

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>GENESIS HR SOLUTIONS RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/1998</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/1998</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>GENESIS HR SOLUTIONS, INC.</u> <u>30 CORPORATE DRIVE</u> <u>SUITE 100</u> <u>BURLINGTON, MA 01803</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-3106172</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>781-272-4900</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-3106172</u>	2c Plan Sponsor's telephone number <u>781-272-4900</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>04-3106172</u>					
2c Plan Sponsor's telephone number <u>781-272-4900</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2021	DIANE STEVENSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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	2253
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)	1625
a(2) Total number of active participants at the end of the plan year		6a(2)	1373
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	768
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2141
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	2141
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1805
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			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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 GENESIS HR SOLUTIONS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 GENESIS HR SOLUTIONS, INC.	D Employer Identification Number (EIN) 04-3106172	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	402671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGEMENT	136586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GENESIS HR SOLUTIONS, INC.

04-3106172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	90890	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 01/01/2020 and ending 12/31/2020		
A Name of plan GENESIS HR SOLUTIONS RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 GENESIS HR SOLUTIONS, INC.		D Employer Identification Number (EIN) 04-3106172

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)	530044	779685
(2) Participant contributions.....	1b(2)	475233	474269
(3) Other	1b(3)	16737	26217
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1061371	1219290
(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)	126232785	153526397
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	128316170 156025858
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	128316170 156025858

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3751219
	(B) Participants	2a(1)(B)	9823326
	(C) Others (including rollovers).....	2a(1)(C)	1045053
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	14619598
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)	54588
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	54588
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2854537
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2854537
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		18521057
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		36049780

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13048848	
(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)		13048848
f Corrective distributions (see instructions)	2f		44261
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	402671	
(3) Investment advisory and management fees	2i(3)	227476	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		630147
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13723256

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22326524
l Transfers of assets:			
(1) To this plan.....	2l(1)		8800153
(2) From this plan	2l(2)		3416989

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: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

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		1000000
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	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
STERLING SERVICES, INC. RETIREMENT SAVINGS PLAN	04-2958236	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
ZIKANI THERAPEUTICS, INC. 401(K) PLAN	46-4528953	001
OPEN EXCHANGE, INC. 401(K) PLAN	26-4137415	001

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 _____.

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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			
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			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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)
INSPIRITY 401(K) PLAN	76-0178498	001

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 GENESIS HR SOLUTIONS RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GENESIS HR SOLUTIONS, INC.		D Employer Identification Number (EIN) 04-3106172
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495		
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).....

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).....

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).....

14a	
14b	
14c	

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

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

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

15a	
15b	

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

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

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

16a	
16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

**GENESIS HR SOLUTIONS, INC.
RETIREMENT SAVINGS PLAN**

FINANCIAL STATEMENTS

December 31, 2020 and 2019 and
For the Year Ended December 31, 2020



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
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Certain supplemental schedules have been omitted because they are either not required or not applicable.



Independent Auditor's Report

To the Plan Administrator of the Genesis HR Solutions, Inc. Retirement Savings Plan:

Report on the Financial Statements

We have audited the accompanying financial statements of the Genesis HR Solutions, Inc. Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2020 and 2019, and the changes in net assets available for the plan year ended December 31, 2020, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Caron & Bleger, PLLC". The signature is written in a cursive, flowing style.

Kingston, NH
October 1, 2021

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Investments, at fair value:		
Mutual funds	\$ 153,526,397	\$ 126,232,785
Receivables:		
Notes receivable from participants	1,245,507	1,078,108
Employer contributions	779,685	530,044
Participant contributions	<u>474,269</u>	<u>475,233</u>
Total receivables	<u>2,499,461</u>	<u>2,083,385</u>
Net assets available for benefits	<u>\$ 156,025,858</u>	<u>\$ 128,316,170</u>

The accompanying notes are an integral
part of the financial statements.

