

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2021	ERIC GOEDDE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2021	ERIC GOEDDE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (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	1502
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)	1230
a(2) Total number of active participants at the end of the plan year		6a(2)	994
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	327
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1321
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1321
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	675
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) ☐ 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 ONESOURCE EMPLOYEE MANAGEMENT	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 ONESOURCE EMPLOYEE MANAGEMENT, LLC	D Employer Identification Number (EIN) 27-0533371	

Part I	Service Provider Information (see instructions)
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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	94411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ONESOURCE EMPLOYEE MANAGEMENT, LLC

27-0533371

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	19207	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	10968	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.	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan ONESOURCE EMPLOYEE MANAGEMENT				B Three-digit plan number (PN) ▶ 333	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ONESOURCE EMPLOYEE MANAGEMENT, LLC				D Employer Identification Number (EIN) 27-0533371	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST COMPANY STABLE VALUE					
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY					
c EIN-PN 46-6350416-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33679	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (	

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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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**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 01/01/2020 and ending 12/31/2020		
A Name of plan ONESOURCE EMPLOYEE MANAGEMENT	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 ONESOURCE EMPLOYEE MANAGEMENT, LLC	D Employer Identification Number (EIN) 27-0533371	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11104	4653
(2) Participant contributions.....	1b(2)	26105	12506
(3) Other	1b(3)	2328	1165
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	512749	557217
(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)	224686	239514
(9) Value of interest in common/collective trusts.....	1c(9)	104803	33679
(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)	9056120	11057051
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9937895	11905785

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	9937895	11905785
---	-----------	---------	----------

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)	484764	
(B) Participants	2a(1)(B)	1240497	
(C) Others (including rollovers).....	2a(1)(C)	163810	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1889071
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2221	
(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)	10645	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12866
(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)	209235	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		209235
(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)		1376
(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)		1283013
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3395561

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1193471	
(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)		1193471
f Corrective distributions (see instructions)	2f		211
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)	113617	
(3) Investment advisory and management fees	2i(3)	10968	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		124585
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1318267

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2077294
l Transfers of assets:			
(1) To this plan.....	2l(1)		457648
(2) From this plan	2l(2)		567052

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: **FLAGEL HUBER FLAGEL**

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

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time

period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a	X		100981

	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?			
4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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.)			
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)
BRIGHTON EMPLOYEE SOLUTIONS 401(K) PLAN	83-4439614	001
PICKAWAY PLAINS AMBULANCE SERVICES, INC. 401K PLAN	31-1296377	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.
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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 ONESOURCE EMPLOYEE MANAGEMENT	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 ONESOURCE EMPLOYEE MANAGEMENT, LLC	D Employer Identification Number (EIN) 27-0533371

Part I	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 _____

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

Financial Statements

December 31, 2020 and 2019



FLAGEL HUBER FLAGEL
Certified Public Accountants | Business Advisors

OneSource Employee Management 401(k) Savings Plan

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December 31, 2020 and 2019

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FLAGEL HUBER FLAGEL

CPAs & BUSINESS ADVISORS

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of OneSource Employee Management 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by The Lincoln National Life Insurance Company and Fidelity Personal Trust Company, FSB, the Custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that the Custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Custodians as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan administrator by the Custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matters

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

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

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Emphasis-of-Matter

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 12 to the financial statements, the members of OneSource Employee Management, LLC, the Plan's sponsor, authorized the merger of Plan on June 21, 2021, which will result in the termination of the Plan, and indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. Our opinion is not modified with respect to that matter.



Certified Public Accountants

Cincinnati, Ohio

October 8, 2021

OneSource Employee Management 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets		
Investments, at fair value:		
Registered investment companies	\$ 11,057,051	\$ 9,056,120
Common/collective trust	33,679	104,803
Money market fund	557,217	512,749
	<u>11,647,947</u>	<u>9,673,672</u>
Receivables:		
Participant contributions	12,506	26,105
Employer contributions	4,653	11,104
Notes receivable from participants	239,514	224,686
Other	1,165	2,328
	<u>257,838</u>	<u>264,223</u>
Net Assets Available for Benefits	<u><u>\$ 11,905,785</u></u>	<u><u>\$ 9,937,895</u></u>

