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 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2004

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
EEMPLOYERS SOLUTIONS, INC.

12211 HUEBNER ROAD
SAN ANTONIO, TX 78230

2b Employer Identification Number (EIN) 74-2884279

2c Plan Sponsor's telephone number 210-495-1171

2d Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/24/2022	JENNY SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/24/2022	JENNY SMITH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	1416
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)**	1121
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	838
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	310
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1148
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1148
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	756
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EEMPLOYERS SOLUTIONS, INC.

D Employer Identification Number (EIN)
74-2884279

Part I Service Provider Information (see instructions)

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	201780	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EEMPLOYERS SOLUTIONS, INC.

74-2884279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	18204	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: UHY LLP
b EIN: 20-0694403
c Position: ACCOUNTANT
d Address: 12900 HALL ROAD
SUITE 500
STERLING HEIGHTS, MI 48313
e Telephone: 586-254-1040

Explanation: CHANGED PLAN AUDITOR TO ACCOMMODATE THE TIMELINE.

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
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EEMPLOYERS SOLUTIONS, INC.

D Employer Identification Number (EIN)
74-2884279

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	22132	57649
(2) Participant contributions	1b(2)	52470	50945
(3) Other	1b(3)	3818	3613
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2110134	1760370
(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)	444530	433332
(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)	18144601	19642474
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	20777685	21948383
	Liabilities			
g	Benefit claims payable	1g	5969	
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	5969	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20771716	21948383

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)	1191100	
	(B) Participants	2a(1)(B)	2745184	
	(C) Others (including rollovers)	2a(1)(C)	113291	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4049575
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)	22166	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22166
	(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)	389386	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		389386
	(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)		2955950
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7417077
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2732450	
(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)		2732450
f Corrective distributions (see instructions)	2f		
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)	219983	
(3) Investment advisory and management fees	2i(3)	1487	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		221470
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2953920
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4463157
l Transfers of assets:			
(1) To this plan	2l(1)		2327365
(2) From this plan	2l(2)		5613855

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) [X] 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)** [X] 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: JASON F. CLAUSEN, P.C. **(2)** EIN: 27-4097479

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:

		Yes	No	Amount
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.)	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?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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)
SCOPE MANAGEMENT SOLUTIONS, LTD. 401(K) PLAN	20-1703996	001
STANOLIND OPERATING, LLC 401(K) PLAN	82-3211046	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	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
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EEMPLOYERS SOLUTIONS, INC.

D Employer Identification Number (EIN)
74-2884279

Part I 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**

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_____

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

Audited Financial Statements

For the years ended December 31, 2020 and 2019

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Jason F. Clausen, P.C.
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the eEmployers Solutions, Inc. Multiple Employer Plan

We have audited the accompanying financial statements of eEmployers Solutions, Inc. Multiple Employer 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at Year End), together referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly

to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Jason F. Clausen, P.C.

Fraser, MI
October 17, 2022

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS		
Investments (at fair value)		
Interest bearing cash	$ 1,760,370	$ 2,110,134
Registered investment companies	19,642,474	18,144,601
Total investments (at fair value)	21,402,844	20,254,735
Receivables:		
Employer contributions	57,649	22,132
Employee contributions	50,945	52,470
Other	3,613	3,818
Notes receivable from participants	433,332	444,530
Total assets	21,948,383	20,777,685
LIABILITIES		
Benefit claims payable	-	5,969
Total liabilities	-	5,969
NET ASSETS AVAILABLE FOR BENEFITS	$ 21,948,383	$ 20,771,716

See independent auditor's report and notes to the financial statements

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

ADDITIONS	
Additions to net assets attributed to:	
Investment income (loss):	
Interest and dividends	$ 389,386
Net appreciation in fair value of investments	2,955,950
Interest on notes receivable from participant	22,166
Total investment income	3,367,502
Contributions:	
Participant contributions	2,745,184
Participant rollovers	113,291
Employer contributions	1,191,100
Total contributions	4,049,575
Total additions	7,417,077
DEDUCTIONS	
Benefits paid to participants	2,732,450
Administrative expenses	221,470
Total deductions	2,953,920
Increase in net assets	4,463,157
Transfers to this plan	2,327,365
Transfers from this plan	(5,613,855)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	20,771,716
End of year	$ 21,948,383

See independent auditor's report and notes to the financial statements

NOTE 1 - DESCRIPTION OF PLAN

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

General
The Plan is a multiple employer defined contribution plan in which all eligible employees may participate unless covered by a collective bargaining agreement. The Plan was established and in effect as of January 1, 2004 and has adopted the Slavic Integrated Administration Multiple Employer Plan (Slavic Multiple Employer Plan). The Plan is subject to certain requirements imposed by the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility
The Plan covers all employees, as defined in the Plan, of the adopting employers (the "Employers") who have completed the age and service requirements selected by the Employers in the Adoption Agreement. Participation occurs after completing each Employers' age and service requirements.

