

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/2004</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EEMPLOYERS SOLUTIONS, INC.</u> <u>12211 HUEBNER ROAD</u> <u>SAN ANTONIO, TX 78230</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>74-2884279</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>210-495-1171</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>74-2884279</u>	2c Plan Sponsor's telephone number <u>210-495-1171</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>74-2884279</u>					
2c Plan Sponsor's telephone number <u>210-495-1171</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/20/2021	JENNY SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/20/2021	JENNY SMITH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1149
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1126 6a(2) 970 6b 0 6c 133 6d 1103 6e 0 6f 1103 6g 851 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 EEMPLOYERS SOLUTIONS, INC.	D Employer Identification Number (EIN) 74-2884279	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	167108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EEMPLOYERS SOLUTIONS, INC.

74-2884279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	17319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	15522	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 EEMPLOYERS SOLUTIONS, INC.	D Employer Identification Number (EIN) 74-2884279	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	53942	22132
(2) Participant contributions.....	1b(2)	52731	52470
(3) Other.....	1b(3)	2392	3818
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2125789	2110134
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	382761	444530
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	13203978	18144601
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15821593	20777685

Liabilities

g Benefit claims payable	1g		5969
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	5969

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15821593	20771716
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1353483	
(B) Participants	2a(1)(B)	2857132	
(C) Others (including rollovers)	2a(1)(C)	388613	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4599228
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	18595	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18595
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	477253	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		477253
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2999826
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8094902

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2692258	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2692258
f Corrective distributions (see instructions)	2f		17938
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	184427	
(3) Investment advisory and management fees	2i(3)	15522	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		199949
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2910145

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5184757
l Transfers of assets:			
(1) To this plan	2l(1)		575983
(2) From this plan	2l(2)		810617

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: UHY LLP

(2) EIN: 20-0694403

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		3876
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ACCU-AIRE MECHANICAL, LLC RETIREMENT SAVINGS PLAN	20-3251514	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
THE EMPLOYEE RETIREMENT 401(K) PLAN	46-3768312	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EEMPLOYERS SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>74-2884279</u>

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

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

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

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

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

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

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

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

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

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

eEMPLOYERS SOLUTIONS, INC.
MULTIPLE EMPLOYER PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2019 and 2018 and
for the year ended December 31, 2019

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
eEmployers Solutions, Inc. Multiple Employer Plan

We were engaged to audit the accompanying financial statements of the eEmployers Solutions, Inc. Multiple Employer Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

To the Participants and Plan Administrator of the
eEmployers Solutions, Inc. Multiple Employer Plan
Page Two

Opinion

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

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year), are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The logo for UHY LLP, featuring the letters "UHY" in a large, stylized, cursive font, followed by "LLP" in a smaller, simpler font.

Sterling Heights, Michigan
August 12, 2021

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2019	2018
ASSETS		
Investments at fair value	\$ 20,254,735	\$ 15,329,767
Receivables		
Employer contributions	22,132	53,942
Participant contributions	56,288	55,123
Notes receivable from participants	444,530	382,761
Total receivables	522,950	491,826
Total assets	20,777,685	15,821,593
LIABILITIES - Excess contributions payable	5,969	17,938
Net assets available for benefits	\$ 20,771,716	\$ 15,803,655

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2019

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income	
Net appreciation in the fair value of investments	\$ 2,999,826
Dividends	477,253
Interest income on notes receivable from participants	18,595
Contributions	
Employers	1,353,483
Participants	2,857,132
Rollovers	388,613
	<hr/>
Total additions	8,094,902

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants	2,692,258
Administrative expenses	199,949
	<hr/>
Total deductions	2,892,207

NET INCREASE IN NET ASSETS 5,202,695

TRANSFERS FROM OTHER PLANS 575,983

TRANSFERS TO OTHER PLANS (810,617)

NET ASSETS AVAILABLE FOR BENEFITS, beginning of year 15,803,655

NET ASSETS AVAILABLE FOR BENEFITS, end of year \$ 20,771,716

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the eEmployers Solutions, Inc. Multiple Employer Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all employees of eEmployers Solutions, Inc. (the “Company”) and its adopting employers, except for non-resident aliens and employees covered by a collective bargaining agreement. Participation in the Plan is discretionary for all eligible employees, as defined by the Plan, unless modified by the adopting employer. The defined contribution 401(k) profit sharing plan and trust was established by the Company on January 1, 2004, was amended October 1, 2013, October 1, 2015, March 1, 2018, was restated on November 1, 2018, and was amended on December 15, 2018 and January 1, 2019 and offers this arrangement to multiple employers.

