to 6.50%		224,686