

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
---	---	--

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.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final 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>FIRSTSTAR HR RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>334</u>	
	1c Effective date of plan	<u>10/01/1997</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>ESSENTIAL HR, INC.</u> <u>FIRSTSTAR HR</u> <u>4455 LBJ FRWY 1080</u> <u>DALLAS, TX 75244</u>	2b Employer Identification Number (EIN) <u>75-2545443</u>	2c Plan Sponsor's telephone number <u>904-278-1150</u>	2d Business code (see instructions) <u>561300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	MICHELLE NOLAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	581
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)	461
a(2) Total number of active participants at the end of the plan year		6a(2)	404
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	126
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	530
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	530
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	239
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 FIRSTSTAR HR RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	334
C Plan sponsor's name as shown on line 2a of Form 5500 ESSENTIAL HR, INC.	D Employer Identification Number (EIN) 75-2545443	

Part I	Service Provider Information (see instructions)
---------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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	46442	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	10007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS RETIREMENT GROUP

2729 STATE ROAD 580
SUITE C
CLEARWATER, FL 33761

(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?
26 51	INV ADVISORY	4491	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)

FIDUCIARY PARTNERS INV CONSULTING

2729 STATE ROAD 580
SUITE C
CLEARWATER, FL 33761

(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?
26	INV ADVISORY	4491	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 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 FIRSTSTAR HR RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	334
C Plan sponsor's name as shown on line 2a of Form 5500 ESSENTIAL HR, INC.	D Employer Identification Number (EIN) 75-2545443	

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)	271161907
(2) Participant contributions.....		1b(2)	80839307
(3) Other		1b(3)	2344528
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	8118242617
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	62949677246530
(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	6387177	7364889

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	6387177	7364889
--	-----------	---------	---------

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)	244046	
(B) Participants	2a(1)(B)	534495	
(C) Others (including rollovers).....	2a(1)(C)	55679	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		834220
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	6196	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6196
(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)	114253	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		114253
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		876631
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1831300

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	313406	
(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)		313406
f Corrective distributions (see instructions)	2f		14988
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)	46442	
(3) Investment advisory and management fees	2i(3)	18988	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		65430
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		393824

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1437476
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		459764

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: RONALD W. CLAYBORN, CPA

(2) EIN: 51-4641519

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		450000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LL ROBERTS GROUP RETIREMENT SAVINGS PLAN	75-2962401	001
MATRIXONESOURCE, INC. RETIREMENT SAVINGS PLAN	27-2381956	333

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan FIRSTSTAR HR RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 334
C Plan sponsor's name as shown on line 2a of Form 5500 ESSENTIAL HR, INC.	D Employer Identification Number (EIN) 75-2545443

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).....

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

FirstStar HR Retirement Savings Plan
Financial Statements
Years Ended December 31, 2020 and 2019

TABLE OF CONTENTS	Page No
INDEPENDENT AUDITOR'S REPORT	
FINANCIAL STATEMENTS	
Statement of net assets available for plan benefits	1
Statement of changes in net assets available for plan benefits	2
Notes to financial statements	3
Supplemental Schedule	11

CLAYBORN ACCOUNTING AND FINANCIAL SERVICES INC.

RONALD W. CLAYBORN

CERTIFIED PUBLIC ACCOUNTANT

100 IH 45 North, Suite 108
Box 118
Conroe, TX 77301

Phone: 936-539-5455
Fax: 936-539-5472
ron@clayborncpa.com

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
The FirstStar HR Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of FirstStar HR Retirement Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for plan 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 the 2020 and 2019 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 and 2019 financial statements.

Basis for Disclaimer of Opinion on the 2020 and 2019 Financial Statements

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 C, which was certified by Mid Atlantic Trust Co., the trustee of the Plan, except for comparing the information with the related information included in the 2020 and 2019 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2020 and 2019 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2020 and 2019 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 and 2019 financial statements. Accordingly, we do not express an opinion on the 2020 and 2019 financial statements.

