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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><b>2019</b><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 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 checked="" 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 type="checkbox"/> the final return/report<br><input checked="" 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><br><u>EMPLOYEE BENEFIT PLAN OF WORKFORCE BUSINESS SERVICES, INC.</u>                                                                                                                                                                                                                                                                                               | <b>1b</b> Three-digit plan number (PN) ▶                       | <u>333</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><br><u>WORKFORCE BUSINESS SERVICES, INC.</u><br><br><br><u>1401 MANATEE AVE W STE 600</u><br><u>BRADENTON, FL 34205-6708</u> |                                                                | <b>1c</b> Effective date of plan<br><u>01/01/2001</u>               |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                | <b>2b</b> Employer Identification Number (EIN)<br><u>65-0847999</u> |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                | <b>2c</b> Plan Sponsor's telephone number<br><u>941-746-6567</u>    |  |
|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                | <b>2d</b> Business code (see instructions)<br><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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 05/03/2021 | DANIEL JOHNSON                                               |
|                  | 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 checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <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> 1294                                                                                                                                                    |
| <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> 325<br><b>6a(2)</b> 568<br><b>6b</b> 0<br><b>6c</b> 5<br><b>6d</b> 573<br><b>6e</b> 0<br><b>6f</b> 573<br><b>6g</b> 40<br><b>6h</b> 0               |
| <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>2F 2G 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><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <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>EMPLOYEE BENEFIT PLAN OF WORKFORCE BUSINESS SERVICES, INC.                | <b>B</b> Three-digit plan number (PN) ▶                     | 333 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>WORKFORCE BUSINESS SERVICES, INC. | <b>D</b> Employer Identification Number (EIN)<br>65-0847999 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>MUTUAL OF AMERICA |
|-----------------------------------------------------------|

| (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     |
| 13-1614399 | 88668         | 577000B                               | 43                                                                          | 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. |                               |
| (a) Total amount of commissions paid                                                                                                                                                              | (b) Total amount of fees paid |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
| (a) 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 |                       |
|                                               |                                 |             |                       |

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) 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

---

| <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 |                                 |
|                                                      |                                 |                    |                                 |

---

**(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** 226326**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5** 8311443**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ N/A**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 ▶**b** Balance at the end of the previous year ..... **7b** 0**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 3967(2) Dividends and credits ..... **7c(2)** 0(3) Interest credited during the year ..... **7c(3)** 96(4) Transferred from separate account ..... **7c(4)** 218440(5) Other (specify below) ..... **7c(5)** 0(6) Total additions ..... **7c(6)** 222503**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 222503**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 0(2) Administration charge made by carrier ..... **7e(2)** 2(3) Transferred to separate account ..... **7e(3)** 0(4) Other (specify below) ..... **7e(4)** 0(5) Total deductions ..... **7e(5)** 2**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 222501

**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 01/01/2019 and ending 12/31/2019

|                                                                                                    |                                                             |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>EMPLOYEE BENEFIT PLAN OF WORKFORCE BUSINESS SERVICES, INC.                | <b>B</b> Three-digit plan number (PN) ▶ 333                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>WORKFORCE BUSINESS SERVICES, INC. | <b>D</b> Employer Identification Number (EIN)<br>65-0847999 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <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 |                                          |
| FIDELITY INVESTMENTS                                                                                              | 82 DEVONSHIRE STREET<br>BOSTON, MA 02109 |

|                                                                                                                   |                                            |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                            |
| VANGUARD                                                                                                          | PO BOX 2600<br>VALLEY FORGE, PA 19482-2600 |

|                                                                                                                   |                                                     |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                     |
| DWS                                                                                                               | 222 SOUTH RIVERSIDE PLAZA<br>CHICAGO, IL 60606-5808 |

|                                                                                                                   |                                      |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                      |
| INVESCO OPPENHEIMER                                                                                               | PO BOX 5270<br>DENVER, CO 80217-5270 |

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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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AMERICAN CENTURY INVESTMENTS

PO BOX 419786  
KANSAS CITY, MO 64141-6786

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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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CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N  
BETHESDA, MD 20814

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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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AMERICAN FUNDS

333 SOUTH HOPE STREET  
LOS ANGELES, CA 90071

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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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PIMCO

840 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

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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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T. ROWE PRICE

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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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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MFS

111 HUNTINGTON AVENUE  
BOSTON, MA 02199

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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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VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR  
BROOKLYN, OH 44144

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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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NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS  
NEW YORK, NY 10104

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

GOLDMAN SACHS VIT FUNDS

200 WEST STREET  
NEW YORK, NY 10282

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

DELAWARE FUNDS

ONE COMMERCE SQUARE,  
2005 MARKET STREET  
PHILADELPHIA, PA 19103

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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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE  
NEW YORK, NY 10022

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 12 15                         | INSURANCE CARRIER                                                                                        | 336                                                                           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" 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"/>                                            |

