

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>EXECUSTAFF HR, 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1994</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1994</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>EXECUSTAFF HR, INC.</u> <u>5898 SILVER CREEK VALLEY ROAD</u> <u>SAN JOSE, CA 95138</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>27-0037153</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>408-364-2800</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>27-0037153</u>	2c Plan Sponsor's telephone number <u>408-364-2800</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>27-0037153</u>					
2c Plan Sponsor's telephone number <u>408-364-2800</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2021	SUSAN J. JOCHHEIM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2021	SUSAN J. JOCHHEIM
	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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	998
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)	670
a(2) Total number of active participants at the end of the plan year		6a(2)	709
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	365
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1074
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1074
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	841
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXECUSTAFF HR, INC.	D Employer Identification Number (EIN) 27-0037153	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	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.
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1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	816025	841	01/01/2020	12/31/2020

2 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 95138	(b) Total amount of fees paid 30851
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3 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
QUINTES ADMINISTRATIVE AND INSUR 1188 PADRE DRIVE
SUITE 200
SALINAS, CA 93901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
95138			3

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

QUINTES ADMINISTRATIVE AND INSUR 1188 PADRE DRIVE, SUITE 200
SALINAS, CA 93901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	30851		5

(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	

(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	

(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	

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	7196126
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	69158787

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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 ▶ **OTHER GROUP PENSION FUNDING**

b	Balance at the end of the previous year	7b	4580472
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c	Additions: (1) Contributions deposited during the year	7c(1)	493369	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	58259	
	(4) Transferred from separate account.....	7c(4)	2644892	
	(5) Other (specify below)	7c(5)	21381	

▶ **LOAN REPAYMENTS**

(6) Total additions	7c(6)	3217901
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	7798373
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	589464	
	(2) Administration charge made by carrier.....	7e(2)	1246	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	11537	

▶ **LOAN DISBURSEMENT**

(5) Total deductions	7e(5)	602247
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	7196126
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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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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. Specify nature of costs.	10b	

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. ▶

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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXECUSTAFF HR, INC.	D Employer Identification Number (EIN) 27-0037153	

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
VOYA RETIREMENT INS AND ANNUITY CO
71-0294708

(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)

MORNINGSTAR

36-3297908

(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?
27	SVC PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	11650	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EXECUSTAFF HR, INC.</u>	D Employer Identification Number (EIN) <u>27-0037153</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB GLOBAL BOND FUND</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>252626</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENT MID CAP VALUE FUND</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3471403</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS AM BALANCED</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3991652</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1536484</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NW PERSPECTIVE</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3407497</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS WASH MUTUAL</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3078870</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA INFLAT-PROT SECURITIES PORT</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>				
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>993733</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL CORE EQUITY PORT INST		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 389255
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA REAL ESTATE SECURITIES PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 694824
a Name of MTIA, CCT, PSA, or 103-12 IE: AMCEN ULTRA FUND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9659893
a Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE ATLANTA CAP SMID CAP		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1803767
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 627117
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2927970
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SM CAP VALUE FD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 678507
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMCP GROWTH FND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1690549
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2005 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140449
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2010 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2168

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2015 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 258840
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2020 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 370329
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2025 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2219043
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2030 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2481313
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2035 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3632999
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2040 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1794539
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2045 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2861365
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2050 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1500116
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2055 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1177543
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE RETIREMENT 2060 FUND		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 903186

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD 500 INDEX FUND			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8737492
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRAT CNSRV GRW FUND I			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	132633
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRAT GROWTH FD INV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1090273
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRAT INCOME FD INV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	517335
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LIFESTRAT MOD GRWTH FD INV			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	394540
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID CAP INDEX FUND ADM			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	859573
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP INDEX FUND ADM			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2125159
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL BD MRKT IND F ADM			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1623980
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY TRV INTL SMCP FD R6			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1066869
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA FIXED ACCT			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7196126

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GOV MONEY MKT FND A**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**c** EIN-PN 71-0294708-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

830

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
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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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EXECUSTAFF HR, INC.</u>	D Employer Identification Number (EIN) <u>27-0037153</u>	

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)	425959	459519
(2) Participant contributions.....	1b(2)	149311	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		62854
(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)	76460	1209
(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)	335530	338284
(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)	57233550	69094725
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4580472	7196126
(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	62801282	77152717

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	39427	5941
k Total liabilities (add all amounts in lines 1g through 1j)	1k	39427	5941

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	62761855	77146776
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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)	1610493	
(B) Participants	2a(1)(B)	5909355	
(C) Others (including rollovers).....	2a(1)(C)	439009	
(2) Noncash contributions	2a(2)		7958857
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		
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)	18388	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		18388
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		58429
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	58429	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		58429
(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)		
(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)		

		(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)		9852711
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		17888385

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3323893	
(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)		3323893
f Corrective distributions (see instructions)	2f		5941
g Certain deemed distributions of participant loans (see instructions).....	2g		29443
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	11389	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11389
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3370666

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14517719
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		132798

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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☒ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: JOHANSON & YAU ACCOUNTANCY CORP.