Other Matters—Report on Supplemental Schedules

The supplemental schedules of plan assets held for investment, form 5500 schedule H, part IV, line 4i, as of or for the year ended December 31, 2020 and 2019, 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 on the 2020 and 2019 Financial Statements paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 and 2019 Financial Statements

The form and content of the information included in the 2020 and 2019 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clayborn Accounting and Financial Services Inc.

Ronald W Clayborn, CPA

Ronald W. Clayborn, CPA
October 13, 2021

FirstStar HR Retirement Savings Plan

Statement of Net Assets Available for Benefits

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS:		
Participant directed investments-at fair value	\$ 7,246,530	\$ 6,294,967
Participant loans	<u>42,617</u>	<u>81,182</u>
Total Investments	<u>7,289,147</u>	<u>6,376,149</u>
Receivables:		
Employee contribution	9,307	8,083
Employee loan payment	4,528	234
Employer contribution	<u>61,906</u>	<u>2,711</u>
Total Receivables	<u>75,741</u>	<u>11,028</u>
TOTAL ASSETS	<u><u>\$ 7,364,888</u></u>	<u><u>\$ 6,387,177</u></u>
LIABILITIES:		
Accounts payable & accrued expenses	<u>\$ -</u>	<u>\$ -</u>
Net Assets Available for Benefits	<u><u>\$ 7,364,888</u></u>	<u><u>\$ 6,387,177</u></u>

The accompanying footnotes are an integral part of these financial statements

FirstStar HR Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
<u>Additions:</u>		
Investment income:		
Net gain, (loss) in fair value of investments	\$ 876,608	\$ 961,676
Dividends	114,253	143,486
Other additions, fund revenue reimbursement	23	62
Interest Income on participant loans	<u>6,196</u>	<u>4,219</u>
	997,080	1,109,443
Contributions:		
Rollovers, Transfer of assets	55,679	55,726
Participant contributions	534,495	579,885
Employer contributions	<u>244,046</u>	<u>133,590</u>
Total Additions	<u>1,831,300</u>	<u>1,878,644</u>
<u>Reductions:</u>		
Administrative expenses	(65,431)	(65,376)
Corrective distributions	(14,988)	(1,315)
Transfer of Asset from Plan	(459,764)	(59,493)
Participant loan transfer		
Benefits paid to participants	<u>(313,406)</u>	<u>(397,282)</u>
Total Reductions	<u>(853,589)</u>	<u>(523,466)</u>
Net Increase in assets available for benefits	977,711	1,355,178
<u>Net Assets Available for Benefits:</u>		
Beginning of year	<u>6,387,177</u>	<u>5,031,999</u>
End of year	<u><u>\$ 7,364,888</u></u>	<u><u>\$ 6,387,177</u></u>

The accompanying footnotes are an integral part of these financial statements

FirstStar HR Retirement Savings Plan

Footnotes to Financial Statements For the years ended December 31, 2020 and 2019

NOTE A - DESCRIPTION OF PLAN

The following description of the FirstStar HR ("Company") Retirement Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement and the Summary Plan Description for more complete information about the Plan's provisions.

Effective January 1, 2017 the Plan name was changed from GPS Financial Services Inc., dba Employee Professionals Retirement Savings Plan to FirstStar HR Retirement Savings Plan. The plan Sponsor changed from GPS Financial Service Inc. to Essential HR Inc., dba FirstStar HR (Essential). The underlying worksite employers PEO services were transferred to Essential and the 401(k) plan was altered to reflect that change. No changes to the substantial elements of the Plan or its operation occurred as a result of the name change and the plan sponsor change.

General

The Plan is a voluntary employee contribution plan under code section 401(K) of the Internal Revenue Code, originally adopted on October 1, 1997. It is subject to the provisions of the Employee Retirement Income Security Act (*ERISA*). To reflect the co-employment relationship among the company, affiliates, and other employers and the employees, the Plan qualifies as a multiple employer plan as described in section 413(c) of the Internal Revenue Code (IRSC). In addition, the Company and the worksite employers can, at their discretion, match employee contributions as provided in the schedule of requirements and benefits applicable to the specific worksite employer. Participants should refer to the Summary Plan Description or plan document for a more complete description of the Plan's provisions, and their specific worksite employers' plan terms.