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2020

	<u>2020</u>
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 18,575,651
Dividend and interest income	<u>2,854,531</u>
	21,430,182
Contributions:	
Participant contributions	9,823,326
Rollover contributions	1,045,053
Employer contributions	<u>3,751,219</u>
	<u>14,619,598</u>
Total additions	36,049,780
Deductions:	
Distributions to participants	13,093,109
Administrative expenses	<u>630,147</u>
Total deductions	<u>13,723,256</u>
Net increase	22,326,524
Transfers:	
Transfer in of participating employers (see Note G)	8,800,153
Transfer out of participating employers (see Note G)	<u>(3,416,989)</u>
Total net transfers	5,383,164
Net assets available for benefits:	
Beginning of year	<u>128,316,170</u>
End of year	<u>\$ 156,025,858</u>

The accompanying notes are an integral
part of the financial statements.

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

A. PLAN DESCRIPTION:

The following description of the Genesis HR Solutions, Inc. Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document for more detailed information.

General

The Plan is a multiple-employer defined contribution plan sponsored by Genesis HR Solutions, Inc. (the "Plan Administrator"), covering substantially all employees of the adopting employers collectively, (the "Employers") who have met the age and service requirements selected. Age requirements range from no age requirement to attainment of age 21. Service requirements range from no service requirement to one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

Participants may contribute from 1% up to 100% of their gross compensation, as defined by the Plan, on a pre-tax or after-tax Roth basis, subject to Internal Revenue Code ("IRC") limitations. Participants who are at least age 50 may make an additional "catch-up" contribution subject to IRC limitations. Employers may also elect to add automatic enrollment and escalation features for participant contributions. Participants may also contribute funds from another qualified retirement plan ("rollover contributions"), subject to certain requirements.

Participant contributions may be matched by the Employers at a percentage of participants' contributions, as determined by the Employers. Employers may also elect to make Safe Harbor matching contributions on participants' contributions. Employers may also elect to make Safe Harbor non-elective contributions. In addition, Employers may make an additional discretionary matching contribution or a nonelective profit sharing contribution. The Employers made contributions of \$3,751,219 for the year ended December 31, 2020.

Participant Accounts

Each participant's account is credited or charged with contributions, investment income, and administrative expenses. Investment income, including realized and unrealized gains and losses, and expenses are allocated to participants' accounts based on each participant's account balance within each fund. Participants determine the percentage in which contributions are to be invested in each fund. Participants may change their investment options as set forth in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Vesting

Participants are fully vested in that portion of their account which represents their contributions and Safe Harbor contributions and the income earned thereon. Participants become 100% vested in the Employers' contributions and earnings thereon upon death, total and permanent disability, or attainment of normal retirement age. Participant's interest in the Employers' contributions and earnings thereon vests according to one of following schedules as determined by the individual Employers.

1. Immediate 100% vesting.
2. 100% vesting after the completion of three years of service.
3. Graded vesting as set forth below:

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

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of a participant's account represents a forfeiture, as defined by the Plan. If a forfeiting participant is re-employed and fulfills certain requirements, as set forth in the Plan, the participant's account will be restored. Remaining forfeitures will be used to reduce Employers' contributions to the Plan or to offset plan expenses. During 2020, \$26,140 of forfeitures were used to reduce Employers' contributions and no forfeitures were used to pay plan expenses. Unallocated forfeitures were \$45,116 and \$26,861 at December 31, 2020 and 2019, respectively.

Distribution of Benefits

Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Participants may elect a distribution in the form of a lump sum.

A participant may also request a withdrawal upon attainment of age 59 1/2 or upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship, as defined in the plan document.

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. Loans must bear a reasonable rate of interest. Loans are collateralized by the participant's nonforfeitable interest in the Plan and are supported by a promissory note. Loans must be repaid over a period not to exceed five years unless the loan proceeds are used for the purchase of a primary residence, in which case a longer repayment period is allowed. Principal and interest is generally paid ratably through payroll deductions each pay period.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C for discussion of fair value measurements.