(2) EIN: 94-2702860

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
JUSTWORKS RETIREMENT SAVINGS PLAN	46-2283648	333	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EXECUSTAFF HR, INC.		D Employer Identification Number (EIN) 27-0037153
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): EIN(s): 71-0294708		
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) 2020 v. 200204		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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.....

15a

b The corresponding number for the second preceding plan year.....

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.....

16a

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.....

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 _____

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

FINANCIAL STATEMENTS

WITH SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2020 AND 2019

AND

INDEPENDENT AUDITORS' REPORT



EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Execustaff HR, Inc. Multiple Employer Plan
San Jose, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Execustaff HR, Inc. Multiple Employer Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 (DOL) Rules 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 Voya Retirement Insurance and Annuity Company (Voya), the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2020 and 2019 that the information provided to the plan administrator by the custodian is complete and accurate.



Disclaimer of Opinion

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

Other Matter - Supplemental Schedule

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Johanson & Yau Accountancy Corporation

Campbell, California
August 31, 2021

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
Assets		
Investments, at fair value		
Pooled separate accounts	\$ 69,094,725	\$ 57,233,550
Self-directed brokerage account	1,209	74,335
Interest-bearing cash	62,854	2,125
Fully benefit-responsive investment contract at contract value		
Fixed annuity	<u>7,196,126</u>	<u>4,580,472</u>
Total investments	<u>76,354,914</u>	<u>61,890,482</u>
Receivables		
Employer contributions	459,519	425,959
Employee contributions	-	149,311
Notes receivable from participants	<u>338,284</u>	<u>335,530</u>
Total receivables	<u>797,803</u>	<u>910,800</u>
Total assets	<u>77,152,717</u>	<u>62,801,282</u>
Liabilities		
Excess contribution payable	<u>5,941</u>	<u>39,427</u>
Net assets available for plan benefits	<u><u>\$ 77,146,776</u></u>	<u><u>\$ 62,761,855</u></u>

See accompanying notes to financial statements.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2020

Additions to net assets attributed to:

Investment income	
Interest and dividends	\$ 170
Interest from fully benefit-responsive investment contract	58,259
Interest from notes receivable from participants	18,388
Net change in fair value of investments	9,852,711
	9,929,528

Contributions	
Employer	1,610,493
Participants	5,909,355
Rollovers	439,009
	7,958,857

Total additions	17,888,385
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	3,359,277
Administrative fees	11,389

Total deductions	3,370,666
------------------	-----------------

Change in net assets before transfers	14,517,719
---------------------------------------	------------

Transfer of assets out of the plan - Note 9	(132,798)
---	-----------------

Change in net assets available for plan benefits	14,384,921
--	------------

Net assets available for plan benefits	
Beginning of year	62,761,855

End of year	\$ 77,146,776
-------------	---------------------------

See accompanying notes to financial statements.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Execustaff HR, Inc. Multiple Employer Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - Execustaff HR, Inc (the Plan Sponsor) (the Company) is engaged in the business of providing human resources, payroll and related employee benefits to its customers, who are referred to as co-sponsors. The Plan was established on January 1, 1994 as a defined contribution plan to provide eligible employees of co-sponsors with retirement, death and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 401(k) of the Internal Revenue Code (IRC).

Participant Eligibility, Contributions and Vesting - The Plan is a defined contribution plan covering all employees of the co-sponsors except employees covered under a collective bargaining agreement and non-resident aliens. Participants may begin deferring a portion of their compensation into the Plan on the first day of employment. The plan allows participants to designate contributions as Roth 401(k) contributions. Participants are also allowed to make rollover contributions to the Plan from other qualified retirement plans. Contributions to the Plan are limited to the maximum amount allowable under the provisions of the IRC.