All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each companies’ adopted plan agreement should be referred to by the participants for additional information regarding Plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Custodian

Fidelity National Financial Services (through FIS Reliance Trust, Inc.) is the Plan’s custodian. Fidelity National Financial Services (through FIS Reliance Trust, Inc.) invests all participant and employer contributions, as well as earnings thereon, pursuant to the terms of the Plan.

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Contributions

The Plan allows participants to elect to defer a portion of their compensation up to 100%, including any catch-up contributions for participants who have attained age 50, not to exceed the maximum amounts allowed for by the Internal Revenue Code (IRC) and the Plan documents. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions, including their employer contributions, into various investment options offered by the Plan. The amount of the participant's deferred compensation is treated as a participant elective contribution, allocated to that participant's elective account, and is 100% vested at the time of contribution. Any portion of this contribution can be elected by the participant as a Roth contribution. The participating employers may contribute a safe harbor or discretionary matching percentage of the amount deferred by the employee. The participating employer may also contribute a discretionary profit-sharing contribution, as determined annually, to the Plan each year. Contributions are accumulated and invested, as directed by participants, in a trust fund held by the custodian.

Participant Accounts

Each participant's account is credited with an allocation of (a) the employers' discretionary matching contribution; (b) the employers' safe harbor matching contribution; (c) the employers' discretionary profit-sharing contribution; (d) the participants' voluntary contributions, transfer contributions, and rollover contributions; and (e) Plan earnings. The accounts are charged for any withdrawals, distributions, and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Each participating employer provides vesting of discretionary matching, safe harbor and profit-sharing contributions; see specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination. Participants are fully vested immediately with respect to employee contributions, rollovers and earnings thereon.

Forfeitures

Forfeitures are used to pay Plan expenses or to reduce employer contributions, at the adopting employers' discretion. During the year ended December 31, 2019, no forfeitures were used to pay Plan expenses or reduce employer contributions. Total unallocated forfeitures at December 31, 2019 and 2018 amounted to \$70,150 and \$50,786, respectively.

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payment of Vested Benefits

Participants, or their beneficiaries, are entitled to receive the entire amount of their interests in the Plan upon retirement, death, total or permanent disability, employment termination, reaching the age of 59 ½ or qualifying for a hardship distribution, as defined in the Plan. A participant will be considered to have suffered a disability if he or she is permanently unable to perform his or her customary duties for the employer due to a mental or physical condition which can be expected to result in death, or be of a long continued and indefinite duration as determined by the plan administrator. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account.

In-service distributions are allowed once per calendar month when a participant reaches age 59 ½. Rollover contributions may be withdrawn at any time.

If the participants vested balance is less than or equal to \$1,000, the entire sum will be distributed as soon as possible following the participant's separation from service. If the participants vested balance is less than or equal to \$5,000, but greater than \$1,000, the entire sum will be rolled into an IRA. If the participants vested balance is greater than \$5,000, they can elect to receive a lump-sum distribution. At December 31, 2019, there were no requested distributions that had not been paid as of the Plan year end.

The IRS released final regulations related to hardship withdrawals on September 19, 2019, which provided guidance on the changes made by the Bipartisan Budget Act of 2018. The Final Regulations are effective for hardship withdrawals made on or after January 1, 2020, but may be implemented for plan years beginning January 1, 2019. Some provisions were mandatory, effective January 1, 2020, such as prohibiting plans from suspending employee deferral contributions, while others were optional and could be implemented in the 2019 plan year. These optional provisions included: 1) not forcing participants to take loans before requesting a hardship and 2) expanding the available sources for which they can take the hardship withdrawal (i.e. employer contributions). The Plan was amended effective January 1, 2019 to adopt the mandatory and optional provisions identified above. Hardship distributions may also be granted for expenses related to the repair of damage to a participant's principal residence and expenses and losses (including loss of income) incurred by the participant on account of a disaster declared by the Federal Emergency Management Agency (FEMA).

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the vested balance in the participant's account. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. The term of such loans may not exceed five years except in the case of a loan for the purchase of a principal residence which may not exceed fifteen years. The Plan allows for a maximum number of two loans per participant a time. Refinancing of loans is prohibited. Principal and interest is paid ratably, through payroll deductions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of certain accounting policies followed in the preparation of these financial statements.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisor, custodian, and insurance company. See Note 3 for discussion of fair value measurements.