OneSource Employee Management 401(k) Savings Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Additions to Net Assets Attributed to:		
Contributions:		
Participant	\$ 1,240,497	\$ 1,138,804
Employer	484,764	468,564
Rollover	163,810	51,155
	<u>1,889,071</u>	<u>1,658,523</u>
Investment income (loss):		
Net investment gain from pooled separate accounts	0	1,014,152
Net investment gain from registered investment companies	1,283,013	545,874
Net investment loss from guaranteed investment contracts	0	(20,513)
Net investment gain from common/collective trust	1,376	1,675
Dividends from registered investment companies	209,235	191,350
Interest on money market fund	2,221	6,136
	<u>1,495,845</u>	<u>1,738,674</u>
Interest on notes receivable from participants	10,645	11,363
Total Additions	<u>3,395,561</u>	<u>3,408,560</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,193,682	1,164,073
Administrative expenses	124,585	132,964
Total Deductions	<u>1,318,267</u>	<u>1,297,037</u>
Change in Net Assets Available for Benefits	2,077,294	2,111,523
Net Assets Available for Benefits:		
Beginning of year	9,937,895	8,956,819
Transfers of Plan assets into the Plan	457,648	0
Transfers of Plan assets out of the Plan	<u>(567,052)</u>	<u>(1,130,447)</u>
End of year	<u>\$ 11,905,785</u>	<u>\$ 9,937,895</u>

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

1. Description of The Plan

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

General

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

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

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

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

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

Effective March 31, 2019, First Care Ohio, LLC and Pickaway Plains Ambulance Service, Inc. ceased participation in the Plan. Additionally, the accounts and assets of the affected participants totaling \$284,779 and \$282,273, respectively, were transferred out of the Plan to successor plans during 2020.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

1. Description of The Plan (Continued)

General (continued)

Effective April 1, 2019, The Job Center, LLC ceased participation in the Plan. Additionally, the accounts and assets of the affected participants totaling \$935,847 were transferred out of the Plan to a successor plan during 2019.

Effective May 31, 2019, Dakcomp Inc. ceased participation in the Plan. Additionally, the accounts and assets of the affected participants totaling \$194,600 were transferred out of the Plan to a successor plan during 2019.

Effective June 1, 2019, D&M Carter, LLC began participating in the Plan. Additionally, the accounts and assets from its predecessor plan totaling \$457,648 were transferred into the Plan during 2020.

Effective June 1, 2020, Ohio Mulch began participating in the Plan. Effective March 1, 2020, Circle T Logistics, Inc. began participating in the Plan. Effective June 15, 2020, Mikes Trucking Ltd. began participating in the Plan.

Contributions

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

The Primary Employer is required to make a safe harbor matching contribution to the accounts of its participating employees equal to one-hundred percent (100%) of the amount of the participant's elected deferrals that do not exceed three percent (3%) of the participant's Plan compensation, plus fifty percent (50%) of the amount of the participant's elected deferrals that exceed three percent (3%) but do not exceed five (5%) of the participant's Plan compensation. In addition, the Primary Employer may make a discretionary profit sharing contribution. During 2020 and 2019, the Primary Employer elected not to make any discretionary profit sharing contributions.

The Plan allows for each Participating Employer to make matching contributions, profit sharing contributions, safe harbor matching contributions and safe harbor non-elective contributions as set forth in each Participating Employer's participation agreement. During 2020 and 2019, some Participating Employers made matching and safe harbor matching contributions. During 2020 and 2019, no profit sharing contributions or safe harbor non-elective contributions were made by Participating Employers.

Participant Accounts

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

Plan Investment Options

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

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

1. Description of The Plan (Continued)

Notes Receivable from Participants

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

Rollovers

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

Vesting

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

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

Forfeitures

Forfeitures are created when participants terminate employment before becoming fully vested in non-safe harbor Employer contributions. Forfeited nonvested accounts may be used to pay administrative expenses or reduce future Employer contributions. At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$82,264 and \$77,634, respectively. During 2020 and 2019, forfeited nonvested amounts totaling \$0 and \$1,496, respectively, were used to pay Plan expenses. During 2020 and 2019, forfeited nonvested amounts were not used to reduce any Employer contributions.