The Plan Sponsor is allowed to make safe harbor matching contributions, safe harbor non-elective contribution, and discretionary non-elective profit-sharing contributions to the Plan on behalf of participating co-sponsors. For those co-sponsors who participate in safe harbor matching contributions, the Plan Sponsor makes contributions to the Plan equal to 100% of up to the first 4% of eligible compensation, as defined in the Plan, deferred to the Plan by the co-sponsors' participants. For those co-sponsors who participate in safe harbor non-elective contributions, the Plan Sponsor makes contributions to the Plan equal to 3% of the co-sponsors' participants' eligible compensation, as defined in the Plan. For those co-sponsors who elect to make discretionary non-elective profit-sharing contributions, the Plan Sponsor makes contributions to all participants employed by the co-sponsors who have attained age 21, been credited with at least one year of service, as defined in the Plan, and are employed by the participating co-sponsor as of the last day of the Plan year. For the year ended December 31, 2020, the Plan Sponsor made a safe harbor matching and non-elective contribution in the amount of \$1,607,260 and \$3,233, respectively. There were no non-elective profit-sharing contributions made to the Plan for the year ended December 31, 2020.

Participants are immediately vested in their salary deferrals, rollover contributions, safe harbor matching contributions, safe harbor non-elective contributions and related earnings. Participants vest in discretionary non-elective profit-sharing contributions 20% per year beginning after their first year of service and are fully vested after six years of credited service.

In addition, the Plan Sponsor's discretionary non-elective profit sharing contribution are fully vested when a participant becomes totally disabled or dies. For the year ended December 31, 2020, there were no forfeitures used to offset employer contributions. As of December 31, 2020 and 2019, forfeited non-vested accounts totaled \$830 and \$828, respectively. These accounts can be used to reduce future employer contributions and plan expenses.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Investment Options - Participants exercise control over the types of investments made on their behalf, provided that such accounts are invested in investment funds designated by the Plan. Participants may invest in any one or more investment funds and change their investment options at any time.

Payment of Benefits - In the case of normal retirement (age 65) or due to permanent disability or death, a participant or their beneficiary, in the event of death, may elect to receive a lump sum amount equal to the value of the participant's vested interest in their account. Additionally, participants may take in-service distributions upon reaching age 59 ½.

Upon termination, automatic distributions without the participant's consent are required for vested balances of less than \$5,000. Automatic distributions are rolled into an individual retirement account designated by the trustee.

Notes Receivable from Participants - Subject to Internal Revenue Service (IRS) regulations and limitations, participants may borrow up to the lesser of \$50,000 or 50% of their vested account balance with a minimum loan amount of \$1,000. Such loans bear interest at a rate commensurate with the prevailing interest rate of similar instruments at the time the loan is made and are generally repayable in terms of up to 5 years, except for home mortgage loans which are determined by the Plan Sponsor. All loans are secured by the participants' account balances.

Participant Accounts - Each participant's account is credited with the employee's contributions, the employer's safe harbor matching contribution, the employer's non-elective safe harbor contribution, discretionary non-elective profit-sharing contributions and Plan earnings and losses. Allocations to participants' accounts are based on participant compensation or account balances in accordance with the provisions of the Plan.

Administration - The Company is the plan administrator and has engaged the services of Quintes Administrative and Insurance Services, Inc. as a third-party administrator to handle daily administration of the Plan. The Plan's assets are managed by Voya Retirement Insurance and Annuity Company (Voya), the custodian of the Plan. The custodian, appointed by the Plan Sponsor, executes investment transactions and holds Plan investment assets. The plan administrator reviews the performance of the various available investments and makes decisions on the addition or deletion of an investment fund.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America. Contributions from participants are recorded when withheld. Benefit payments and expenses are recorded when paid.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan provides for various investment securities. These securities are exposed to various risks such as interest rate, market fluctuations and credit risks. Further, due to the level of risk associated with these securities and the level of uncertainty related to changes in the value of these securities, it is possible that changes in the various risk factors in the near term would materially affect the participants' account balances and the amounts reported in the accompanying financial statements.

Valuation of Investments - Investments in interest-bearing cash, pooled separate accounts and self-directed brokerage accounts are stated at fair value determined by quoted market prices. Investment in a fixed annuity account that invests in a fully benefit-responsive investment contract is valued at contract value. Participant loans are valued at cost, which approximates fair value. Purchases and sales of investments are recorded on a trade-date basis. Net change in fair value of investments consists of the change in unrealized appreciation or depreciation during the year and the realized gain or loss of sold investments during the year. Acquisition costs are included in the cost of investments and sales are recorded net of selling expenses.