Contributions
Each year, participants may elect to contribute a fixed amount or a percentage of their income from 1% to 100% or any combination thereof as defined in the Plan, subject to certain Internal Revenue Code limitations. The percentage of contribution may be changed as of any subsequent plan entry date. Any such change will apply only after its effective date, and after it is executed and filed with the plan administrator. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan and may change their fund allocation percentages at any time.

Each year the Employers may make a matching contribution to be determined annually based on a percentage of each participant's eligible compensation for the year. The Employers will determine the amount of the discretionary contributions, if any, they will make each plan year. Employers can also elect to make a 401(k) safe harbor plan design contribution which aids the companies in passing discrimination testing required by ERISA. Under safe harbor election, the Employer chooses between a fully vested contribution of 3% of compensation to all employees eligible to be in the Plan, or a fully vested contribution equal to the first 4% of compensation each participant contributes to the Plan. The Employers' matching contribution was $940,549 for the year ended December 31, 2020, of which $19,886 was unpaid at December 31, 2020. In addition, discretionary employer-provided non-elective (profit-sharing) contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers, as defined in the Plan. The Employers' discretionary profit-sharing contributions for the year ended December 31, 2020 were $246,678, of which $37,764 were unpaid at December 31, 2020.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts
Each participant's account is credited with the participant's contribution and, if applicable, the employer-provided matching contributions, allocations of employer-provided non-elective (profit sharing) contributions, plan earnings, and charged with management or service fees. Allocations are based on participant earnings or account balances, as defined by the Plan. Additional administrative fees are charged by the custodian upon fund withdrawal. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service, based upon a graduating schedule. A participant is vested 20% after two years and 20% for each additional year of service. Each employer may elect to accelerate the vesting parameters. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan.

To have a year of service for vesting purposes, employees must complete at least 1,000 hours of service during the 12 months beginning on the day they start to work for their employer. If they do not, they must complete at least 1,000 hours of servicing any plan year. They complete a year of service only upon working for a full 12 months, regardless of when during the applicable 12-month period they complete 1,000 hours of service.

Investment Options
Participants may direct employer and employee contributions in 1% increments or specific dollar amounts to any of the investment options offered by the Plan. The investment options are registered investment companies and include money market funds and various stock and bond funds. The fund values are computed daily by the custodians and reflect changes in the unit values of the investments.

Notes Receivable from Participants
A participant may borrow from the Plan through a loan from their account. Loans will be made on a uniform and non-discriminatory basis. The minimum total loan amount is $1,000 up to a maximum of 50% of the participant's vested account balance. In no event can the participant borrow more than $50,000, reduced by the excess, if any, of (1) the highest outstanding balance of any other loans from the Plan during the one-year period prior to the date of the new loan, over (2) the aggregate outstanding balance of any other loans from the Plan on the date of the new loan, or 50% of their vested account balance. Loan terms range from one to five years, unless the purpose of the loan is to purchase a primary residence. Participants can only have one loan outstanding at any time. The loans are secured by the balance in the participant's account and bear interest at an agreed upon percentage based on prevailing market rates. Principal and interest is paid ratably through payroll deductions.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits
Upon retirement or separation from service with the Employers, the participant may elect to receive a single lump-sum cash payment. Also, upon reaching age 59½, participants may receive a lump- sum cash payment for any portion of their vested accounts on a yearly basis. Until a participant actually retires from the employment of the participant's employer, the participant shall continue to be treated in all respects as a participant.

Hardship Withdrawals
Participants may withdraw from the Plan part or all of the participant's contributions in the event of undue financial hardship. The maximum hardship withdrawal is the total of a participant's 100% vested balance. The Trustees shall determine what portion of all of such account balance is necessary to alleviate the hardship. A financial hardship must be one of the reasons specified below:

1. Medical expense incurred by the participant, the participant's spouse, or any dependents of the participant;

2. The purchase (excluding mortgage payments) of a principal residence of a participant;

3. Certain educational expenses for the participant, his or her spouse, or dependents of the participant;

4. The need to prevent the eviction of the participant from his or her principal residence or foreclosure on the mortgage of his or her principal residence; or

5. Other events as may be prescribed by the Internal Revenue Service Commissioner in revenue rulings, notices, and other documents of general applicability.