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

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

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

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2019 excess contributions to the applicable participants prior to March 15, 2020.

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the plan sponsor. Expenses paid by the plan sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

Reclassifications

Certain reclassifications have been made to the financial statements for the year ended December 31, 2018 to conform to the presentation for the year ended December 31, 2019.

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through August 12, 2021, the date the financial statements were available to be issued, and has determined that there are no material events that have occurred during this period, except those disclosed in Note 11.

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund is an open-end fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

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

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019 and 2018.

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,110,134	\$ -	\$ -	\$ 2,110,134
Mutual funds	18,144,601	-	-	18,144,601
Total assets at fair value	<u>\$ 20,254,735</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 20,254,735</u>

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 2,125,789	\$ -	\$ -	\$ 2,125,789
Mutual funds	13,203,978	-	-	13,203,978
Total assets at fair value	<u>\$ 15,329,767</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 15,329,767</u>

For the year ended December 31, 2019, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTE 4 – TAX STATUS

The Plan uses a volume submitter plan sponsored by Slavic Integrated Administration, Inc. dba Slavic 401k.com. The Internal Revenue Service (IRS) has determined and informed the plan sponsor by a letter dated March 31, 2014, that the volume submitter plan and related trust are designed in accordance with applicable sections of the IRC. The Plan itself is not required to and has not received a determination letter from the IRS. Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2019, there were direct fees of \$167,108 paid to Slavic Integrated Administration, \$17,319 paid to eEmployers Solutions, Inc., and \$15,522 paid to Slavic Mutual Fund Management Corp., parties-in-interest as defined in Section 3(14) of ERISA. During the years ended December 31, 2019 and 2018, there were transactions involving the investment of plan assets in investment funds maintained by Fidelity National Financial Services (through FIS Reliance Trust, Inc.), a party-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net appreciation of the fair value of investments.

NOTE 6 – TIMELY REMITTANCE OF CONTRIBUTIONS

During the year ended December 31, 2019, there were instances of noncompliance in remitting participant contributions as soon as they could be reasonably segregated. Untimely remittance of participant contributions constitutes a prohibited transaction under ERISA section 406. Lost earnings in the amount of \$1 were paid into the Plan subsequent to December 31, 2019.

NOTE 7 – OPERATIONAL ERRORS

During the year ended December 31, 2019, the Company identified and corrected a limited number of operational errors related to participant contributions that were properly withheld from the participants' compensation, but not remitted to the Plan until the following year. The Company self-corrected the errors by making corrective contributions to the affected participants' accounts for the missed deferrals and associated lost earnings totaling \$200 subsequent to December 31, 2019.

NOTE 8 – PLAN TERMINATION

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

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 9 – RISKS AND UNCERTAINTIES

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

Assessments

On June 30, 2021, the Department of Labor (DOL) issued a notice of its intent to assess a penalty to the Plan for failing to properly and timely file Form 5500 for the Plan year ending December 31, 2019. The notice states the DOL intends to assess a \$50,000 penalty for the Plan's failure to respond to the Department's notice of rejection letter dated November 12, 2020. Further, the Plan is subject to additional penalties of up to \$2,259 per day until a satisfactory amended annual report is filed with the Department.

On July 30, 2021, the Plan filed its response to the assessment, admitting its failure to file Form 5500 with all required schedules and attachments. The case was still ongoing and an outcome was not known at the time the financial statements were available to be issued.

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2018:

Net assets available for benefits per the financial statements	\$ 15,803,655
Plus: excess contributions payable	<u>17,938</u>
Net assets available for benefits per the Schedule H of Form 5500	<u>\$ 15,821,593</u>

The following is a reconciliation of the net increase in net assets per the financial statements for the year ended December 31, 2019 to Schedule H of Form 5500:

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (Continued)

Net increase in net assets per the financial statements	\$ 5,202,695
Prior year excess contributions payable	<u>(17,938)</u>
Net increase in net assets per Schedule H of Form 5500	<u>\$ 5,184,757</u>

NOTE 11 – SUBSEQUENT EVENTS

Subsequent to December 31, 2019, the stock market has fluctuated due to growing concerns of COVID-19. However, as the values of individual investments fluctuate with market conditions, the amount of losses that will be eventually realized, if any, cannot be determined. These conditions could materially impact participant account balances and the amounts reported in the Plan's financial statements.