Administrative Expenses - All plan administrative expenses not paid by the Plan are paid by the Plan Sponsor. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net change in fair value of investments.

New Accounting Pronouncement - The Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2018-13, Fair Value Measurement (Topic 820): Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurement. The ASU was issued to improve the effectiveness of disclosure requirements for recurring and nonrecurring fair value measurements by removing, modifying and adding certain disclosures. The ASU is effective for plan years beginning after December 15, 2019. The Plan adopted this ASU on January 1, 2020, and the adoption of the ASU did not have an impact on the Plan.

Subsequent Events - Subsequent events were evaluated through August 31, 2021, the date the financial statements were available to be issued.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 3 - CERTIFIED INFORMATION

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, information certified by Voya regarding the current value of assets held as of December 31, 2020 and 2019, and transactions entered into during 2020, were used in the preparation of the accompanying financial statements and supplemental schedule. The following table summarizes the assets certified by Voya.

	<u>2020</u>	<u>2019</u>
Investments, at fair value		
Pooled separate accounts	\$ 69,094,725	\$ 57,233,550
Self-directed brokerage account	1,209	74,335
Interest-bearing cash	62,854	2,125
Fully benefit-responsive investment contract at contract value		
Fixed annuity	<u>7,196,126</u>	<u>4,580,472</u>
	<u><u>\$ 76,354,914</u></u>	<u><u>\$ 61,890,482</u></u>

In addition, Voya certified the following amounts for the year ended December 31, 2020:

Interest and dividends	\$ 170
Interest from fully benefit-responsive investment	58,259
Net change in fair value of investments	<u>9,852,711</u>
	<u><u>\$ 9,911,140</u></u>

NOTE 4 - TAX STATUS

The Plan adopted a volume submitter profit sharing plan with a cash or deferral arrangement which has received a favorable opinion letter from the IRS, which states that the Plan is designed in compliance with the applicable sections of the IRC. The Plan has been amended since receiving the opinion letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. The Plan's tax filings are subject to audit by various taxing authorities.

NOTE 5 - PLAN TERMINATION AND MODIFICATION

The Plan Sponsor intends to continue the Plan indefinitely for the benefit of its employees; however, it reserves the right to terminate and/or modify the Plan at any time by resolution of its Board of Directors and subject to the provision of ERISA. In the event the Plan is terminated in the future, participants would become fully vested in their accounts.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined by ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the Plan Sponsor, and certain others. As such, transactions conducted by the custodian and its affiliates, including fund fees and revenue sharing agreements, qualify as party-in-interest transactions. Also, the Plan Sponsor pays certain fees and expenses on behalf of the Plan. These transactions qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 7 - FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establish a hierarchy to prioritize the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). Observable inputs are those that market participants would use in pricing the assets based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumption about the inputs market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The fair value hierarchy is categorized into three levels based on the inputs as follows:

Level 1 – Values are unadjusted quoted prices for identical assets or liabilities in active markets accessible at the measurement date.

Level 2 – Inputs included in quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves.

Level 3 – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Plan's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2019 and 2020.

Pooled separate accounts: Valued at the accumulation unit value (AUV) of shares held by the plan at year end.

Interest-bearing cash: Valued at the closing price at year end.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 7 - FAIR VALUE MEASUREMENTS (Continued)

Self-directed brokerage account: Consist of common stocks valued at the closing price reported on the active market on which the individual securities are traded.

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

In accordance with generally accepted accounting principles, the following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis as of December 31, 2020.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Amount</u>
Pooled separate accounts	\$ -	\$ 69,094,725	\$ -	\$ 69,094,725
Self-directed brokerage account	1,209	-	-	1,209
Interest-bearing cash	<u>62,854</u>	<u>-</u>	<u>-</u>	<u>62,854</u>
 Total investments at fair value	 <u>\$ 64,063</u>	 <u>\$ 69,094,725</u>	 <u>\$ -</u>	 <u>\$ 69,158,788</u>

In accordance with generally accepted accounting principles, the following table represents the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis as of December 31, 2019.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Amount</u>
Pooled separate accounts	\$ -	\$ 57,233,550	\$ -	\$ 57,233,550
Self-directed brokerage account	74,335	-	-	74,335
Interest-bearing cash	<u>2,125</u>	<u>-</u>	<u>-</u>	<u>2,125</u>
 Total investments at fair value	 <u>\$ 76,460</u>	 <u>\$ 57,233,550</u>	 <u>\$ -</u>	 <u>\$ 57,310,010</u>