**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)<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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | 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)<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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | 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)<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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | 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:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2019</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                          |                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| <p><b>A</b> Name of plan<br/><u>EMPLOYEE BENEFIT PLAN OF WORKFORCE BUSINESS SERVICES, INC.</u></p>                       | <p><b>B</b> Three-digit plan number (PN) ▶ <u>333</u></p>                  |  |
| <p><b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br/><u>WORKFORCE BUSINESS SERVICES, INC.</u></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><u>65-0847999</u></p> |  |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                          |                                      |                                                                                                                           |
|------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NUMBER GS1</u></p> |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u></p>        |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN <u>13-1614399-000</u></p>                                             | <p><b>d</b> Entity code <u>P</u></p> | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8311443</u></p> |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                    |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                 |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                   | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                    |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                 |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                   | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                    |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                 |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                   | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                    |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                 |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                   | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                    |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                 |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                   | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |
| <p><b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:</p>                                    |                                      |                                                                                                                           |
| <p><b>b</b> Name of sponsor of entity listed in (a):</p>                                 |                                      |                                                                                                                           |
| <p><b>c</b> EIN-PN</p>                                                                   | <p><b>d</b> Entity code</p>          | <p><b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>                |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** 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):**c** EIN-PN**d** Entity  
code**e** 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):**c** EIN-PN**d** Entity  
code**e** 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):**c** EIN-PN**d** Entity  
code**e** 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):**c** EIN-PN**d** Entity  
code**e** 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):**c** EIN-PN**d** Entity  
code**e** 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):**c** EIN-PN**d** Entity  
code**e** 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):**c** EIN-PN**d** Entity  
code**e** 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):**c** EIN-PN**d** Entity  
code**e** 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):**c** EIN-PN**d** Entity  
code**e** 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>EMPLOYEE BENEFIT PLAN OF WORKFORCE BUSINESS SERVICES, INC.</b>                                                                                                                                                                               | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>333</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>WORKFORCE BUSINESS SERVICES, INC.</b>                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br><b>65-0847999</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <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. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 109400                | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 19443                 | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 61822                 | 0               |
| <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>    | 11974                 | 6478            |
| <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>    | 161361                | 259205          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <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>   | 6766418               | 9675795         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 178269                | 226326          |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (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>    | 7308687               | 10167804        |

**Liabilities**

|                                                                           |           |      |   |
|---------------------------------------------------------------------------|-----------|------|---|
| <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> | 4681 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 4681 | 0 |

**Net Assets**

|                                                           |           |         |          |
|-----------------------------------------------------------|-----------|---------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 7304006 | 10167804 |
|-----------------------------------------------------------|-----------|---------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 704729     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1546849    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 253988     |           |
| (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>    |            | 2505566   |
| <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> | 195        |           |
| <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> | 8411       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 4794       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 13400     |
| (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> | 48366      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 48366     |
| (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)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 11065     |
| (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) |            | 1459867   |
| c Other income .....                                                                            | 2c     |            | 3826      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 4042090   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1148955 |         |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) | 0       |         |
| (3) Other .....                                                                      | 2e(3) |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4) |         | 1148955 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         | 102954  |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         | 0       |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |         |         |
| (2) Contract administrator fees .....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) |         |         |
| (4) Other .....                                                                      | 2i(4) | 137439  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 137439  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1389348 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 2652742 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 211056  |
| (2) From this plan .....                                 | 2l(2) |  |         |

**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: PRIDA, GUIDA & PEREZ, P.A.

(2) EIN: 59-1978917

**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.) .....                                          |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                     |     | 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.).....                                |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <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>4f</b>                                                                                                                                                                                                                     |     | 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?.....                                                     |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                     |     | 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?.....                                           |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                     |     | 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>4i</b>                                                                                                                                                                                                                     | 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.) ..... |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                     |     | 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? .....                                                           |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |        |
| <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>                                                                                                                                                                                                                     |     | 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. ....                                      |     |    |        |
| <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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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.)

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<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</div>                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>EMPLOYEE BENEFIT PLAN OF WORKFORCE BUSINESS SERVICES, INC.                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 333                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>WORKFORCE BUSINESS SERVICES, INC.                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>65-0847999                                            |
| 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 0                                                                                             |
| 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):<br><br>EIN(s): 13-3590259                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 0                                                                                             |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 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 \_\_\_\_\_

**WORKFORCE BUSINESS SERVICES, INC.**  
**401(K) PROFIT SHARING PLAN**  
**Financial Statements**  
**As of December 31, 2019 and 2018,**  
**and for the Year Ended December 31, 2019**

**WORKFORCE BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**Financial Statements**  
**December 31, 2019**

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**PRIDA, GUIDA & PEREZ, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS  
1106 N. FRANKLIN STREET  
TAMPA, FLORIDA 33602

**INDEPENDENT AUDITORS' REPORT**

To the Plan Administrator  
Workforce Business Services, Inc. 401(k) Profit Sharing Plan  
Tampa, Florida

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Workforce Business Services, Inc. 401(k) Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019, the related statement of changes in net assets available for benefits for the year 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 audit 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 ("DOL") and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mutual of America Life Insurance Company and Matrix Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

## **INDEPENDENT AUDITORS' REPORT (CONTINUED)**

### **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 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements referred to in the first paragraph.