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Plan Expenses

Substantially all expenses incurred in the administration of the Plan are paid by the plan participants including certain participant transaction related fees, investment management fees, advisor fees and record-keeping fees. Expenses that are paid by the Employers are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Use of Estimates

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

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2020 and 2019.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

<u>Description</u>	2020			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 153,526,397	\$ 153,526,397	\$ -	\$ -
Total investments in the fair value hierarchy	<u>\$ 153,526,397</u>	<u>\$ 153,526,397</u>	<u>\$ -</u>	<u>\$ -</u>

<u>Description</u>	2019			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 126,232,785	\$ 126,232,785	\$ -	\$ -
Total investments in the fair value hierarchy	<u>\$ 126,232,785</u>	<u>\$ 126,232,785</u>	<u>\$ -</u>	<u>\$ -</u>

D. TAX STATUS:

The Plan has adopted the volume submitter profit sharing plan of Slavic Integrated Administration Inc. The volume submitter plan sponsor, Slavic Integrated Administration Inc., received a favorable opinion letter dated March 31, 2014 in which the Internal Revenue Service stated that the volume submitter plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with plan terms, and applicable requirements of the IRC and is, therefore, exempt from federal income taxes under Section 501(a) of the IRC.

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

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

E. PARTIES-IN-INTEREST:

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, loans to participants and the management of investments held by Fidelity, the custodian, are considered party-in-interest transactions. In addition, Slavic Integrated Administration Inc. is the plan's third party administrator and is considered a party-in-interest to the Plan.

The Plan Administrator has an expense reimbursement agreement with the Plan to cover plan administrative expenses. The agreement allows for reimbursement of Plan administrative expenses to be remitted to the Plan Administrator through a quarterly asset fee. For the year ended December 31, 2020, the annual expense was \$90,890.

F. PLAN TERMINATION:

Although the Plan was established with the intention that it will continue indefinitely, the Plan Administrator retains the right to discontinue its contributions at any time or to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, all participants will become 100% vested in their accounts.

G. ASSET TRANSFERS:

Effective December 24, 2019, Busa Bros Liquors Inc. elected to become a participating employer in the Plan. Account balances of participants in prior plans of this Employer were transferred into the Plan during 2020.

Effective December 24, 2019, Vinebrook Corporation elected to become a participating employer in the Plan. Account balances of participants in prior plans of this Employer were transferred into the Plan during 2020.

Effective January 1, 2020, Kaufman Company Inc. elected to become a participating employer in the Plan. Account balances of participants in prior plans of this Employer were transferred into the Plan during 2020.

Effective January 17, 2020, Sterling Remodeling elected to transfer all assets into the Resource Management, Inc 401(k) Plan and ceased to be a participating Employer in the Plan.

Effective February 13, 2020, Online Learning Consortium elected to transfer all assets into the ADPTS/Voya Plan and ceased to be a participating Employer in the Plan.

Effective March 3, 2020, KnowledgeVision System elected to transfer all assets to a newly formed plan at Principal and ceased to be a participating Employer in the Plan.

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Effective June 10, 2020, Macrolide Pharmaceuticals Inc. elected to transfer all assets into the Zikani Therapeutics, Inc 401(k) Plan and ceased to be a participating Employer in the Plan.

Effective June 30, 2020, 21st Century, LLC elected to transfer all assets into the Insperity 401(k) Plan and ceased to be a participating Employer in the Plan.

Effective June 1, 2020, Spear Research, LLC elected to become a participating employer in the Plan. Account balances of participants in prior plans of this Employer were transferred into the Plan during 2020.

H. RISKS AND UNCERTAINTIES:

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

The specific impact of the COVID-19 global pandemic on the Plan's investment securities is not readily determinable as of the date of these financial statements. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

I. SUBSEQUENT EVENTS:

The Plan Administrator has evaluated subsequent events through October 1, 2021, the date these financial statements were available for issuance.

New adopting employers continue to be added each year. At their discretion, they may transfer funds from their previous plan. Subsequent to year end there were \$5,565,688 of funds transferred into the plan from new adopting employers and there were \$24,283,203 of funds transferred out for employers that left the plan.