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 8 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan's investment in the Voya Fixed Account is fully benefit-responsive. The fully benefit-responsive investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the Voya Fixed Account is fully benefit-responsive, contract value is the relevant measurement and presented on the face of the statement of net assets available for benefits. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawals or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (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 Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption under ERISA. The plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

NOTE 9 - ASSET TRANSFERS

During 2020, one participating co-sponsors of the Plan terminated their participation in the Plan and transferred total assets of \$132,798 to the successor plan.

NOTE 10 - UNCERTAINTIES

The COVID-19 outbreak is disrupting a range of industries and has resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time. No adjustments relating to the effects of the pandemic have been recorded in the accompanying financial statements.

SUPPLEMENTARY INFORMATION

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2020

EIN: 27-0037153

Plan Number: 001

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment at End of Year

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost of Assets	(e) Current Value
TD Ameritrade	Cash	n/a	\$ 62,854
* Voya Fixed Account	Fixed annuity	n/a	7,196,126
AB Global Bond Fund Z	Pooled separate account	n/a	252,626
AmCen Ultra Fund R6	Pooled separate account	n/a	9,659,893
Amer Cent Mid Cap Value Fund R6	Pooled separate account	n/a	3,471,403
American Funds Am Balanced R6	Pooled separate account	n/a	3,991,652
American Funds EuroPacific Grw R6	Pooled separate account	n/a	1,536,484
American Funds New Perspective R6	Pooled separate account	n/a	3,407,497
American Funds Wash Mutual Inv R6	Pooled separate account	n/a	3,078,870
DFA Inflat Prot Securities Port Inst	Pooled separate account	n/a	993,734
DFA Intl Core Equity Port Inst	Pooled separate account	n/a	389,255
DFA Real Estate Securities Port Inst	Pooled separate account	n/a	694,824
Eaton Vance Atlanta Cap SMID Cp F R6	Pooled separate account	n/a	1,803,767
Franklin Sm Cap Value Fnd R6	Pooled separate account	n/a	678,507
JPMorgan SmCp Growth Fnd R6	Pooled separate account	n/a	1,690,549
PGIM High Yield Fund R6	Pooled separate account	n/a	627,117
PGIM Total Return Bond Fd R6	Pooled separate account	n/a	2,927,970
TRwPr Retirement I 2005 Fd I	Pooled separate account	n/a	140,449
TRwPr Retirement I 2010 Fd I	Pooled separate account	n/a	2,168
TRwPr Retirement I 2015 Fd I	Pooled separate account	n/a	258,840
TRwPr Retirement I 2020 Fd I	Pooled separate account	n/a	370,329
TRwPr Retirement I 2025 Fd I	Pooled separate account	n/a	2,219,043
TRwPr Retirement I 2030 Fd I	Pooled separate account	n/a	2,481,313
TRwPr Retirement I 2035 Fd I	Pooled separate account	n/a	3,632,999
TRwPr Retirement I 2040 Fd I	Pooled separate account	n/a	1,794,539
TRwPr Retirement I 2045 Fd I	Pooled separate account	n/a	2,861,365
TRwPr Retirement I 2050 Fd I	Pooled separate account	n/a	1,500,116
TRwPr Retirement I 2055 Fd I	Pooled separate account	n/a	1,177,543
TRwPr Retirement I 2060 Fd I	Pooled separate account	n/a	903,186
Vanguard 500 Index Fund Adm	Pooled separate account	n/a	8,737,492
Vanguard LifeStrat Cnsrv Grw Fd Inv	Pooled separate account	n/a	132,634
Vanguard LifeStrat Growth Fd Inv	Pooled separate account	n/a	1,090,274

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2020
(Continued)

EIN: 27-0037153

Plan Number: 001

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment at End of Year

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost of Assets	(e) Current Value
Vanguard LifeStrat Income Fd Inv	Pooled separate account	n/a	517,335
Vanguard LifeStrat Mod Grwth Fd Inv	Pooled separate account	n/a	394,540
Vanguard Mid Cap Index Fund Adm	Pooled separate account	n/a	859,573
Vanguard Small Cap Index Fund Adm	Pooled separate account	n/a	2,125,160
Vanguard Total Bnd Mrkt Ind F Adm	Pooled separate account	n/a	1,623,980
Victory Trv Intl SmCp Fd R6	Pooled separate account	n/a	1,066,869
* Voya Gv Mny Mkt F A (Hld Acct)	Pooled separate account	n/a	830
TD Ameritrade	Common stocks	n/a	1,209
* Notes receivable from participants	26 loans - 4.25% to 9.25%	n/a	338,284
			\$ 76,693,198