In response to the COVID-19 pandemic, on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress. The CARES Act provides immediate and temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions and participant loans. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented the following provisions:

- Special coronavirus distributions up to \$100,000
- Suspended required minimum distributions for 2020
- Extend the period for loan repayments, if applicable, until the end of 2020. Payments will resume in 2021 on loans, at which time the participant can choose to amortize their loan or make catch up payments
- Increase the available loan amount to the lesser of \$100,000 or 100% of the participant's vested account balance

Effective January 1, 2020, the Plan was amended to provide that participants may receive a hardship distribution if they represent, in writing or by an electronic medium, that they have insufficient cash or other liquid assets reasonably available to satisfy the financial need.

SUPPLEMENTARY INFORMATION

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
EIN # 74-2884279, Plan # 333
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Year ended December 31, 2019

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☒ \$ 3,876	\$ -	\$ 3,876	\$ -	\$ -

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
EIN # 74-2884279, Plan # 333
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	National Financial Services, LLC	American Funds Capital World Fund	\$ 56,502
*	National Financial Services, LLC	American Funds EuroPacific Fund	582,986
*	National Financial Services, LLC	American Funds New Perspective Fund	315,883
*	National Financial Services, LLC	American Funds Washington Mutual Fund	136,397
*	National Financial Services, LLC	BlackRock Health Sciences Fund	279,270
*	National Financial Services, LLC	DFA Emerging Markets Core Equity Fund	194,785
*	National Financial Services, LLC	Fidelity 500 Index Fund	680,459
*	National Financial Services, LLC	Fidelity Advisor Freedom 2040 Fund	160,998
*	National Financial Services, LLC	Fidelity Advisor Technology Fund	481,632
*	National Financial Services, LLC	Fidelity US Bond Index Fund	500,580
*	National Financial Services, LLC	Franklin Utilities Fund	37,892
*	National Financial Services, LLC	iShares MSCI EAFE International Index Fund	275,790
*	National Financial Services, LLC	Oppenheimer Gold & Special Minerals Fund	87,499
*	National Financial Services, LLC	T. Rowe Price Mid Cap Growth Fund	480,409
*	National Financial Services, LLC	T. Rowe Price New Era Fund	61,191
*	National Financial Services, LLC	Vanguard Dividend Growth Fund	243,712
*	National Financial Services, LLC	Vanguard Energy Admiral Fund	51,562
*	National Financial Services, LLC	Vanguard Federal Money Market Fund	2,110,134
*	National Financial Services, LLC	Vanguard Financials Index Admiral Fund	30,653
*	National Financial Services, LLC	Vanguard Industrial Index Admiral Fund	339,582
*	National Financial Services, LLC	Vanguard Inflation Protected Securities Fund	41,360
*	National Financial Services, LLC	Vanguard Information Technology Index Fund	439,137
*	National Financial Services, LLC	Vanguard Intermediate-Term Bond Index Fund	186,086
*	National Financial Services, LLC	Vanguard Mid Cap Index Admiral Fund	160,217
*	National Financial Services, LLC	Vanguard Mid Cap Value Index Admiral Fund	136,720
*	National Financial Services, LLC	Vanguard Real Estate Index Admiral Fund	165,811
*	National Financial Services, LLC	Vanguard Short-Term Federal Admiral Fund	1,663,496
*	National Financial Services, LLC	Vanguard US Growth Admiral	558,849
*	National Financial Services, LLC	Vanguard Short-Term Inf Prot Index Admiral Fund	5,793
*	National Financial Services, LLC	Vanguard Small Cap Growth Index Admiral Fund	1,688,979
*	National Financial Services, LLC	Vanguard Small Cap Index Admiral Fund	228,439
*	National Financial Services, LLC	Vanguard Target Retirement 2030 Fund	413,331
*	National Financial Services, LLC	Vanguard Target Retirement 2040 Fund	168,399
*	National Financial Services, LLC	Vanguard Target Retirement 2045 Fund	450,694
*	National Financial Services, LLC	Vanguard Target Retirement 2050 Fund	381,504
*	National Financial Services, LLC	Vanguard Target Retirement 2055 Fund	151,624
*	National Financial Services, LLC	Vanguard Target Retirement 2065 Fund	6,878
*	National Financial Services, LLC	Vanguard Target Retirement Income Fund	12,668
*	National Financial Services, LLC	Vanguard Total Stock Market Index Admiral Fund	4,170,025
*	National Financial Services, LLC	Vanguard Target Retirement 2035 Fund	117,989
*	National Financial Services, LLC	Vanguard Target Retirement 2060 Fund	80,349
*	National Financial Services, LLC	Vanguard Target Retirement 2025 Fund	387,039
*	National Financial Services, LLC	Vanguard Target Retirement 2020 Fund	933,736
*	National Financial Services, LLC	Vanguard Target Retirement 2015 Fund	597,696
			<hr/>
			20,254,735
*	Notes receivable from participants	Notes receivable from participants (interest rates from 4.25% to 6.00%) due at various dates through January 2046	<hr/>
			444,530
			<hr/>
			\$ 20,699,265