Payment of Benefits

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

Hardship Withdrawals

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

The Plan adopted the distribution provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was signed into law on March 27, 2020. A CARES Act distribution allows the Plan's participants to take a \$100,000 COVID-19 related distribution from the Plan beginning on or after January 1, 2020 and before December 31, 2020.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

1. Description of The Plan (Continued)

Payment of Expenses

All expenses of administration may be paid out of the Plan unless paid by the Employer. Such expenses shall include any expenses incident to the functioning of the administrator, including, but not limited to, fees of accountants, counsel, and other specialists and their agents, and other costs of administering the Plan. Until paid, the expenses shall constitute a liability of the Plan. However, the Employer may reimburse the Plan for any administration expenses incurred. Any administration expenses paid to the Plan as a reimbursement shall not be considered an Employer contribution. The Employer elected to pay some administration expenses incurred in 2020 and 2019.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Notes Receivable from Participants

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

3. Party-in-Interest Transactions

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

4. Tax Status

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

Accounting principles generally accepted in the United States of America require the Plan sponsor to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The 2017 through 2019 tax years remain subject to potential examination by taxing authorities.

5. Plan Termination

Effective September 20, 2021, the Primary Employer directed that the Plan be merged into the Vensure Employer Services, Inc. 401(k) Profit Sharing Plan (the "Vensure Plan"). See Note 12. After all participant accounts and related assets are merged into the Vensure Plan, the OneSource Employee Management 401(k) Savings Plan will terminate.

6. Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and supplementary schedules, including all investments held at December 31, 2020 and 2019, and net investment gain from pooled separate accounts, net investment loss from guaranteed investment contracts, net investment gain from registered investment companies, net investment gain from common/collective trust and interest on money market fund was obtained or derived from unaudited information supplied to the plan administrator and certified as complete and accurate by Fidelity Personal Trust Company, FSB and The Lincoln National Life Insurance Company (the Custodians of the Plan).

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

7. Risks and Uncertainties

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

8. Fair Value Measurements

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

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

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

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

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

Common/collective trust (stable value fund): Valued at the net asset value of units of the common/collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the investments will be sold for an amount different from the reported net asset value. Transactions (purchases and sales) may occur daily. There are no unfunded commitments or significant redemption restrictions at December 31, 2020 and 2019.

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

8. Fair Value Measurements (Continued)

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

	December 31, 2020			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 11,057,051	\$ 0	\$ 0	
Money market fund	557,217	0	0	
Total assets in the fair value hierarchy	<u>\$ 11,614,268</u>	<u>\$ 0</u>	<u>\$ 0</u>	\$ 11,614,268
Investments measured at net asset value				33,679
Total assets at fair value				<u>\$ 11,647,947</u>
	December 31, 2019			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 9,056,120	\$ 0	\$ 0	
Money market fund	512,749	0	0	
Total assets in the fair value hierarchy	<u>\$ 9,568,869</u>	<u>\$ 0</u>	<u>\$ 0</u>	\$ 9,568,869
Investments measured at net asset value				104,803
Total assets at fair value				<u>\$ 9,673,672</u>

9. Fully Benefit-Responsive Investment Contracts

The Plan held a portfolio of traditional investment contracts with The Lincoln National Life Insurance Company (Lincoln) during 2019. These contracts met the fully benefit-responsive investment contract criteria and therefore were reported at contract value. Contract value was the relevant measurement for fully benefit-responsive investment contracts because this was the amount that would be received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract (held in a general account), plus earnings, less participant withdrawals, and administrative expenses. The Plan did not hold any traditional or synthetic investment contracts at December 31, 2019.

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

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

OneSource Employee Management 401(k) Savings Plan

Notes to Financial Statements

December 31, 2020 and 2019

9. Fully Benefit-Responsive Investment Contracts (Continued)

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

10. Delinquent Participant Contributions

At December 31, 2020 and 2019, participant deferrals in the amount of \$100,981, which were not remitted to the Plan by the Employers within the appropriate time period prescribed by law, had not been fully corrected. These transactions constitute prohibited transactions as defined by ERISA. The Employers are aware of the occurrences and are taking appropriate steps to correct the situation.

11. COVID-19 Outbreak

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. As such, it is uncertain as to the full magnitude that the pandemic will have on the Plan sponsor's financial condition, liquidity, workforce, and future results of operations as well as the effects on the Plan. Management is actively monitoring the global situation on its financial condition, liquidity, and workforce. Given the daily evolution of the COVID-19 outbreak and the global responses to curb its spread, the Plan sponsor is not able to estimate the effects of the COVID-19 outbreak on its results of operations, financial condition, or liquidity for fiscal year 2021.