GENESIS HR SOLUTIONS, INC. RETIREMENT SAVINGS PLAN
 EIN: 04-3106172
 Plan Number: 333
 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2020

(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
*	Fidelity 500 Index Fund	Mutual Fund	**	\$ 10,046,750
*	Fidelity Advisor Materials Fund	"	**	715,453
	iShares MSCI EAFE International Index Fund	"	**	881,253
	DFA Emerging Markets Core Equity Portfolio Fund	"	**	729,777
	American Funds EuroPacific Growth Fund	"	**	7,634,790
	JPMorgan U.S. Research Enhanced Equity Fund	"	**	2,169,682
	T. Rowe Price Mid-Cap Growth Fund	"	**	6,447,949
	Vanguard Energy Fund	"	**	287,196
	Vanguard Real Estate Index Fund	"	**	1,952,201
	Vanguard Total International Stock Index Fund	"	**	1,950,851
	Vanguard U.S. Growth Fund	"	**	5,005,105
	Vanguard Mid-Cap Value Index Fund	"	**	1,228,120
	Vanguard Small-Cap Growth Index Fund	"	**	3,754,071
	Vanguard Target Retirement 2015 Fund	"	**	73,559
	Vanguard Target Retirement 2025 Fund	"	**	2,529,582
	Vanguard Target Retirement 2035 Fund	"	**	2,658,733
	Vanguard Target Retirement 2045 Fund	"	**	475,422
	Vanguard Target Retirement 2065 Fund	"	**	43,630
	Vanguard Target Retirement 2020 Fund	"	**	807,918
	Vanguard Target Retirement 2060 Fund	"	**	240,882
	Vanguard Target Retirement 2055 Fund	"	**	445,904
	Vanguard Target Retirement 2050 Fund	"	**	575,090
	Vanguard Target Retirement 2040 Fund	"	**	774,723
	Vanguard Target Retirement 2030 Fund	"	**	2,570,312
	Vanguard Information Technology Index Fund	"	**	6,224,024
	Vanguard Industrials Index Fund	"	**	3,640,419
	Vanguard European Stock Index Fund	"	**	575,970
	Vanguard Mid Cap Index Fund	"	**	2,951,880
	Vanguard Small-Cap Index Fund	"	**	1,527,958
	Vanguard Total Stock Market Index Fund	"	**	40,488,266
*	Fidelity U.S. Bond Index Fund	"	**	1,790,518
	American Balance Fund	"	**	1,543,367
	American Funds Capital World Growth Fund	"	**	1,540,481
	American Funds New Perspective Fund	"	**	2,843,594
	Vanguard Total Bond Market Index Fund	"	**	1,756,288
	Vanguard Intermediate-Term Bond Index fund	"	**	2,518,332
	Vanguard Target Retirement Income Fund	"	**	561,206
	Vanguard Short-Term Inflation-Protected Securities Index Fund	"	**	50,532
	Vanguard Inflation-Protected Securities Fund	"	**	990,193
	Vanguard Short-Term Federal Fund	"	**	16,409,760
	Washington Mutual Investor Fund	"	**	2,643,501
	Vanguard Prime Money Market Fund	"	**	1
	Vanguard Federal Money Market Fund	"	**	11,471,154
	Total investments on the statement of net assets available for benefits			153,526,397
*	Participant Loans	(3.25%-7.50%)	-	1,245,507
	Total investments on the Form 5500			<u>\$ 154,771,904</u>