Multiple-Employer Plan Participating Employer Information

EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN			Plan #333	EIN: 74-2884279
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions		
Abeco Contracting Inc & MMC Contracting LLC	74-2831809	0.38%		
Accu-Aire Mechanical LLC	20-3251514	0.00%		
Affordable Services West Corp. and Co-Adopting Entities	81-2761697	2.86%		
APHCC Texas, Inc.	74-0490845	0.87%		
B&E Contractors, Inc.	74-2708280	0.45%		
BlueFolder Software, Inc.	32-0426865	2.68%		
Car Pro of SA	74-2467362	0.27%		
Clinical Practice Organization	76-0419797	0.23%		
Complete Book & Media Supply, Inc.	74-2852244	0.00%		
Dallas Trailer Repair Company, Inc. & DTR Transportation Ser	75-1554958	0.76%		
DC Logistics, LLC	47-4933127	0.00%		
eEmployers Solutions, Inc.	74-2884279	7.39%		
El Paso County Medical Society	23-7301663	0.43%		
Entrust Technology Consulting Services	20-4756861	2.70%		
Erben Associates, LLC	74-2768305	0.83%		
Gulf Biomechanical Lab LLP	76-0193549	0.00%		
Gulf Coast Hardware, LLC	45-3571086	5.82%		
HILL COUNTRY ALLERGY & ASTHMA PLLC HILL COUNTY COSMETICS, LL	45-5449361	2.02%		
Houston Community Land Trust	83-1135085	0.24%		
Indrill Supply of Texas, Inc.	76-0282303	0.00%		
JF Filtration, Inc. dba Joe W. Fly Company	75-2565237	7.81%		
K Carpenter Associates, Inc.	45-2498864	2.34%		
KPN Health, Inc.	47-2058294	1.68%		
Laura Negley Gill Real Estate Service, Inc.	74-2632660	0.00%		
Life Care Consultants, Inc.	76-0437775	0.74%		
Lifetime Financial Services dba Town & Country Mortgage	74-2979077	0.00%		
M&S Logistics, LLC	27-4408289	0.60%		
Mission Springs School	74-2870009	1.27%		
Mobile Maintenance	20-0770299	1.43%		
Multistar Tank Leasing, LLC	72-1365002	0.11%		
NestQuest Houston Inc	81-5310771	0.12%		
Network Alliance, LLC	45-2486241	0.00%		
New Millennium Concepts Ltd & Texado LTD	75-2787222	3.76%		
North San Antonio Chamber of Commerce	74-1807552	0.35%		
Northwest Houston Heart Center	20-3299829	4.42%		
Open SAN Consulting, LLC	27-2464395	2.88%		
Original and Best, LLC dba Austin Deck Company	47-2632528	1.73%		
Page Properties Corporation	84-0782340	0.09%		
Peak Finance, LP	73-1627194	0.21%		
Prak Property Management Inc.	27-0710920	0.66%		
River City Chiropractic, P.A.	74-2983480	2.55%		
Rocky Mountain Fire Specialists	20-8219058	0.00%		
Rogers Title Company dba Ameripoint Title San Antonio	74-2588476	0.00%		
Rogers, Booker Lewis, P.C.	75-2585851	0.00%		
Scope Management Solutions, Ltd.	20-1703996	2.58%		
Southwestern Office Systems	17-6010597	0.00%		
SPS Commerce, Inc.	41-2015127	0.84%		
Stanolind Operating LLC	82-3211046	19.63%		
Stan's Heating & Air Conditioning, Inc	74-1812346	7.37%		
Stargate Marketing	46-0472494	0.00%		
Steele Law Group	46-4727083	0.14%		
Sundance Services	74-2914136	0.00%		
Surface Restoration	94-3425697	3.36%		
T.B.J.S. LLC	73-1627201	2.04%		
The Schlichting Group	75-2739115	0.00%		
The Springer Law Firm, PLLC	64-0784914	0.00%		
The Transformation Company	42-1548907	1.36%		
Upstream Investment Partners, LLC	27-1637972	0.92%		
Westlake Eyecare PLLC	27-5442175	1.05%		
Willtex Stores, L.P.	74-3004388	0.00%		