12. Subsequent Events

The Plan's management evaluated the activity of the Plan through October 8, 2021 (the date the financial statements were available to be issued) and concluded that, except as disclosed below, no subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

Effective March 31, 2021, ownership of the Plan sponsor was restructured which resulted in 80% of the Plan sponsor being acquired by a third party (the "Acquiring Party"). The Acquiring Party is the plan sponsor of Vensure Employer Service, Inc. 401(k) Profit Sharing Plan (the "Successor Plan"). On June 21, 2021, the Plan sponsor authorized the merger of the Plan into the Successor Plan effective September 20, 2021. As a result, participant accounts and related assets of approximately \$13.8 million were transferred to the Successor Plan during 2021. Management anticipates terminating the Plan after completing all transfers to the Successor Plan.

OneSource Employee Management 401(k) Savings Plan

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

EIN 27-0533371 Plan #333

December 31, 2020

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	Blackrock International Index Fund	Registered investment company	(y)	\$ 194,978
	DFA Emerging Markets Core Equity Portfolio Fund	Registered investment company	(y)	96,248
	DFA Real Estate Security Portfolio Fund	Registered investment company	(y)	117,024
	American Funds EuroPacific Growth Fund	Registered investment company	(y)	839,157
*	Fidelity 500 Index Fund	Registered investment company	(y)	676,256
	American Funds Growth Fund of America	Registered investment company	(y)	386,200
	American Funds Invesmtent Company of America Fund	Registered investment company	(y)	4,840
	American Funds New Perspective	Registered investment company	(y)	153,947
	Vanguard LifeStrategy Conservative Growth Fund	Registered investment company	(y)	1,739
	Vanguard LifeStrategy Moderate Growth Fund	Registered investment company	(y)	82,084
	Vanguard LifeStrategy Growth Fund	Registered investment company	(y)	2,350
	Vanguard Explorer Fund	Registered investment company	(y)	128,827
	Vanguard Small Cap Value Fund	Registered investment company	(y)	165,491
	Vanguard Mid Cap Value Fund	Registered investment company	(y)	30,468
	Vanguard Mid Cap Growth Fund	Registered investment company	(y)	104,231
	Vanguard Targeted Retirement 2015 Fund	Registered investment company	(y)	1,784
	Vanguard Targeted Retirement 2025 Fund	Registered investment company	(y)	33,933
	Vanguard Targeted Retirement 2035 Fund	Registered investment company	(y)	228,380
	Vanguard Targeted Retirement 2045 Fund	Registered investment company	(y)	51,842
	Vanguard Targeted Retirement 2065 Fund	Registered investment company	(y)	19,010
	Vanguard Targeted Retirement 2020 Fund	Registered investment company	(y)	209,929
	Vanguard Targeted Retirement 2060 Fund	Registered investment company	(y)	35,880
	Vanguard Targeted Retirement 2055 Fund	Registered investment company	(y)	66,369

OneSource Employee Management 401(k) Savings Plan

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

EIN 27-0533371 Plan #333

December 31, 2020

(a)	(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Targeted Retirement 2050 Fund	Registered investment company	(y)	346,011
	Vanguard Targeted Retirement 2040 Fund	Registered investment company	(y)	183,104
	Vanguard Targeted Retirement 2030 Fund	Registered investment company	(y)	274,817
	Vanguard Information Technology Index Fund	Registered investment company	(y)	372,583
	Vanguard Industrials Index Fund	Registered investment company	(y)	247,070
	Vanguard Mid Cap Index Fund	Registered investment company	(y)	283,019
	Vanguard Growth Index Fund	Registered investment company	(y)	172,445
	Vanguard Value Index Fund	Registered investment company	(y)	328,163
	Vanguard Small Cap Index Fund	Registered investment company	(y)	76,974
	Vanguard Total Stock Market Index Fund	Registered investment company	(y)	2,551,943
	American Funds Bond Fund of America	Registered investment company	(y)	120,542
	DFA Inflation Protected Securities Fund	Registered investment company	(y)	736,908
*	Fidelity U.S. Bond Index Fund	Registered investment company	(y)	131,597
	Prudential High Yield Fund	Registered investment company	(y)	65,713
	Vanguard Short Term Inflation Protection Securities Index	Registered investment company	(y)	121,614
	Vanguard Target Retirement Income Fund	Registered investment company	(y)	2,512
	Vanguard Short Term Federal Fund	Registered investment company	(y)	1,411,069
	Reliance Trust Company Stable Value Fund	Common/collective trust	(y)	33,679
	Vanguard Prime Money Market Fund	Money market fund	(y)	557,217
	Participant Loans	Low: 3.50% High: 6.50%	0	239,514
			<u>\$ 0</u>	<u>\$ 11,887,461</u>