Plan Administration

The management and administration of the Plan is the responsibility of the Company and its designee. The Company has designated Mid-Atlantic Trust Company as the trustee of all the Plan's assets including substantially all the responsibility for investment, reinvestment, control and disbursement of the funds of the Plan. Slavic Integrated Administration, Inc. has been designated as the record keeper to perform certain reporting and administrative functions, as well as accounting for participant information.

Eligibility

Pursuant to the election set forth in each worksite employers' Election Agreement, certain worksite employees are eligible to participate in the Plan. The eligibility period applicable to a worksite employee is based on the eligibility option elected in the applicable Election Agreement made by the worksite employers. Age requirements for participation range from no requirement to the 21 years of age maximum defined by the code. Service requirements range from no prior service required to 1 year of service.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, including catch-up contributions as defined in the Plan, and subject to limits established by tax laws. Participants may also rollover amounts representing distributions from other qualified defined benefit or defined contribution plans.

Pursuant to the elections set forth in each of the applicable Election Agreements, certain worksite employees may receive one or more of the following types of Company contributions: (a) matching contributions, (b) qualified non-elective contributions, and (c) discretionary profit-sharing contributions. The contribution basis is set from time to time by each employer. All contributions are in the form of cash.

These footnotes are an integral part of these financial statements

FirstStar HR Retirement Savings Plan

Footnotes to Financial Statements For the years ended December 31, 2020 and 2019

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers multiple mutual funds for participants.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings and is charged with an allocation of administrative and investment expenses. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service in the specific worksite employers; vesting schedules vary by employer; however, all participants are 100% vested after six years of accredited service.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 6.00% and are determined by the Plan's participating organizations. Principal and interest are paid to the participants' accounts through payroll deductions and must be done at least quarterly.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution, or by the purchase term-certain non-transferable annuity. Furthermore, participants may withdraw funds from their accounts for financial hardship.

Normal Retirement

A participant shall be entitled to a benefit at the date of actual retirement and attainment of age 65, as defined, equal to 100% of the balance in the respective participant's account as of the date of distribution. Until a participant actually terminates employment, the retirement benefit shall not be paid, and the participant shall continue to be treated in all respects as a participant.

Early Retirement

Upon reaching age 59 1/2, a participant may apply to the administrator (but not more than once during any 12-month period) for a lump-sum distribution of any portion of the participant's account to the extent such account is fully vested.

Forfeited Accounts

Forfeited non-vested accounts totaled \$0 and \$0 for the years ended December 31, 2020 and 2019 respectively. Forfeitures may be reallocated to participant accounts, used to reduce employer contributions or to pay Plan expenses. Forfeitures were used to reduce plan expenses for the year

These footnotes are an integral part of these financial statements

FirstStar HR Retirement Savings Plan

Footnotes to Financial Statements For the years ended December 31, 2020 and 2019

ended December 31, 2020 and 2019.

COVID-19, Cares Act and Secure Act

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. However, the Plan's various investment securities have not incurred significant declines in fair value since December 31, 2020 and 2019. The impact of COVID-19 continues to evolve rapidly, and the Plan is not able at this time to estimate its full impact on the Plan's financial statements.

Effective at time the legislation was passed, the Plan adopted the distribution provision 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 COVID-19 related distribution up to \$100,000 from the Plan beginning on or after January 1, 2020, and before December 31, 2020. In addition, the Plan adopted the temporary loan repayment deferral provision of the CARES Act. The deferral provision adopted by the Plan allows qualified Plan participants who have Plan loan repayments to defer such repayments until December 31, 2020.