### **Other Matter – Supplemental Schedule**

The supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i – Supplemental Schedule of Assets (Held at End of Year), as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule referred to above.

### **Other Matter – 2018 Financial Statements**

The financial statements of the Plan as of December 31, 2018, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Matrix Trust Company, the trustee of the Plan. Their report, dated December 27, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

### **Report on Form and Content in Compliance with DOL Rules and Regulations – 2019 Financial Statements**

The form and content of the information included in the 2019 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Prida, Guida & Perez, P.A.  
Tampa, Florida  
April 28, 2021

**WORKFORCE BUSINESS SERVICES, INC. 401(k) PROFIT SHARING PLAN**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2019 and 2018**

|                                         | <u>2019</u>                 | <u>2018</u>                |
|-----------------------------------------|-----------------------------|----------------------------|
| Assets                                  |                             |                            |
| Cash and cash equivalents               | \$ 232,804                  | \$ 109,400                 |
| Investments, at fair value              | 9,675,795                   | 6,778,392                  |
| Investments, at contract value          | -                           | 178,269                    |
| Contributions receivable                |                             |                            |
| Employee                                | -                           | 61,822                     |
| Employer                                | -                           | 19,443                     |
| Notes receivable from participants      | 259,205                     | 161,361                    |
| Total assets                            | <u>10,167,804</u>           | <u>7,308,687</u>           |
| Other liabilities                       | <u>-</u>                    | <u>4,681</u>               |
| Total liabilities                       | -                           | 4,681                      |
| Total net assets available for benefits | <u><u>\$ 10,167,804</u></u> | <u><u>\$ 7,304,006</u></u> |

Read the accompanying notes to the financial statements.

**WORKFORCE BUSINESS SERVICES, INC. 401(k) PROFIT SHARING PLAN**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2019**

|                                                       |                             |
|-------------------------------------------------------|-----------------------------|
| Additions to net assets attributed to                 |                             |
| Net appreciation in fair value of investments         | \$ 1,470,932                |
| Transfers in                                          | 211,056                     |
| Interest and dividends                                | 57,181                      |
| Interest income on notes receivable from participants | 8,411                       |
| Contributions                                         |                             |
| Employee                                              | 1,546,849                   |
| Employer                                              | 704,729                     |
| Rollover                                              | 253,988                     |
| Total additions                                       | <u>4,253,146</u>            |
| Deductions of net assets attributed to                |                             |
| Administrative expenses                               | 137,439                     |
| Benefits paid to participants                         | 1,251,909                   |
| Total deductions                                      | <u>1,389,348</u>            |
| Net change in net assets available for benefits       | 2,863,798                   |
| Net assets available for benefits, beginning of year  | <u>7,304,006</u>            |
| Net assets available for benefits, end of year        | <u><u>\$ 10,167,804</u></u> |

Read the accompanying notes to the financial statements.

**WORKFORCE BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**Notes to the Financial Statements**  
**December 31, 2019**

**Note 1 – Description of the Plan**

The following description of Workforce Business Services, Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for more comprehensive information.

*General* – The Plan is a multiple employer plan as described in Section 413(c) of the Internal Revenue Code (“IRC”). As such, clients of Workforce Business Services, Inc. (the “Plan Sponsor”) may adopt this plan for its employees and become participating employers. Each participating employer may elect options as to eligibility, participation, contributions, and vesting. The Plan is subject to the provisions of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”).

*Eligibility* – All employees of the Plan Sponsor and each participants employer are eligible to participate in the Plan. To become a participant in the Plan, an employee must be at least 21 years old. In addition, depending on the option elected by the participating employer, an employee must satisfy one of the following three criteria: have 1,000 hours of service in a twelve-month consecutive period; be an employee of the adopting employer for a specified period of time that is less than twelve months; or the employee may immediately enter the Plan.

*Contributions* – Participants may, through salary deferrals, make regular 401(k) or Roth 401(k) contributions of up to limits set by the IRC. The Plan’s trust agreement also permits rollover contributions from qualified plans. Participants direct the investment of all contributions credited to their accounts into various investment options offered by the Plan.

Each co-employer who joins the Plan may elect to make discretionary matching contributions, discretionary non-elective profit sharing contributions, 401(k) safe harbor contributions or they may elect to not make any contributions to the Plan. Upon adopting the Plan, the adopting employer may elect to allow the participants to make Roth 401(k) contributions.

*Participant accounts* – Each participant’s account is credited and/or reduced with the participant’s contributions and withdrawals, employer matching and profit-sharing contributions, and allocations of the Plan earnings and losses. Allocations are based on participant earnings, participant elective contributions, or account balances, as defined. The benefit to which a participant is entitled is the vested balance in the participant’s account.

*Vesting* – Participants are immediately 100% vested in their contributions and any employer safe harbor contributions, plus actual earnings (losses) thereon. A participant’s vested interest in their account attributable to matching and non-elective contributions other than safe harbor contributions is based on one of the following three options available to the participating employer: full and immediate vesting; vesting of 20% per year after the completion of two years of service, becoming fully vested after the six year of service; or vesting of 100% after the third year of service.