** Cost omitted for participant directed investments

* Denotes party-in-interest to the Plan



Multiple-Employer Plan Participating Employer Information

Genesis HR Solutions Retirement Savings Plan Plan # 333 EIN: 04-3106172		
(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
21st Century, LLC	57-1147807	0.14%
Advancement Plus, Inc.	04-3323595	0.00%
Atreides Management, LP	83-3130520	0.92%
Backupify, Inc.	27-1827141	0.00%
Battery Pros, Inc.	04-2566254	0.00%
Best Mortgage Company, Inc.	04-3381059	0.00%
Betterpath, Inc.	46-1055301	0.00%
Bic Sport North America, Inc.	04-3526316	0.33%
Binnacle Capital Services, LLC	20-0511762	1.38%
Blanchard Contact Lenses	02-0403374	0.00%
BlueStar Group, LLC	90-1020899	0.11%
Bunker Hill Management, LLC	20-0052362	1.19%
Busa Bros Liquors Inc.	04-2295403	0.20%
Busa Wine & Spirits	05-0466977	0.00%
Byggmeister, Inc.	04-2835306	0.68%
Car Bar LLC	56-2333844	0.00%
Carby's Inc.	04-2488251	0.00%
Center for Digital Arts, LLC	47-1105962	0.00%
Charter School Support Services, Inc.	27-5410664	0.00%
Clinical One	04-3486671	0.38%
Codeship, Inc.	99-0385563	0.00%
Collins, Loughran & Peloquin PC	04-3543119	0.00%
Corner Cabinet Corp	01-0718097	0.00%
Cubby Oil Co., Inc.	04-2212270	0.81%
Educational Training Systems, Inc.	04-2529485	0.00%
Elliot Whittier Insurance Services, LLC	03-0518537	1.16%
F.W. Davison + Co, Inc. DBA PrismHR	04-2876308	17.08%
First Choice Office Svcs	04-3083167	0.00%
Foodservice Insurance Group, Inc.	20-0096497	0.21%
Freedom Underwriters, LLC	83-3205871	0.31%
Gallagher Home Builders, Inc.	04-3020683	0.00%
Gamma Medica, Inc.	46-1735895	0.00%
Genesis HR Solutions, Inc.	04-3106172	1.68%
Health Partners of NE, Inc.	04-3442646	0.65%
Historic Highfield, Inc.	04-3237612	0.05%
Independent Electric Supply, Inc.	04-3165964	2.66%
InnoPad Technology, Inc.	46-3998918	0.00%
Innovent Holding Corp.	04-2804952	0.00%
Innovent Technologies, LLC	65-1262159	2.81%
Inside Out Communications	04-2976006	0.00%
J & S Medical Associates, Inc.	06-2478007	0.00%
Kaufman Company, Inc.	04-1495190	2.22%
Kingswood Golf Club	02-0279210	0.06%
Knowledge Vision Systems, Inc.	27-1929942	0.00%
Labels, Inc.	04-2611614	2.66%
LiveData, Inc.	04-3127161	2.93%
Macomber Cryogenics, Inc	04-2650111	0.00%
Macrolide Pharmaceuticals, Inc.	46-4528953	1.54%
Marstan, Inc. dba Alphagraphics	04-3005614	0.00%
Massachusetts eHealth Collaborative, Inc.	20-1913059	1.44%
Matrivax R&D Corporation	26-1151482	1.25%
Minuteman Insurance Agency, Inc.	04-3392196	0.35%
Moca Systems, Inc.	04-3474437	7.78%
Monnick Supply	04-2240643	0.21%
Nantero, Inc.	04-3555102	7.90%
Nantucket Beadboard, Inc.	02-0522198	0.00%
Norris, Murray & Peloquin, LLC	82-5527384	1.47%
Northeast Bulk Trans., Inc.	04-2849777	0.00%
Nrby, Inc.	85-0759191	0.72%
Online Learning Consortium, Inc.	26-1970287	0.15%