Administrative Expenses

Generally, administrative expenses are paid by the Plan; however, certain administrative expenses have been paid by the Company. For the year ended December 31, 2020 the Plan paid recordkeeping and administration fees to Slavic Integrated Administration, investment management fees to Slavic Mutual Fund Management and advisory fees to Fiduciary Partners Investment Consulting and Fiduciary Partners Retirement Group. For the year ended December 31, 2020 and 2019 the plan paid advisory fees to Mid-Atlantic Trust company. The plan sponsor paid audit fees of \$12,500 and \$12,000 for the years ended December 31, 2020 and 2019 for audits performed for the years ended December 31, 2019 and 2018.

Contract & Management/Advisory Fees		
	2020	2019
Slavic Integrated Administration (SIA)	\$ 46,442	\$ 47,784
Slavic Mutual Fund Management (SMF)	10,007	9,290
Fiduciary Partners Investment Consulting	4,491	4,151
Fiduciary Partners Retirement Group	4,491	4,151
Mid-Atlantic Trust Company		
Audit Fees		
Total Contract & Management/Advisory Fees	\$ 65,431	\$ 65,376

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance

These footnotes are an integral part of these financial statements

FirstStar HR Retirement Savings Plan

Footnotes to Financial Statements For the years ended December 31, 2020 and 2019

with accounting principles generally accepted in the United States (GAAP).

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets for plan benefits and reported amounts for the net changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investments and Income Recognition

In May 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2014-09, Revenue from Contracts with Customers (Topic 606). The ASU and all subsequently issued clarifying ASUs replaced most existing revenue recognition guidance in U.S. GAAP. The Plan adopted the new standard effective January 1, 2020, the first day of the Plan's fiscal year, using the full retrospective method.

The adoption of this ASU did not have any significant impact on the Plan's financial statements. Based on the Plan's evaluation process and review of its revenues, the timing and amount of revenue recognized previously is consistent with how revenue is recognized under the new standard. No changes were required to previously reported revenues as a result of the adoption.

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are stated at the net asset value of shares held by the Plan at year end.

The Plan presents in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments. Purchases and sales of securities are recorded on a trade-date basis. Gains or losses on sale of investments are determined by specific identification method. Interest income is recorded as received. Dividends are recorded on the ex-dividend date

Payment of Benefits

Benefits are recorded when paid.

Date of Management Review

Subsequent events were evaluated through October 13, 2021, which is the date the financial statements were available to be issued.

Participant Loans

Participant loans represent loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant loans is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make loan repayment and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefits payment is recorded.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur

These footnotes are an integral part of these financial statements

FirstStar HR Retirement Savings Plan

Footnotes to Financial Statements For the years ended December 31, 2020 and 2019

in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

New Pronouncements and Standards

The Plan is preparing to adopt Statement on Auditing Standards (SAS) No. 136, Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to the Employee Retirement Income Security Act of 1974 (ERISA). The new standard addresses certain new performance and reporting requirements for audits of employee benefit plans (EBPs) subject to ERISA and makes several changes to the auditor's report. The original effective date of SAS 136 was for Plan years ending on or after December 15, 2020. However, due to the COVID-19 pandemic, the ASB delayed the effective date to Plan years ending on or after December 15, 2021. The Plan has not elected early adoption.

The Plan has considered all other new accounting pronouncements issued by the Financial Accounting Standards Board or other standard setting bodies that do not require adoption until a future date and concluded that such pronouncements are not expected to have a material impact on the Plan's financial statements.

NOTE C – PLAN ASSETS

As of December 31, 2020, and 2019, the Plan's investments were held by Slavic Mutual Fund Management and Mid-Atlantic Trust Company was the Plan's trustee. The Plan is a self-directed investment plan, where the participants allocate their assets based on choices available in the Plan. Each participant selects their own allocation of assets.