*Notes receivable from participants* – Participants may borrow from their accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may not have more than two loans outstanding at any given time. Principal and interest are paid ratably through payroll deductions over a period not to exceed five years, unless the loan was used to acquire a principal residence, in which case the repayment period may exceed five years. Notes are secured by the vested balances in participants' accounts.

**WORKFORCE BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**Notes to the Financial Statements**  
**December 31, 2019**

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

*Payment of benefits* – Distribution of a participant's vested account balance to the participant or his or her beneficiary may commence upon the earlier of retirement, death, disability, or separation from service. Upon termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the vested interest in his or her account in a single lump-sum payment or direct rollover. Distributions are subject to the applicable provisions of the Plan document.

The Plan allows, in certain hardship situations as defined in the Plan document, participants to withdraw amounts from their account balances while actively employed. A participant experiencing financial hardship may, with sufficient evidence, withdraw a portion of their account attributable to employee contributions. The amount of the withdrawal may not be greater than the immediate financial need. These hardship withdrawals are subject to IRC restrictions and penalties.

*Forfeited accounts* – Any non-vested portion of the Plan Sponsor's contributions credited to the accounts of participants who withdraw from the Plan are forfeited and used for either payment of eligible administrative expenses or to reduce Plan Sponsor contributions. There were forfeiture balances as of December 31, 2019 and 2018, of approximately \$4,000 and \$10,000, respectively, and approximately \$1,000 of forfeitures were used to pay administrative expenses during the year ended December 31, 2019.

*Termination* – Although it has not expressed an intention to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to provisions of ERISA. In the event of a Plan termination, participants would become 100% vested in their accounts.

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

*Basis of accounting* – The accompanying financial statements have been 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 plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

*Notes receivable from participants* – Notes receivable from participants are recorded at the unpaid principal balance plus any accrued but unpaid interest. Delinquent participant notes are deemed distributions based upon the terms of the Plan document. The interest rate on loans outstanding as of December 31, 2019, ranged between 4.75% and 7.5%.

*Fully benefit-responsive contract* – Prior to December 17, 2019, the Plan offered an investment in a stable value fund, which was a fully benefit-responsive deposit administration group annuity contract with CMFG Life Insurance Company ("CMFG"). CMFG maintained contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. The crediting rate was based on a formula established by the contract issuer but may not be less than 2.25%. The crediting rate was reviewed on a quarterly basis for resetting.

**WORKFORCE BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**Notes to the Financial Statements**  
**December 31, 2019**

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

*Fully benefit-responsive contract (continued)* – This contract met the fully benefit-responsive investment contract criteria and therefore, was reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by CMFG, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events could have limited the ability of the Plan to transact at contract value with the issuer. Such events included (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Sponsor or other Sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events occurred that limited the ability of the Plan to transact at contract value with the contract issuers or limit the ability of the Plan to transact at contract value with the participants..

In addition, certain events allowed the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events included (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

*Investments, investment valuation, and income recognition* – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value determinations, other than those measured using the net asset value ("NAV") as a practical expedient, are made based upon a fair value hierarchy that prioritizes the inputs to valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

**WORKFORCE BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**Notes to the Financial Statements**  
**December 31, 2019**

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

*Investments, investment valuation, and income recognition (continued)* – The three levels of inputs that may be used to measure fair value:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other-than-quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and,

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy:

*Pooled separate accounts* – These investments are public investment vehicles valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market; however, the investments are in pooled separate accounts through the subaccounts of the Trustee and, therefore, are classified within Level 2 of the valuation hierarchy.

*Mutual funds* – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest income is recognized when earned. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought, sold, and held during the year.

*Benefits paid to participants* – Benefits are recorded when processed and paid by the Plan.

*Administrative expenses* – Administrative expenses paid by the Plan are recorded when incurred. The Plan Sponsor absorbs a significant amount of the cost of plan administration.

**WORKFORCE BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**Notes to the Financial Statements**  
**December 31, 2019**

**Note 3 – Information Provided and Certified by the Trustees (unaudited)**

The following is a summary of the Plan's financial information and data certified by Mutual of America Life Insurance Company ("Mutual") as complete and accurate in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

|                                               | December 31,                       |      |
|-----------------------------------------------|------------------------------------|------|
|                                               | 2019                               | 2018 |
| Cash and cash equivalents                     | \$ 226,326                         | \$ - |
| Investments, at fair value                    | \$ 8,752,539                       | \$ - |
|                                               | Year Ended<br>December 31,<br>2019 |      |
| Interest                                      | \$ 96                              |      |
| Net appreciation in fair value of investments | \$ 11,065                          |      |

The following is a summary of the Plan's financial information and data certified by Matrix Trust Company as complete and accurate in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

|                                               | December 31,                       |              |
|-----------------------------------------------|------------------------------------|--------------|
|                                               | 2019                               | 2018         |
| Cash and cash equivalents                     | \$ 6,478                           | \$ 109,400   |
| Investments, at fair value                    | \$ 923,256                         | \$ 6,778,392 |
| Investments, at contract value                | \$ -                               | \$ 178,269   |
|                                               | Year Ended<br>December 31,<br>2019 |              |
| Interest and dividends                        | \$ 57,085                          |              |
| Net appreciation in fair value of investments | \$ 1,459,867                       |              |