Forfeitures
Participants who terminate their employment and are less than 100% vested in their employer account will forfeit the non-vested portion. Forfeitures are retained in the Plan and used to offset future expenses and employer contributions. For the year ended December 31, 2020, no forfeitures were used to offset expenses. The balance in the forfeiture account was $90,728 and $70,150 for the years ended December 31, 2020 and 2019, respectively.

Plan Termination
Although they have not expressed any intent to do so, the Employers have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting
The Plan follows the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition
Investments in shares of registered investment companies are reflected in the financial statements at fair value, using quoted market prices. Unrealized gains or losses, as a result of changes in fair value, are recorded in income of the current period.

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

The change in net unrealized appreciation/depreciation of investments held from the beginning of the plan year to the end of the plan year is included with realized gains/losses as net investment income/loss reported in the accompanying statement of changes in net assets available for plan benefits.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits
Benefits are recorded when paid.

Transfers
There were transfers of $2,327,365 and $575,983 into the plan for the years ended December 31, 2020 and 2019, respectively. There were transfers of $5,613,855 and $810,617 out of the plan for the years ended 2020 and 2019, respectively.

Administrative Expenses
Certain administrative expenses are paid by the plan administrator. Management fees, asset fees, and account administrative expenses are paid by the participants.

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 assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 3 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements
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 Fair Value Measurements
Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities;
- 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 Fair Value Measurements
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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Money market fund: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

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

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 19,642,474	$ -0-	$ -0-	$ 19,642,474
Money market funds	1,760,370	-0-	-0-	1,760,370
Total assets at fair value	$ 21,402,844	$ -0-	$ -0-	$ 21,402,844

	December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 18,144,601	$ -0-	$ -0-	$ 18,144,601
Money market funds	2,110,134	-0-	-0-	2,110,134
Total assets at fair value	$ 20,254,735	$ -0-	$ -0-	$ 20,254,735

NOTE 4 - TAX STATUS

Although the Plan has not requested determination from the Internal Revenue Service as to the Plan's tax-exempt status, the master prototype plan which the Plan adopted has received favorable determination from the IRS. Plan management believes that the Plan is designed to operate in accordance with all applicable provisions of the Internal Revenue Code. Therefore, management believes that the Plan is qualified, and the related trust is exempt from taxation under the Internal Revenue Code. The plan administrator is not aware of any action or event that has occurred that might affect the Plan's qualified status.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan sponsor would be liable for interest and penalties, if any, related to unrecognized tax benefits. The Plan's Forms 5500 are subject to examination by the respective taxing authorities, generally for three years after they were filed.

NOTE 5 – RELATED PARTY AND PARTIES IN INTEREST TRANSACTIONS

Slavic Mutual Funds Management Corporation ("SMF") is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly management fee. Slavic

NOTE 5 – RELATED PARTY AND PARTIES IN INTEREST TRANSACTIONS (CONTINUED)

Integrated Administration ("SIA"), the Plan's third-party administrator, receives annual administrative and asset fees per participant. Total fees paid to SIA for the years ended December 31, 2020 and 2019 were $201,780 and $167,108 respectively.

Slavic Investment Corp ("SIC"), an SEC registered securities broker/dealer, collects from mutual fund companies, any 12b-1 commissions and SubTa and SSF recording fees paid by the funds held in plan accounts, and credits them on a quarterly basis directly to participant accounts holding those funds. Only participants actually holding the funds at the crediting date receive a proration of this fund revenue; those trading out of the funds at the crediting date receive a proration of this fund revenue; those trading out of the funds before that date are not credited any prorated 12b-1 and SubTa and SSF payments. The shareholders of SMF, SIC and SIA are the same.

For the year ended December 31, 2020 and 2019, eEmployers Solutions, Inc., the plan sponsor, was paid $18,204 and $17,319, respectively, in direct compensation for administrative services.

NOTE 6 – FIDELITY BOND

As of December 31, 2020, the plan was covered by a fidelity bond in the amount of $500,000.

NOTE 7 - 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 in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

NOTE 8 – SUBSEQUENT EVENTS

The Plan management has evaluated subsequent events through the date of this report, which is the date the financial statements were available to be issued.