* Party-in-interest to the Plan, as defined by ERISA

n/a Cost of participant-directed investments is not required to be disclosed

Attachment to 2020 Form 5500, Part 1 Line A
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Plan sponsor's Name: EXECUSTAFF HR, INC.

EIN: 27-0037153

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
97 St. James Holdings LLC	84-1972924	0.35%
ActiveState Software Inc.	98-0628630	2.01%
Adaptrum, Inc.	20-0549688	0.67%
Altair Semiconductor, Inc.	26-2963106	1.01%
Actenum Corporation	98-1062803	0.96%
California Teacher Development Collaborative	32-0001315	0.92%
Besser Associates, Inc.	77-0445002	0.02%
BasicGov US Inc.	85-0794862	0.01%
Bandwith 10	80-0714187	1.36%
Celltrio, Inc.	83-2238372	0.94%
CK12 Foundation	20-8007128	7.08%
Catellus Development Corporation	27-4348983	12.90%
Cysurance, LLC	83-2107567	0.11%
Dogwood Holdings, LLC	83-2483084	1.73%
Educate78	47-4248922	1.93%
Edan Medical USA, Inc	45-4978198	1.13%
Focuszone Media, Inc.	80-0015989	2.06%
Execustaff HR, Inc.	27-0037153	2.65%
Fitech Source Inc.	37-1614598	0.85%
FogBusters, Inc.	26-2100940	0.39%
Watermark	77-0409688	0.71%
Futuro Health	84-3847958	2.39%
Grand River Solutions, Inc.	83-2545118	18.76%
HERNEST Institute for Reproductive Medicine, Inc.	81-4059858	0.16%
IC Industrial Management, LLC	82-1673617	2.26%
Kos Read Group, Inc.	46-4705795	0.46%
Labyrinth Learning	94-3275555	2.47%
Mereo BioPharma Group PLC	95-1500014	0.69%
Moraware, Inc	34-2004949	3.93%
Martone Radio Technology, Inc.	20-2167687	0.04%
Martineau & Associates, Inc.	94-3221820	0.32%
PathSolutions, Inc.	47-0895753	0.60%
Oakland Enrolls	82-2763443	0.61%
The Oakland REACH	83-1289590	0.86%
Mereo BioPharma 5, Inc.	38-3572512	1.51%
Ovovo, Inc.	85-1831724	0.20%
Pahara Institute	45-5141625	3.24%
Pebble Beach Systems, Ltd.	98-0503443	0.27%

Attachment to 2020 Form 5500, Part 1 Line A
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Plan sponsor's Name: EXECUSTAFF HR, INC.

EIN: 27-0037153

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
Precise Automation, Inc.	68-0638928	5.70%
PureGenPower, LLC	81-3005805	0.50%
Project Hosts	20-1873841	4.48%
Patient Safety Movement Foundation	46-2730379	0.50%
ScaleMP, Inc.	20-0145869	0.36%
San Jose Public Library Foundation	77-0142379	0.65%
Sentons USA, Inc.	45-2719897	4.91%
SOP Management, LLC	83-1427066	1.08%
Silicon Schools Fund, Inc.	45-4860788	1.71%
illion Digital Tech Solutions (US), LLC	98-0500219	0.35%
TeleMessage	04-3519699	1.08%
Youth Community Service	20-8099150	0.09%
Anderson Pine Corporation	81-3457958	0.00%
Box Top Growth Partners, LLC	83-2052512	0.00%
Caerus Molecular Diagnostics, Inc.	26-4149921	0.00%
Gener8, LLC	38-3664122	0.00%
Mastery Design Collaborative, Inc.	46-4316933	0.00%
Woodsborough Homes Association	94-2683167	0.00%

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**2020****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