**WORKFORCE BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**Notes to the Financial Statements**  
**December 31, 2019**

**Note 4 – Investments, at Fair Value**

The following is a summary of the Plan's investments measured at fair value:

|                                         | Level 1             | Level 2             | Level 3     | Total               |
|-----------------------------------------|---------------------|---------------------|-------------|---------------------|
| <u>As of December 31, 2019</u>          |                     |                     |             |                     |
| Pooled separate accounts <sup>(*)</sup> | \$ -                | \$ 8,752,539        | \$ -        | \$ 8,752,539        |
| Mutual funds <sup>(*)</sup>             | 923,256             | -                   | -           | 923,256             |
|                                         | <u>\$ 923,256</u>   | <u>\$ 8,752,539</u> | <u>\$ -</u> | <u>\$ 9,675,795</u> |
| <br><u>As of December 31, 2018</u>      |                     |                     |             |                     |
| Mutual funds <sup>(*)</sup>             | \$ 6,778,392        | \$ -                | \$ -        | \$ 6,778,392        |
|                                         | <u>\$ 6,778,392</u> | <u>\$ -</u>         | <u>\$ -</u> | <u>\$ 6,778,392</u> |

<sup>(\*)</sup> Amounts are unaudited (see Note 3).

**Note 5 – Party-in-Interest Transactions**

Certain of the Plan's investments are in pooled separate accounts through subaccounts of Mutual and, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid during the year for accounting and other services rendered by parties-in-interest qualify as party-in-interest activity, they are expressly exempted from prohibited transactions rules (ERISA, Title 1, and Section 408(b)).

**Note 6 – Income Tax Status**

The Plan obtained its latest determination letter dated December 12, 2013, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since receiving the opinion letter, Plan management believes that the Plan is currently designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, as the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Note 7 – Risks and Uncertainties**

The Plan invests in various investment options in investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 the amounts reported in the statement of net assets available for benefits.

**WORKFORCE BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
**Notes to the Financial Statements**  
**December 31, 2019**

**Note 8 – Subsequent Events**

Plan management has evaluated subsequent events through April 28, 2021, in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

In March 2020, the World Health Organization declared the outbreak of COVID-19 a global pandemic. The responses by federal, state, and local governments have included stay-at-home orders, school closures, and restrictions on public gatherings, travel, and non-essential businesses and services that have adversely affected workforces, economies, and financial markets resulting in significant economic downturn and volatility in investment markets. The heightened market risk and volatility associated with COVID-19 could materially affect participants' account balances and the amounts reported in accompanying financial statements. Because of the uncertainty of the markets, Plan management is unable to estimate the impact the pandemic will have.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES") was passed by Congress. CARES provides for special distribution options and rollover rules and expands permissible loans from certain retirement plans.