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

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

PLAN YEAR ENDED DECEMBER 31, 2020

EIN: 74-2884279 PN: 333

a.	b. Issuer	c. Description	d. Cost	e. Current Value
	American Funds	American Funds EuroPacific R6		$ 903,579
	American Funds	American Funds New Perspective R6		362,251
	American Funds	American Funds Growth Fund of America R6		495
	American Funds	American Funds Capital World G & I R6		49,450.00
	American Funds	American Funds Washington Mutual R6		160,956.00
	BlackRock	iShares MSCI EAFE International Index K		294,598
	BlackRock	BlackRock Health Sciences Svc		186,483
	Fidelity	Fidelity Advisor Technology		786,041
	Fidelity	Fidelity Adv Freedom 2040 CL T		204,744
	Fidelity	Fidelity 500 Index		978,127
	Fidelity	Fidelity US Bond Index		531,762
	Franklin/Templeton	Franklin Utilities R6		51,728
	Oppenheimer	Invesco Oppenheimer Gold & Special Miner		194,568
	T Rowe Price	T_Rowe Price New Era		72,174
	T Rowe Price	T_Rowe Price Mid Cap Growth		456,131
	Vanguard	Vanguard Inflation Protected Securities		60,676
	Vanguard	Vanguard Intermediate-Term Bond Index		292,345
	Vanguard	Vanguard Dividend Growth		275,187
	Vanguard	Vanguard Financials Index Admiral		32,754
	Vanguard	Vanguard Target Retirement 2055		164,845
	Vanguard	Vanguard Target Retirement 2050		110,020
	Vanguard	Vanguard Target Retirement 2040		203,067
	Vanguard	Vanguard Energy Admiral		32,786
	Vanguard	Vanguard Real Estate Index Admiral		162,070
	Vanguard	Vanguard Mid Cap Index Admiral		245,168
	Vanguard	Vanguard Industrial Index Admiral		395,861
	Vanguard	Vanguard Information Technology Index Ad		526,967
	Vanguard	Vanguard Target Retirement 2065		15,037
	Vanguard	Vanguard Federal Money Market		1,760,370
	Vanguard	Vanguard Mid Cap Value Index Admiral		127,645
	Vanguard	Vanguard Small Cap Growth Index Adm		2,173,132
	Vanguard	Vanguard Short-Term Federal Admiral		1,825,336
	Vanguard	Vanguard Small Cap Index Admiral		213,472
	Vanguard	Vanguard Short-Term Inf Prot Index Admir		3,106
	Vanguard	Vanguard Target Retirement 2030		321,670
	Vanguard	Vanguard Target Retirement Income Fund		8,320
	Vanguard	Vanguard Target Retirement 2045		221,563
	Vanguard	Vanguard Total Stock Market Index Admiral		6,100,975
	Vanguard	Vanguard Target Retirement 2035		203,052
	Vanguard	Vanguard Target Retirement 2060		69,586
	Vangaurd	Vangaurd Target Retirement 2025		73,622
	Vanguard	Vanguard Target Retirement 2020		89,416
	Vanguard	Vanguard Target Retirement 2015		95,908
	Vanguard	Vanguard US Growth Admiral		365,801
		Total Registered Investment Companies		21,402,844
	Participant Loans	4.25% to 6.5%		433,332
		Total investments		$ 21,836,176

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

EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN PLAN # 333 EIN # 74-2884279

(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
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		903,579
	American Funds	RGAGX - American Funds Growth Fund Of America R6		495
	American Funds	RNPGX - American Funds New Perspective R6		362,252
	American Funds	RWIGX - American Funds Capital World G & I R6		49,450
	American Funds	RWMGX - American Funds Washington Mutual R6		160,956
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		294,598
	BlackRock	SHSKX - BlackRock Health Sciences K		186,483
	Fidelity	FATIX - Fidelity Advisor Technology		786,041
	Fidelity	FTFFX - Fidelity Adv Freedom 2040 Cl T		204,744
	Fidelity	FXAIX - Fidelity 500 Index Fund		979,060
	Fidelity	FXNAX - Fidelity US Bond Index Fund		532,089
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		51,728
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		194,568
	T. Rowe Price	PRNEX - T. Rowe Price New Era		72,261
	T. Rowe Price	RPMGX - T. Rowe Price Mid Cap Growth		458,240
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		60,676
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		292,345
	Vanguard	VDIGX - Vanguard Dividend Growth		275,187
	Vanguard	VFAIX - Vanguard Financials Index Admiral		32,754
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		164,845
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		110,020
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		203,067
	Vanguard	VGELX - Vanguard Energy Admiral		32,786
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		162,070
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		245,168
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		395,861
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		526,967
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		15,037
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		1,767,991
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		127,645
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		2,173,132
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		1,825,336
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		213,472
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		3,106
	Vanguard	VTHRX - Vanguard Target Retirement 2030		321,670
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		8,320
	Vanguard	VTIVX - Vanguard Target Retirement 2045		221,563
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		6,100,975
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		203,052
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		69,586
	Vanguard	VTTVX - Vanguard Target Retirement 2025		73,622
	Vanguard	VTWNX - Vanguard Target Retirement 2020		89,416
	Vanguard	VTXVX - Vanguard Target Retirement 2015		95,908
	Vanguard	VWUAX - Vanguard Us Growth Admiral		370,651
	Participant Loans	**4.25% - 7.25%**		**433,332**