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

EEMPLOYERS SOLUTIONS, INC MULTIPLE EMPLOYER PLAN

PLAN # 333

EIN #: 74-2884279

	lessor, or similar party	rate of interest, collateral, par, or maturity value		value
(a)	(b) Identity of issue, borrower,	(c) Description of investment including maturity date	(d) cost	(e) Current
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		275,790
	DFA	DFCEX - DFA Emerging Markets Core Equity		194,785
	Fidelity	FATIX - Fidelity Advisor Technology		481,632
	Fidelity	FTFFX - Fidelity Adv Freedom 2040 CL T		160,998
	Franklin/Templeton	FUFRX - Franklin Utilities R6		37,892
	Fidelity	FXAIX - Fidelity 500 Index		681,260
	Fidelity	FXNAX - Fidelity US Bond Index		500,892
	Oppenheimer Funds	OGMIX - Invesco Oppenheimer Gold & Special Miner		87,499
	T Rowe Price	PRNEX - T Rowe Price New Era		61,287
	American Funds	RERGX - American Funds EuroPacifc R6		582,986
	American Funds	RGAGX - American Funds Growth Fund of America R6		-
	American Funds	RNPGX - American Funds New Perspective R6		315,883
	T Rowe Price	RPMGX - T Rowe Price Mid Cap Growth		482,143
	American Funds	RWIGX - American Funds Capital World G & I R6		56,502
	American Funds	RWMGX - American Funds Washington Mutual R6		136,397
	BlackRock	SHSKX - BlackRock Health Sciences K		279,270
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		41,360
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		186,086
	Vanguard	VDIGX - Vanguard Dividend Growth		243,712
	Vanguard	VFAIX - Vanguard Financials Index Admiral		30,653
	Vanguard	VFFVX - Vanguard Target Retirement 2055		151,624
	Vanguard	VFIFX - Vanguard Target Retirement 2050		381,504
	Vanguard	VFORX - Vanguard Target Retirement 2040		168,399
	Vanguard	VGELX - Vanguard Energy Admiral		51,562
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		165,811
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		160,217
	Vanguard	VINAX - Vanguard Industrial Index Admiral		339,582
	Vanguard	VITAX - Vanguard Information Technology Index Ad		439,137
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		6,878
	Vanguard	VMFXX - Vanguard Federal Money Market		2,112,757
	Vanguard	VMMXX - Vanguard Money Market Prime		(0)
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		136,720
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		1,688,979
	Vanguard	VSGBX - Vanguard Short-Term Fed		-
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		1,663,496
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		228,439
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		5,793
	Vanguard	VTHRX - Vanguard Target Retirement 2030		413,331
	Vanguard	VTINX - Vanguard Target Retirement Income		12,668
	Vanguard	VTIVX - Vanguard Target Retirement 2045		450,694
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admira		4,170,026
	Vanguard	VTTHX - Vanguard Target Retirement 2035		117,989
	Vanguard	VTTX - Vanguard Target Retirement 2060		80,349
	Vanguard	VTTVX - Vanguard Target Retirement 2025		387,039
	Vanguard	VTWVX - Vanguard Target Retirement 2020		933,736
	Vanguard	VTXVX - Vanguard Target Retirement 2015		597,696
	Vanguard	VWUAX - Vanguard US Growth Admiral		561,971
	Participant Loans	4.25% to 6.00%		444,530

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN	1b Three-digit plan number (PN) ▶ 333
	1c Effective date of plan 01/01/2004
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EEMPLOYERS SOLUTIONS, INC. 12211 Huebner Road San Antonio TX 78230	2b Employer Identification Number (EIN) 74-2884279
	2c Plan Sponsor's telephone number (210) 495-1171
	2d Business code (see instructions) 561300

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

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

SIGN HERE	Jenny M Smith	8/20/21	Jenny Smith
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Jenny M Smith	8/20/21	Jenny Smith
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1, 149
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1, 126
a(2) Total number of active participants at the end of the plan year	6a(2) 970
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 133
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1, 103
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 1, 103
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 851
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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