## **SUPPLEMENTAL SCHEDULE**

**WORKFORCE BUSINESS SERVICES, INC. 401(k) SAVINGS PLAN**

**EIN: 65-0847999, Plan Number: 333**

**Form 5500, Schedule H, Part IV, Line 4i**

**Schedule of Assets (Held at End of Year)**

**December 31, 2019**

| (a) | (b)<br>Identity of Issue, Borrower, or<br>Similar Party | (c)<br>Description of Investment Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <u>Pooled Separate Accounts</u>                         |                                                                                                                   |             |                      |
| *   | Mutual of America                                       | Mutual of America Aggressive Allocation                                                                           | **          | \$ 78,144            |
| *   | Mutual of America                                       | Mutual of America Conservative Alloc.                                                                             | **          | 25,451               |
| *   | Mutual of America                                       | Mutual of America Moderate Allocation                                                                             | **          | 71,678               |
| *   | Mutual of America                                       | Mutual of America Bond Fund                                                                                       | **          | 69,168               |
| *   | Mutual of America                                       | T. Rowe Price Blue Chip Growth Portfolio                                                                          | **          | 213,462              |
| *   | Mutual of America                                       | Mutual of America Composite Fund                                                                                  | **          | 33,404               |
| *   | Mutual of America                                       | Calvert VP SRI Balanced Portfolio                                                                                 | **          | 13,119               |
| *   | Mutual of America                                       | Mutual of America Equity Index Fund                                                                               | **          | 320,018              |
| *   | Mutual of America                                       | Fidelity VIP Mid Cap Portfolio                                                                                    | **          | 25                   |
| *   | Mutual of America                                       | Fidelity VIP Asset Manager Portfolio                                                                              | **          | 1,228                |
| *   | Mutual of America                                       | Fidelity VIP Contrafund Portfolio                                                                                 | **          | 30,784               |
| *   | Mutual of America                                       | Fidelity VIP Equity-Income Portfolio                                                                              | **          | 25,390               |
| *   | Mutual of America                                       | Goldman Sachs VIT                                                                                                 | **          | 1,053                |
| *   | Mutual of America                                       | Goldman Sachs VIT Small Cap Eq Insights                                                                           | **          | 410                  |
| *   | Mutual of America                                       | Mutual of America Money Market Fund                                                                               | **          | 55                   |
| *   | Mutual of America                                       | Mutual of America Mid-Term Bond Fund                                                                              | **          | 1,823                |
| *   | Mutual of America                                       | Mutual of America Mid-Cap Equity Index                                                                            | **          | 42,569               |
| *   | Mutual of America                                       | Mutual of America Mid Cap Value Fund                                                                              | **          | 2,892                |
| *   | Mutual of America                                       | Neuberger Berman AMT Sustainable Equity                                                                           | **          | 15,875               |
| *   | Mutual of America                                       | Mutual of America International Fund                                                                              | **          | 1,520                |
| *   | Mutual of America                                       | Invesco Oppenheimer V.I. Main Street                                                                              | **          | 22,399               |
| *   | Mutual of America                                       | Mutual of America Retirement Income Fund                                                                          | **          | 594,355              |
| *   | Mutual of America                                       | Vanguard VIF Real Estate Index Portfolio                                                                          | **          | 56,837               |
| *   | Mutual of America                                       | PIMCO VIT Real Return Portfolio                                                                                   | **          | 20                   |
| *   | Mutual of America                                       | Mutual of America 2020 Retirement Fund                                                                            | **          | 931,228              |
| *   | Mutual of America                                       | Mutual of America 2025 Retirement Fund                                                                            | **          | 661,338              |
| *   | Mutual of America                                       | Mutual of America 2030 Retirement Fund                                                                            | **          | 2,005,847            |
| *   | Mutual of America                                       | Mutual of America 2035 Retirement Fund                                                                            | **          | 907,917              |
| *   | Mutual of America                                       | Mutual of America 2040 Retirement Fund                                                                            | **          | 706,631              |
| *   | Mutual of America                                       | Mutual of America 2045 Retirement Fund                                                                            | **          | 786,303              |
| *   | Mutual of America                                       | Mutual of America 2050 Retirement Fund                                                                            | **          | 602,151              |
| *   | Mutual of America                                       | Mutual of America 2055 Retirement Fund                                                                            | **          | 139,689              |
| *   | Mutual of America                                       | Mutual of America 2060 Retirement Fund                                                                            | **          | 81,712               |
| *   | Mutual of America                                       | Mutual of America All America Fund                                                                                | **          | 9,600                |
| *   | Mutual of America                                       | DWS Capital Growth VIP                                                                                            | **          | 43,206               |
| *   | Mutual of America                                       | Mutual of America Small Cap Growth Fund                                                                           | **          | 25,462               |
| *   | Mutual of America                                       | American Century VP Capital Appreciation                                                                          | **          | 8,171                |
| *   | Mutual of America                                       | Vanguard VIF Diversified Value Portfolio                                                                          | **          | 48,902               |
| *   | Mutual of America                                       | Vanguard VIF International Portfolio                                                                              | **          | 73,625               |
| *   | Mutual of America                                       | Vanguard Total Bond Mkt I Prt                                                                                     | **          | 99,078               |
|     |                                                         |                                                                                                                   |             | <u>8,752,539</u>     |
|     | <u>Mutual Funds</u>                                     |                                                                                                                   |             |                      |
|     | Alger                                                   | Alger Growth Opportunities I                                                                                      | **          | 20,129               |
|     | Alger                                                   | Alger Spectra Fund Class I                                                                                        | **          | 21,725               |
|     | American Century                                        | American Century Emerging Markets Fund                                                                            | **          | 5,542                |
|     | American Century                                        | American Century One Choice 2020                                                                                  | **          | 30,816               |
|     | American Century                                        | American Century One Choice 2030                                                                                  | **          | 18,907               |

Read the independent auditors' report.