Mid Atlantic Trust Company certified that the plans assets. The reliance on this certification is within the ERISA guidelines for a limited scope audit. Please see the audit report for more information. An excerpt of the report is below detailing the information to which the trustee's certification applies:

"Mid Atlantic Trust Company ("MATC"), in its capacity as custodian of the assets of the above referenced account hereby certifies that, with respect to the assets held in custody with MATC, the enclosed account statement accurately reflects the positions held in the account based on a review of MATC as of this statement period. Please note some assets shown on this statement may not be in custody with MATC. Such items may be held away and are reported as sundry assets as a courtesy and convenience. As an authorized representative of MATC, I certify on behalf of MATC that the information furnished to the Plan Administrator pursuant to 29 CFR 2520.103-5(c) is complete and accurate."

The following is a schedule of mutual fund investments that represent 5 percent or more of the Plan's net assets:

These footnotes are an integral part of these financial statements

FirstStar HR Retirement Savings Plan

Footnotes to Financial Statements For the years ended December 31, 2020 and 2019

As of December 31, 2020

Fund Name	Shares	PPS	Fund Value 12/31/2019
Vanguard Total Stock Market Index Admira	23,126.32	\$ 94.74	\$ 2,190,987
Vanguard Short-Term Federal Admiral	107,052.75	\$ 11.01	1,178,913
Fidelity 500 Index	6,411.02	\$ 130.17	834,523
Vanguard Federal Money Market	633,878.09	\$ 1.00	633,878
American Funds EuroPacifc R6	8,001.48	\$ 69.30	554,502
Positions less than 5%			1,853,727
Total			\$ 7,246,530

As of December 31, 2019

Fund Name	Shares	PPS	Fund Value 12/31/2019
Vanguard Total Stock Market Index Admira	24,135.45	\$ 79.69	\$ 1,474,059
Vanguard Short-Term Federal Admiral	97,259.03	\$ 10.73	916,777
Fidelity 500 Index	5,956.25	\$ 112.02	486,581
Vanguard Federal Money Market	539,091.54	\$ 1.00	480,869
American Funds EuroPacifc R6	6,499.97	\$ 55.55	260,484
Positions less than 5%			2,676,198
Total			\$ 6,294,968

NOTE D — FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

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

Level 2 - Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;

These footnotes are an integral part of these financial statements

FirstStar HR Retirement Savings Plan

Footnotes to Financial Statements For the years ended December 31, 2020 and 2019

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

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

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

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

For the years ended December 31, 2020 and 2019, the Plan only holds assets that require level 1 inputs.

Level 1 fair values

Mutual funds are the only assets held by the Plan and are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

Fair Value Measurements at the End of the Reporting Period Using:			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2020</u>			
Total mutual funds	7,246,530	7,246,530	-
Total assets at fair value	\$ 7,246,530	\$ 7,246,530	\$ -
<u>December 31, 2019</u>			
Total mutual funds	6,294,967	6,294,967	-
Total assets at fair value	\$ 6,294,967	\$ 6,294,967	\$ -

These footnotes are an integral part of these financial statements

FirstStar HR Retirement Savings Plan

Footnotes to Financial Statements For the years ended December 31, 2020 and 2019

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2020 and 2019 are reported in net appreciation (depreciation) in fair value of investments.

NOTE E – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated April 17, 2008, that the Plan and its amendments are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with requirements of the Internal Revenue Code.

GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effect of a tax position is recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken or expected to be taken. The Plan has no material uncertain tax positions. The Plan is not subject to income taxes. The Plan is open for examination for the tax years including 2019, 2018, and 2017, however there are currently no audits or examinations for any tax period in progress. The plan administrator believes it is no longer subject to income tax examinations for years 2016 and preceding.

NOTE F - RELATED PARTY/EXEMPT PARTY-IN-INTEREST TRANSACTIONS

During 2020 and 2019 the Plan's Administrator, Michelle Nolan served as the benefits director for the Company. Certain employees and officers of the Company, who may also be participants in the Plan and perform administrative services to the Plan at no cost to the Plan.