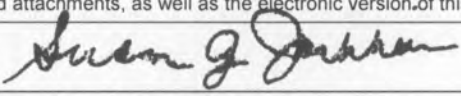
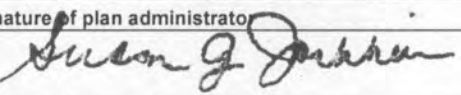
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first 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 EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1994
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) EXECUSTAFF HR, INC. 5898 SILVER CREEK VALLEY ROAD SAN JOSE, CA 95138	2b Employer Identification Number (EIN) 27-0037153
	2c Plan Sponsor's telephone number (408) 364-2800
	2d Business code (see instructions) 541990

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		9-2-21	SUSAN J. JOCHHEIM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9-2-21	SUSAN J. JOCHHEIM
	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 (2020)
v. 200204

2021-09-02T19:02:51.452-05:00

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	998
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)	670
a(2) Total number of active participants at the end of the plan year		6a(2)	709
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	365
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1074
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1074
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	841
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

Attachment to 2020 Form 5500, Part 1 Line A
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Plan sponsor's Name: EXECUSTAFF HR, INC.

EIN: 27-0037153

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
97 St. James Holdings LLC	84-1972924	0.35%
Actenum Corporation	98-1062803	0.96%
ActiveState Software Inc.	98-0628630	2.01%
Adaptrum, Inc.	20-0549688	0.67%
Altair Semiconductor, Inc.	26-2963106	1.01%
Anderson Pine Corporation	81-3457958	0.00%
Bandwith 10	80-0714187	1.36%
BasicGov US Inc.	85-0794862	0.01%
Besser Associates, Inc.	77-0445002	0.02%
Box Top Growth Partners, LLC	83-2052512	0.00%
Caerus Molecular Diagnostics, Inc.	26-4149921	0.00%
California Teacher Development Collaborative	32-0001315	0.92%
Catellus Development Corporation	27-4348983	12.90%
Celltrio, Inc.	83-2238372	0.94%
CK12 Foundation	20-8007128	7.08%
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Edan Medical USA, Inc	45-4978198	1.13%
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Focuszone Media, Inc.	80-0015989	2.06%
FogBusters, Inc.	26-2100940	0.39%
Futuro Health	84-3847958	2.39%
Gener8, LLC	38-3664122	17.31%
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illion Digital Tech Solutions (US), LLC	98-0500219	0.35%
Kos Read Group, Inc.	46-4705795	0.46%
Labyrinth Learning	94-3275555	2.47%
Martineau & Associates, Inc.	94-3221820	0.32%
Martone Radio Technology, Inc.	20-2167687	0.04%
Mastery Design Collaborative, Inc.	46-4316933	0.00%
Mereo BioPharma 5, Inc.	38-3572512	1.51%
Mereo BioPharma Group PLC	95-1500014	0.69%
Moraware, Inc	34-2004949	3.93%
Oakland Enrolls	82-2763443	0.61%
Ovovo, Inc.	85-1831724	0.20%

Attachment to 2020 Form 5500, Part 1 Line A
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Plan sponsor's Name: EXECUSTAFF HR, INC.

EIN: 27-0037153

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
Pahara Institute	45-5141625	3.24%
PathSolutions, Inc.	47-0895753	0.60%
Patient Safety Movement Foundation	46-2730379	0.50%
Pebble Beach Systems, Ltd.	98-0503443	0.27%
Precise Automation, Inc.	68-0638928	5.70%
Project Hosts	20-1873841	4.48%
PureGenPower, LLC	81-3005805	0.50%
San Jose Public Library Foundation	77-0142379	0.65%
ScaleMP, Inc.	20-0145869	0.36%
Sentons USA, Inc.	45-2719897	4.91%
Silicon Schools Fund, Inc.	45-4860788	1.71%
SOP Management, LLC	83-1427066	1.08%
TeleMessage	04-3519699	1.08%
The Oakland REACH	83-1289590	0.86%
Watermark	77-0409688	0.71%
Woodsborough Homes Association	94-2683167	0.00%
Youth Community Service	20-8099150	0.09%