**WORKFORCE BUSINESS SERVICES, INC. 401(k) SAVINGS PLAN**

**EIN: 65-0847999, Plan Number: 333**

**Form 5500, Schedule H, Part IV, Line 4i**

**Schedule of Assets (Held at End of Year) (continued)**

**December 31, 2019**

| (a) | (b)                                              | (c)                                                                                                        | (d)   | (e)                 |
|-----|--------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------|---------------------|
|     | Identity of Issue, Borrower, or<br>Similar Party | Description of Investment Including Maturity Date, Rate of Interest,<br>Collateral, Par, or Maturity Value | Cost  | Current Value       |
|     | American Century                                 | American Century One Choice 2035                                                                           | **    | 189,935             |
|     | American Century                                 | American Century One Choice 2040                                                                           | **    | 331,640             |
|     | American Century                                 | American Century One Choice 2045                                                                           | **    | 50,552              |
|     | American Century                                 | American Century One Choice 2050                                                                           | **    | 32,138              |
|     | American Century                                 | American Century One Choice 2055                                                                           | **    | 13,235              |
|     | American Century                                 | American Century One Choice 2060                                                                           | **    | 18,601              |
|     | Chiron                                           | Chiron Capital Allocation Fund, Institutional                                                              | **    | 21,774              |
|     | First Eagle                                      | First Eagle Global Fund I                                                                                  | **    | 10,409              |
|     | First Trust                                      | First Trust Senior Loan Fund                                                                               | **    | 9,179               |
|     | Goldman Sachs                                    | GS Structured International Small Cap                                                                      | **    | 1,885               |
|     | Invesco                                          | Invesco Equally Weighted S&P Fund                                                                          | **    | 20,272              |
|     | Janus Henerson Investors                         | Janus Henderson Balanced Fund I                                                                            | **    | 1                   |
|     | John Hancock                                     | JHancock International Growth I                                                                            | **    | 9,205               |
|     | Nuveen                                           | Nuveen Small Cap Value Fund                                                                                | **    | 307                 |
|     | Polen Capital                                    | Polen Growth Fund - Institutional Class                                                                    | **    | 43,558              |
|     | Goldman Sachs                                    | Small Cap Value Fund                                                                                       | **    | 13,868              |
|     | Vanguard                                         | Vanguard Growth Index Fund                                                                                 | **    | 23,511              |
|     | Vanguard                                         | Vanguard Mid-Cap Value Index Fund                                                                          | **    | 3,968               |
|     | Vanguard                                         | Vanguard Small-Cap Value Index                                                                             | **    | 1,134               |
|     | Vanguard                                         | Vanguard Total Int St Index                                                                                | **    | 11,172              |
|     | Vanguard                                         | Vanguard Value Index Fund                                                                                  | **    | 6,743               |
|     | Wells Fargo                                      | Wells Fargo Special Mid Cap Value                                                                          | **    | 9,050               |
|     |                                                  |                                                                                                            |       | <u>923,256</u>      |
|     | <u>Notes Receivable from Participants</u>        |                                                                                                            |       |                     |
| *   | Plan Participants                                | Interest rate 4.75 to 7.5%, maturing no later than 2023,<br>secured by participant accounts                | \$-0- | 259,205             |
|     |                                                  |                                                                                                            |       | <u>\$ 9,935,000</u> |

\* Represents a party-in-interest as defined by ERISA

\*\* Column (d) cost information is not presented as these assets are self-directed

Read the independent auditors' report.

| Client Name                           | FEIN #     | % of Total Contributions for Plan |
|---------------------------------------|------------|-----------------------------------|
| 1st Choice Payroll Solutions Inc      | 20-5768235 | 1.74%                             |
| Above All Caulking & Waterproofing    | 59-3790848 | 0.00%                             |
| Adler Construction Inc                | 65-0078011 | 5.33%                             |
| All In One Roofing                    | 05-0599217 | 2.24%                             |
| Apptek Coachella Inc                  | 20-4495768 | 1.60%                             |
| Atlantic Garage Door                  | 59-2576048 | 0.00%                             |
| B & B Acoustics Inc                   | 91-2193459 | 1.24%                             |
| B P Electric Inc                      | 65-0385434 | 1.25%                             |
| Bedgood Construction Co               | 59-2585360 | 0.24%                             |
| Borgzinner, Inc                       | 42-1688112 | 0.00%                             |
| Bridgely Key Options                  | 45-4484205 | 2.12%                             |
| California Premier Roofscapes Inc     | 26-3936399 | 6.17%                             |
| Clark Sales Display                   | 59-3452866 | 3.07%                             |
| CMI & Pier 22                         | 65-0929135 | 4.31%                             |
| CPA Associates                        | 65-1064045 | 0.00%                             |
| David Lundberg Building & Roofing     | 54-2131055 | 2.07%                             |
| Denson & Associates                   | 59-3498877 | 0.00%                             |
| DLM Carpentry Contractors             | 59-3233247 | 0.33%                             |
| Dulakis Painting Inc                  | 59-3161471 | 2.78%                             |
| E&D Contracting Services Inc          | 81-0632606 | 1.08%                             |
| Faith Plastering                      | 59-3460075 | 0.12%                             |
| First Home Builders of Florida        | 65-0765851 | 0.00%                             |
| Flash Painting & Decorating Inc       | 26-2484586 | 5.60%                             |
| Florida Door Control Inc              | 59-3508205 | 0.00%                             |
| Forward Electric AC Inc               | 59-1688597 | 0.00%                             |
| GB Welding                            | 27-4523405 | 0.42%                             |
| Gravelly of Bradenton (Rouths)        | 59-2220586 | 0.00%                             |
| Green Construction                    | 20-5117745 | 4.81%                             |
| Hoffman & Nixon AC Inc                | 59-2732229 | 0.19%                             |
| King Roofing Service Inc              | 59-2471766 | 0.07%                             |
| L&S Framing Inc                       | 45-2874833 | 18.65%                            |
| LaFerney Inc                          | 62-1004312 | 0.00%                             |
| Lautaro Drywall, Inc                  | 65-1003533 | 0.00%                             |
| Management & Associates / Scannavino  | 59-2820622 | 3.09%                             |
| Masterpiece Masonry                   | 65-0899852 | 0.00%                             |
| Mid Fla Heating & Air                 | 01-0655715 | 1.61%                             |
| Morrison Aluminum                     | 65-0769790 | 0.78%                             |
| NIR West, Northern California Roofing | 68-0423872 | 0.00%                             |
| Pat Carlton Construction, Inc.        | 65-0004203 | 0.30%                             |
| Pipeline Distribution Inc             | 65-1148314 | 0.21%                             |
| Ralph Carpenter Roofing               | 37-1494947 | 0.00%                             |
| Rambo's Grading Service Inc           | 59-3562709 | 0.00%                             |
| Roof King Roofing Inc                 | 45-3969998 | 2.75%                             |
| Snead Island Boat Works Inc           | 59-2474596 | 0.53%                             |
| Southern Machine                      | 59-1950146 | 0.60%                             |
| The Southeast Restoration Group       | 59-2885557 | 0.05%                             |