Multiple-Employer Plan Participating Employer Information

EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN Plan #333 EIN: 74-2884279

(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
Abeco Contracting Inc & MMC Contracting LLC	74-2831809	0.31%
Affordable Services West Corp. and Co-Adopting Entities	81-2761697	6.93%
APHCC Texas, Inc.	74-0490845	0.84%
ATLANTIC TRADING COMPANY LLC	85-3214585	0.05%
B&E Contractors, Inc.	74-2708280	0.49%
BlueFolder Software, Inc.	32-0426865	2.97%
Car Pro of SA	74-2467362	0.41%
Clinical Practice Organization	76-0419797	0.38%
Complete Book & Media Supply, Inc.	74-2852244	0.00%
DC Logistics, LLC	47-4933127	0.00%
eEmployers Solutions, Inc.	74-2884279	7.92%
El Paso County Medical Society	23-7301663	0.24%
Entrust Technology Consulting Services	20-4756861	3.49%
Erben Associates, LLC	74-2768305	0.78%
Gulf Biomechanical Lab LLP	76-0193549	0.00%
Gulf Coast Hardware, LLC	45-3571086	5.01%
HILL COUNTRY ALLERGY & ASTHMA PLLC HILL COUNTY COSMETICS, LL	45-5449361	1.76%
Houston Community Land Trust	83-1135085	0.74%
Indrill Supply of Texas, Inc.	76-0282303	0.00%
JF Filtration, Inc. dba Joe W. Fly Company	75-2565237	10.23%
K Carpenter Associates, Inc.	45-2498864	3.00%
KPN Health, Inc.	47-2058294	2.05%
Laura Negley Gill Real Estate Service, Inc.	74-2632660	0.00%
Life Care Consultants, Inc.	76-0437775	0.76%
Lifetime Financial Services dba Town & Country Mortgage	74-2979077	0.00%
M&S Logistics, LLC	27-4408289	0.94%
Mission Springs School	74-2870009	1.57%
Mobile Maintenance	20-0770299	1.21%
Multistar Tank Leasing, LLC	72-1365002	0.12%
NestQuest Houston Inc	81-5310771	0.19%
Network Alliance, LLC	45-2486241	0.00%
New Millennium Concepts Ltd & Texado LTD	75-2787222	4.81%
North San Antonio Chamber of Commerce	74-1807552	0.45%
Northwest Houston Heart Center	20-3299829	3.54%
Open SAN Consulting, LLC	27-2464395	7.17%
Optimum Consultancy Services	46-4763625	0.15%
Original and Best, LLC dba Austin Deck Company	47-2632528	1.89%
Page Properties Corporation	84-0782340	0.09%
Peak Finance, LP	73-1627194	0.46%
Prak Property Management Inc.	27-0710920	0.89%
River City Chiropractic, P.A.	74-2983480	3.09%
Rogers Title Company dba Ameripoint Title San Antonio	74-2588476	0.00%
Rogers, Booker Lewis, P.C.	75-2585851	0.00%
Scope Management Solutions, Ltd.	20-1703996	0.09%
Southwestern Office Systems	17-6010597	0.00%
SPS Commerce, Inc.	41-2015127	0.00%
Stanolind Operating LLC	82-3211046	6.84%
Stan's Heating & Air Conditioning, Inc	74-1812346	8.44%
Stargate Marketing	46-0472494	0.00%
Steele Law Group	46-4727083	0.00%
Sundance Services	74-2914136	0.00%
Surface Restoration	94-3425697	3.66%
T.B.J.S. LLC	73-1627201	2.60%
The Schlichting Group	75-2739115	0.00%
The Transformation Company	42-1548907	2.29%
Upstream Investment Partners, LLC	27-1637972	1.10%
Westlake Eyecare PLLC	27-5442175	0.02%
Willtex Stores, L.P.	74-3004388	0.00%