* Denotes party-in-interest

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

OneSource Employee Management 401(k) Savings Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN 27-0533371 Plan #333
December 31, 2020

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



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

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Multiple-Employer Plan Participating Employer Information

OneSource Employee Management 401(k) Savings Plan		EIN: 27-0533371
(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
OneSource Employee Management, LLC	27-0533371	17.53%
A Able Rents, Inc.	34-1089816	4.76%
Circle S. Transport, Inc.	31-1383345	0.70%
Comfort Keepers, Inc.	31-1585212	0.45%
Data Management, Inc.	61-1314174	1.87%
Dillon Holdings, LLC	56-2603523	2.49%
First Care Ohio, LLC	20-2733095	0.00%
LGD Dessert Company, LLC dba Libby's Gourmet Desserts	31-1713028	2.36%
MedUS Healthcare Travelers (formerly Axis Providers, Inc.)	46-4026103	1.11%
Murphy Transportation, Inc.	31-1190302	5.97%
Nurtur Holdings LLC	20-1230907	11.56%
Pickaway Plains Ambulance Service, Inc. dba Pro Care Medical	31-1296377	0.00%
Rush Transportation Logistics, Inc.	06-1701503	24.44%
Circle T Logistics	31-1654443	0.55%
Ryan Logistics Inc	31-1685203	9.48%
Schindewolf Express, Inc.	31-1118981	0.00%
Mike's Trucking Ltd	31-1326535	0.44%
D&M Carter	80-0903332	0.42%
Ohio Mulch	31-1120540	15.86%

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

ONESOURCE EMPLOYEE MANAGEMENT 401(K) SAVINGS PLAN

PLAN # 333

EIN # 27-0533371

(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		194,978
	Dimensional Fund Advisors	DFCEX - DFA Emerging Markets Core Equity Portfolio Institutional Class		96,248
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		117,024
	Dimensional Fund Advisors	DIP SX - DFA Inflation Protected Sec Port		736,908
	Fidelity	FXAIX - Fidelity 500 Index Fund		676,256
	Fidelity	FXNAX - Fidelity US Bond Index Fund		131,597
	Prudential	PHYZX - Prudential High Yield Z		65,713
	Reliance Trust	QEW FQ - Reliance Ny Life Anchor Series 1 CI 0		33,679
	American Funds	RBF GX - American Funds Bond Fund Of America R6		120,542
	American Funds	RER GX - American Funds EuroPacific Growth Fund Class R6		839,157
	American Funds	RGAGX - American Funds Growth Fund Of America R6		386,200
	American Funds	RICGX - American Funds The Inv. Co. Of America		4,840
	American Funds	RNPGX - American Funds New Perspective R6		153,947
	Vanguard	VASGX - Vanguard Life Strategy Growth		2,350
	Vanguard	VEXRX - Vanguard Explorer Adm		128,827
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		66,369
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		346,011
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		183,104
	Vanguard	VIGAX - Vanguard Growth Index Admiral		172,445
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		283,019
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		247,070
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		372,583
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		19,010
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		557,217
	Vanguard	VMGMX - Vanguard Mid-Cap Growth Index Fund Admiral Shares		104,231
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		30,468
	Vanguard	VSCGX - Vanguard Life Strategy Conservative		1,739
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		1,411,069
	Vanguard	VSIA X - Vanguard Small Cap Value Index Fund Admiral Shares		165,491
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		76,974
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		82,084
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		121,614
	Vanguard	VTHRX - Vanguard Target Retirement 2030		274,817
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		2,512
	Vanguard	VTIVX - Vanguard Target Retirement 2045		51,842
	Vanguard	VTSA X - Vanguard Total Stock Market Index Fund Admiral Shares		2,551,943
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		228,380
	Vanguard	VTT SX - Vanguard Target Retirement 2060 Fund Investor Shares		35,880
	Vanguard	VTTVX - Vanguard Target Retirement 2025		33,933
	Vanguard	VTW NX - Vanguard Target Retirement 2020		209,929
	Vanguard	VTXVX - Vanguard Target Retirement 2015		1,784
	Vanguard	VVIAX - Vanguard Value Index Fund Admiral Shares		328,163
	Participant Loans	3.50% - 6.50%		239,514