|                             |            |        |
|-----------------------------|------------|--------|
| Total Home Contractors      | 20-2902796 | 18.12% |
| Workforce Business Services | 65-0847999 | 6.53%  |



# WBS

WORKFORCE  
BUSINESS  
SERVICES

YOUR HARD MARKET SOLUTION

October 9, 2020

Mutual of America  
Krista Farinas  
3000 Bayport Drive  
Suite 1125  
Tampa, FL 33607

**RE: Workforce Business Services, Form 5500**

Dear Krista:

Please be advised that our auditors Prida Guida & Perez, P.A., have not completed the Workforce Business Services Plan Audit for the 2019 Plan Year. The audit should be completed within 30 days. The Form 5500 filing will be amended to include the audit report once it is received.

Please contact myself or Heather Scott, should you have any questions.

Sincerely,

Daniel P. Johnson  
Senior Vice President

**Attachment to January 2019 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** EMPLOYEE BENEFIT PLAN OF

**EIN:** 65-0847999

**Plan Sponsor's Name** WORKFORCE BUSINESS SERVICES, INC.

**PN:** 333

| (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 |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>GENERAL ACCOUNT                                                                   |          | 226,326           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Aggressive Allocation Fund                                                        |          | 78,144            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Conservative Allocation Fund                                                      |          | 25,451            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Moderate Allocation Fund                                                          |          | 71,678            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Bond Fund                                                                         |          | 69,168            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>T. Rowe Price Blue Chip Growth                                                    |          | 213,462           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Composite Fund                                                                    |          | 33,404            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Calvert VP SRI Balanced Port.                                                     |          | 13,119            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Equity Index Fund                                                                 |          | 320,018           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Mid-Cap                                                              |          | 25                |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Asset Manager                                                        |          | 1,228             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Contrafund                                                           |          | 30,784            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Fidelity VIP Equity Income                                                        |          | 25,390            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Goldman Sachs VIT US Equity                                                       |          | 1,053             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Goldman Sachs VIT Small Cap                                                       |          | 410               |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Money Market Fund                                                                 |          | 55                |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mid-Term Bond Fund                                                                |          | 1,823             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mid-Cap Equity Index Fund                                                         |          | 42,568            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Mid Cap Value Fund                                                                |          | 2,892             |

**Attachment to January 2019 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** EMPLOYEE BENEFIT PLAN OF

**EIN:** 65-0847999

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| (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 |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Neuberger Berman AMT Sust Eq                                                      |          | 15,875            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>International Fund                                                                |          | 1,520             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Invesco Oppenheimer VI Main St                                                    |          | 22,399            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Retirement Income Fund                                                            |          | 594,355           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard VIF Real Estate Index                                                    |          | 56,837            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>PIMCO VIT Real Return Port.                                                       |          | 20                |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>2020 Retirement Fund                                                              |          | 592,755           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>2025 Retirement Fund                                                              |          | 611,513           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>2030 Retirement Fund                                                              |          | 1,995,863         |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>2035 Retirement Fund                                                              |          | 902,463           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>2040 Retirement Fund                                                              |          | 694,112           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>2045 Retirement Fund                                                              |          | 786,304           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>2050 Retirement Fund                                                              |          | 577,311           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>2055 Retirement Fund                                                              |          | 139,689           |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>2060 Retirement Fund                                                              |          | 81,712            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>All America Fund                                                                  |          | 9,600             |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>DWS Capital Growth VIP                                                            |          | 43,206            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Small Cap Growth Fund                                                             |          | 25,462            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>American Century VP Cap Apprec                                                    |          | 8,172             |

**Attachment to January 2019 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** EMPLOYEE BENEFIT PLAN OF

**EIN:** 65-0847999

**Plan Sponsor's Name** WORKFORCE BUSINESS SERVICES, INC.

**PN:** 333

| (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 |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard VIF Diversified Value                                                    |          | 48,902            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard VIF International                                                        |          | 73,625            |
| *   | Mutual of America                                          | GROUP ANNUITY CONTRACT<br>Vanguard Total Bond Mkt I Prt                                                     |          | 99,078            |