Outsourcing USA, Inc.	04-3280817	0.00%
Ping4, Inc.	27-5037170	0.78%
Pinnacle Rehabilitation Network/ Progress Rehabilitation	74-3091892	5.76%
Point of View, Inc.	88-0273832	0.00%
Precision Media Management, LLC	26-3503115	0.00%
Priority 5 Holdings, Inc.	20-5259283	1.00%
Quality Air Systems, Inc.	04-3172160	0.00%
Riptide Autonomous Solutions, LLC	47-2841150	0.00%
Rom-Man Technologies, Inc.	04-3191802	0.00%
RRK Walker, Inc.	26-0497195	0.16%
Scandinavian Charitable Society of GB	04-2105955	0.37%
SchaeferRolls, Inc.	26-2376499	1.37%
Seaborn Management, Inc.	38-3919503	3.49%
SeLux Diagnostics, Inc.	47-2384587	3.29%
Spear Research, LLC	47-3462867	1.30%
Sterling Services, Inc.	04-2958236	0.01%
Talla, Inc.	47-4898559	0.52%
Tantara New England, LLC	38-3553985	0.00%
Tech180 Corp.	82-5106074	1.04%
ThayerMahan, Inc.	81-1110282	2.81%
The Dance Inn, Inc.	04-2935793	0.12%
Tumlare Corporation, Inc.	13-3133820	1.41%
Twin Technologies, LLC	92-0188790	2.92%
Utility Trailers of New England, Inc.	04-2836250	0.80%
Vincenzi Management Corp.	20-8079562	0.00%
Vinebrook Corporation	04-2169148	0.39%
Wanamaker Hardware, Inc.	04-2242788	0.46%
Westernacher & Partner Consulting, Inc.	04-3441938	4.05%
Wilkins-Geddes Beaudet, Inc.	27-2693909	3.04%
Winchester Mount Vernon House	04-2104317	0.43%
Windsor Architectural Woodworking	04-2828872	1.02%
Wood List, Inc.	04-3468697	0.00%

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

GENESIS HR SOLUTIONS RETIREMENT SAVINGS PLAN

PLAN # 333

EIN #

04-3106172

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		881,253.88
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		729,777.74
	Fidelity	FMFEX - Fidelity Advisor Materials Fund Class I		715,452.94
	Fidelity	FXAIX - Fidelity 500 Index Fund		10,046,750.87
	Fidelity	FXNAX - Fidelity US Bond Index Fund		1,790,518.61
	JPMorgan	JDESX - JPMorgan U.S. Research Enhanced Equity		2,169,682.24
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		7,634,789.66
	American Funds	RLBGX - American Funds American Balanced R6		1,543,367.30
	American Funds	RNPGX - American Funds New Perspective R6		2,843,593.87
	T. Rowe Price	RPMGX - T. Rowe Price Mid Cap Growth		6,447,948.93
	American Funds	RWIGX - American Funds Capital World G & I R6		1,540,480.93
	American Funds	RWMGX - American Funds Washington Mutual R6		2,643,500.87
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		990,194.19
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		2,518,331.76
	Vanguard	VBTLX - Vanguard Total Bond Market Index Fund Admiral Shares		1,756,288.90
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		575,970.86
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		445,904.13
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		575,089.76
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		774,722.96
	Vanguard	VGELX - Vanguard Energy Admiral		287,196.65
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		1,952,201.62
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		2,951,879.61
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		3,640,418.62
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		6,224,024.18
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		43,629.55
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		11,471,148.22
	Vanguard	VMMXX - Vanguard Money Market Prime		0.60
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		1,228,119.94
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		3,752,796.28
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		16,409,759.73
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		1,529,231.78
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		50,531.94
	Vanguard	VTHRX - Vanguard Target Retirement 2030		2,570,313.13
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		1,950,850.61
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		561,206.25
	Vanguard	VTIVX - Vanguard Target Retirement 2045		475,422.77
	Vanguard	VTSEX - Vanguard Total Stock Market Index Fund Admiral Shares		40,488,265.55
	Vanguard	VTTX - Vanguard Target Retirement 2035 Fund Investor Shares		2,658,733.31
	Vanguard	VTTX - Vanguard Target Retirement 2060 Fund Investor Shares		240,881.26
	Vanguard	VTTVX - Vanguard Target Retirement 2025		2,529,582.40
	Vanguard	VTWNX - Vanguard Target Retirement 2020		807,917.90
	Vanguard	VTXVX - Vanguard Target Retirement 2015		73,559.46
	Vanguard	VWUAX - Vanguard Us Growth Admiral		5,005,105.23
	Participant Loans	3.00% - 7.50%		1,219,290.45