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
Plan sponsor's Name: EXECUSTAFF HR, INC.
EIN: 27-0037153
PN: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	Cost	Current value
*	VOYA FINANCIAL	AB Global Bond Fund Z	\$0.00	\$252,626.41
*	VOYA FINANCIAL	AmCen Ultra Fund R6	\$0.00	\$9,659,893.04
*	VOYA FINANCIAL	Amer Cent Mid Cap Value Fund R6	\$0.00	\$3,471,402.65
*	VOYA FINANCIAL	American Funds Am Balanced R6	\$0.00	\$3,991,652.21
*	VOYA FINANCIAL	American Funds EuroPacific Grw R6	\$0.00	\$1,536,484.23
*	VOYA FINANCIAL	American Funds New Perspective R6	\$0.00	\$3,407,497.18
*	VOYA FINANCIAL	American Funds Wash Mutual Inv R6	\$0.00	\$3,078,869.79
*	VOYA FINANCIAL	DFA Inflat-Prot Securities Port Inst	\$0.00	\$993,733.43
*	VOYA FINANCIAL	DFA Intl Core Equity Port Inst	\$0.00	\$389,255.11
*	VOYA FINANCIAL	DFA Real Estate Securities Port Inst	\$0.00	\$694,824.20
*	VOYA FINANCIAL	Eaton Vance-Atlanta Cap SMID-Cp F R6	\$0.00	\$1,803,767.10
*	VOYA FINANCIAL	Franklin Sm Cap Value Fnd R6	\$0.00	\$678,507.31
*	VOYA FINANCIAL	JPMorgan SmCp Growth Fnd R6	\$0.00	\$1,690,548.97
*	VOYA FINANCIAL	PGIM High Yield Fund R6	\$0.00	\$627,116.75
*	VOYA FINANCIAL	PGIM Total Return Bond Fd R6	\$0.00	\$2,927,970.35
*	VOYA FINANCIAL	TRowePrc Retirement I 2005 Fund I	\$0.00	\$140,448.78
*	VOYA FINANCIAL	TRowePrc Retirement I 2010 Fund I	\$0.00	\$2,168.35
*	VOYA FINANCIAL	TRowePrc Retirement I 2015 Fund I	\$0.00	\$258,840.07
*	VOYA FINANCIAL	TRowePrc Retirement I 2020 Fund I	\$0.00	\$370,329.36
*	VOYA FINANCIAL	TRowePrc Retirement I 2025 Fund I	\$0.00	\$2,219,043.35
*	VOYA FINANCIAL	TRowePrc Retirement I 2030 Fund I	\$0.00	\$2,481,313.10
*	VOYA FINANCIAL	TRowePrc Retirement I 2035 Fund I	\$0.00	\$3,632,998.90
*	VOYA FINANCIAL	TRowePrc Retirement I 2040 Fund I	\$0.00	\$1,794,538.90
*	VOYA FINANCIAL	TRowePrc Retirement I 2045 Fund I	\$0.00	\$2,861,364.56
*	VOYA FINANCIAL	TRowePrc Retirement I 2050 Fund I	\$0.00	\$1,500,116.28
*	VOYA FINANCIAL	TRowePrc Retirement I 2055 Fund I	\$0.00	\$1,177,543.12
*	VOYA FINANCIAL	TRowePrc Retirement I 2060 Fund I	\$0.00	\$903,186.22
*	VOYA FINANCIAL	Vanguard 500 Index Fund Adm	\$0.00	\$8,737,492.17
*	VOYA FINANCIAL	Vanguard LifeStrat Cnsrv Grw Fd Inv	\$0.00	\$132,633.46
*	VOYA FINANCIAL	Vanguard LifeStrat Growth Fd Inv	\$0.00	\$1,090,273.48
*	VOYA FINANCIAL	Vanguard LifeStrat Income Fd Inv	\$0.00	\$517,334.51
*	VOYA FINANCIAL	Vanguard LifeStrat Mod Grwth Fd Inv	\$0.00	\$394,539.61
*	VOYA FINANCIAL	Vanguard Mid-Cap Index Fund Adm	\$0.00	\$859,573.34
*	VOYA FINANCIAL	Vanguard Small-Cap Index Fund Adm	\$0.00	\$2,125,159.41
*	VOYA FINANCIAL	Vanguard Total Bnd Mrkt Ind F Adm	\$0.00	\$1,623,979.53
*	VOYA FINANCIAL	Victory Trv Intl SmCp Fd R6	\$0.00	\$1,066,868.63
*	VOYA FINANCIAL	Voya Fixed Account (4062)	\$0.00	\$7,196,126.39
*	VOYA FINANCIAL	Voya Gov Money Mkt Fnd A (Hold Acct)	\$0.00	\$830.49
				\$76,290,850.74
	TD AMERITRADE	Self directed brokerage accounts	\$0.00	\$64,062.96
	PARTICIPANT LOAN	Participant Loans - 4.25%-9.25%	\$0.00	\$338,284.44
				\$402,347.40
				<u>\$76,693,198.14</u>