Certain Plan investments, amounting to \$7,246,530 and \$6,294,967 at December 31, 2020 and December 31, 2019, respectively, are participant directed funds managed by the Trustee: Mid-Atlantic Trust Company for the year ended December 31, 2020 and 2019 and Slavic Mutual Fund Management, Fiduciary Partners Investment Consulting and Fiduciary Partners Retirement Group for the year ended December 31, 2020 and 2019, as defined by the Plan. Under ERISA, these transactions qualify as exempt party-in-interest transactions. The fees paid for these services are included as reductions in assets available for plan benefits as Trustee fees, administrative expenses and other for the years ended December 31, 2020 and 2019, respectively.

NOTE G – RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

There were no items for reconciliation of net assets available for benefits per the financial statements at December 31, 2020 and 2019 to Form 5500.

These footnotes are an integral part of these financial statements

FirstStar HR Retirement Savings Plan

Three-digit plan number 334

Employer identification number 75-2545443

Fiscal plan year beginning 01/01/20, and ending 12/31/20

Schedule of Plan Assets Held for Investment, Form 5500, Schedule H, Part IV, Line 4i

(a)	(b) Identity of issue, 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 Funds	Vanguard Total Stock Market Index Admira	n/a	\$ 2,190,987
	Vanguard Funds	Vanguard Short-Term Federal Admiral	n/a	1,178,913
	Fidelity Funds	Fidelity 500 Index	n/a	834,523
	Vanguard Funds	Vanguard Federal Money Market	n/a	633,878
	American Funds	American Funds EuroPacifc R6	n/a	554,502
	Vanguard Funds	Vanguard Mid Cap Index Admiral	n/a	341,415
	Vanguard Funds	Vanguard Information Technology Index Ad	n/a	303,642
	Vanguard Funds	Vanguard Industrial Index Admiral	n/a	210,506
	Vanguard Funds	Vanguard Small Cap Index Admiral	n/a	156,591
	Vanguard Funds	Vanguard Total Int'l Stock Index Admiral	n/a	137,572
	AB Funds	AB Small Cap Growth Portfolio CL Z	n/a	120,985
	Vanguard Funds	Vanguard Inflation Protected Securities	n/a	120,044
	Wells Fargo Funds	Wells Fargo Growth R6	n/a	72,200
	American Funds	American Funds American Balanced R6	n/a	63,611
	American Funds	American Funds Capital World G & I R6	n/a	62,388
	JPMorgan	Undiscovered Managers Behavioral Val R6	n/a	54,389
	Principal Funds	Principal High Yield R6	n/a	36,043
	BlackRock Funds	BlackRock Global Allocation K	n/a	36,003
	Vanguard Funds	Vanguard Mid Cap Growth	n/a	29,485
	Vanguard Funds	Vanguard Real Estate Index Admiral	n/a	28,204
	Metropolitan West Funds	METROPOLITAN WEST TOTAL RETURN CL P	n/a	26,179
	MFS	MFS Value Fund Class R6	n/a	21,562
	The Gabelli Money Market Funds	Gabelli US Treasury Money Market	n/a	10,409
	Victory Capital	Victory Sycamore Established Value R6	n/a	9,428
	American Funds	American Funds Capital World Bond R6	n/a	8,192
	Vanguard Funds	Vanguard Short Term Treasury Admiral	n/a	3,679
	Vanguard Funds	Vanguard Short-Term Bond Index Admiral	n/a	1,080
	T. Rowe Price	T. Rowe Price New Era	n/a	120
				0
				0
	Participant loans	Participants loans @ 4.25% to 6.00% with various maturity dates	n/a	\$ 42,617
	Total			\$ 7,289,147

Multiple-Employer Plan Participating Employer Information

FIRSTSTAR HR RETIREMENT SAVINGS PLAN PLAN # 334		EIN # 75-2545443
(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
A # 1 Air INC.	75-2729207	21.19%
S.K.I. Inc.	65-1029133	18.50%
The Martin Andersen - Gracia Andersen Fdn.	59-6166589	9.85%
ARW Systems, LLC dba Viyu Network Solutions	20-0955787	9.65%
Florida Center for Recovery, Inc.	04-3698633	9.26%
AOK Tire Mart II, Inc. / D.G. Williams dba AOK Tire Mart	59-2892822	9.06%
Wiseman Ventures, Inc.	20-8102745	7.41%
Essential HR, Inc. dba FirstStar HR	75-2545443	4.80%
Gulf State Signs	59-2517107	3.76%
ImageOne Janitorial Services, Inc.	59-3695872	3.10%
Golden Rule Service	81-3814857	2.72%
Class A Management, LLC	27-0243142	0.59%
Timothy Rose Contracting	65-0284242	0.12%
Steel Beach Productions	59-3405757	0.00%
Lighthouse Care Center	62-1869854	0.00%
Dr. Charles Wilson, MD	03-0514915	0.00%
Spruce Creek Preserve HOA, Inc.	59-3094260	0.00%
Focus Healthcare, LLC	33-0802990	0.00%
Grimes Contracting, Inc.	59-3284135	0.00%
North Florida Web Press, Inc.	59-3249666	0.00%
Heart Center of the Treasure Coast	65-1077388	0.00%
Conch House Builders II, LLC dba Conch House Marina Resort	43-2094694	0.00%
HRH Safety & Health Enterprise, Inc.	75-3213962	0.00%
Greener Gardens of Central Florida, Inc.	59-3706245	0.00%
Accu-Care Nursing Service, Inc.	65-0583500	0.00%
Hagan Holding Company dba Howco Environmental	59-2613500	0.00%
Professional Payroll Solutions dba Employee Prof. SUSPENSE	20-2020202	0.00%
Navigation Financial Advisors, Inc.	12-3654789	0.00%

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

FIRSTSTAR HR RETIREMENT SAVINGS PLAN

PLAN # 334

EIN # 75-2545443

(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	VTSEX - Vanguard Total Stock Market Index Fund Admiral Shares		2,190,987
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		1,178,913
	Fidelity	FXAIX - Fidelity 500 Index Fund		834,523
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		633,877
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		554,502
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		341,415
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		303,642
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		210,506
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		156,592
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		137,572
	Alliance Bernstein	QUAZX - AB Small Cap Growth Portfolio Class Z		120,985
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		120,044
	Wells Fargo	SGRHX - Wells Fargo Growth R6		72,200
	American Funds	RLBGX - American Funds American Balanced R6		63,611
	American Funds	RWIGX - American Funds Capital World G & I R6		62,388
	JPMorgan	UBVFX - JPMorgan Undiscovered Mgs Discipl Value		54,389
	Principal	PHYFX - Principal High Yield R6		36,043
	BlackRock	MKLOX - BlackRock Global Allocation K		36,003
	Vanguard	VMGRX - Vanguard Mid Cap Growth		29,485
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		28,203
	Metropolitan West	MWTSX - Metropolitan West Total Return CI P		26,179
	MFS	MEIKX - MFS Value Fund Class R5		21,562
	Gabelli Funds/Ssga	GABXX - Gabelli Us Treasury Money Market		10,409
	Victory	VEVRX - Victory Sycamore Established Value R6		9,428
	American Funds	RCWGX - American Funds Capital World Bond R6		8,192
	Vanguard	VFIRX - Vanguard Short Term Treasury Admiral		3,680
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		1,080
	T. Rowe Price	PRNEX - T. Rowe Price New Era		120
	Participant Loans	4.25% - 6.00%		42,617

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2020****This Form Is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

Part II Basic Plan Information—enter all requested information

1a Name of plan FirstStar HR Retirement Savings Plan	1b Three-digit plan number (PN) ▶ 334
	1c Effective date of plan 10/01/1997
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) Essential HR, Inc. FirstStar HR 4455 LBJ FRWY 1080 Dallas TX 75244	2b Employer Identification Number (EIN) 75-2545443
	2c Plan Sponsor's telephone number (904) 278-1150
	2d Business code (see instructions) 561300

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

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

SIGN HERE		<u>10/15/2020</u>	Michelle Nolan
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
3c Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	581
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)	461
a(2) Total number of active participants at the end of the plan year		6a(2)	404
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	126
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	530
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	530
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	239
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)	