

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>EMPLOYERS RESOURCE 401(K) RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>333</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>EMPLOYERS RESOURCE MANAGEMENT COMPANY, INC.</u> <u>1301 SOUTH VISTA AVENUE, SUITE 200</u> <u>BOISE, ID 83705</u>		1c Effective date of plan <u>01/01/1998</u>	2b Employer Identification Number (EIN) <u>54-1340867</u>
		2c Plan Sponsor's telephone number <u>208-363-7355</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.	10/14/2020	GREGORY J RUTHERFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	GREGORY J RUTHERFORD
	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 (2019)
v. 190130

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 3535
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 2949 6a(2) 2495 6b 0 6c 875 6d 3370 6e 0 6f 3370 6g 1781 6h 14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan EMPLOYERS RESOURCE 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS RESOURCE MANAGEMENT COMPANY, INC.	D Employer Identification Number (EIN) 54-1340867	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	358863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	48121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYERS RESOURCE MANAGEMENT CO.

54-1340867

(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	36854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan EMPLOYERS RESOURCE 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS RESOURCE MANAGEMENT COMPANY, INC.	D Employer Identification Number (EIN) 54-1340867	

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)	114494	65803
(2) Participant contributions.....	1b(2)	96020	108170
(3) Other.....	1b(3)	15089	17328
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)	1269017	1320292
(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)	39323455	48861354
(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	40818075 50372947
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	40818075 50372947

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1899998
	(B) Participants	2a(1)(B)	4185426
	(C) Others (including rollovers)	2a(1)(C)	314235
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	6399659
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)	64709
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	64709
(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)	1203549
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1203549
(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)		7464971
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15132888

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3454358	
(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)		3454358
f Corrective distributions (see instructions)	2f		36379
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)	395717	
(3) Investment advisory and management fees	2i(3)	48121	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		443838
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3934575

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11198313
l Transfers of assets:			
(1) To this plan	2l(1)		606888
(2) From this plan	2l(2)		2250329

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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: EIDE BAILLY LLP

(2) EIN: 45-0250958

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
4e	X		2000000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
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)
COOK ENGINEERING 401(K) AND PROFIT SHARING PLAN	74-2924848	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
TRINET 401(K) PLAN	48-1304650	334

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

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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>EMPLOYERS RESOURCE 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EMPLOYERS RESOURCE MANAGEMENT COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>54-1340867</u>

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): <u>65-0708495</u>		
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) 2019
v. 190130

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



Financial Statements

December 31, 2019 and 2018

**Employers Resource Management
Company, Inc. 401(k) Plan**

Employers Resource Management Company, Inc. 401(k) Plan

Table of Contents

December 31, 2019 and 2018

Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplementary Information	
Schedule H, Line 4i – Schedule of Assets Held at End of Year	14



Independent Auditor's Report

To the Trustee
Employers Resource Management Company, Inc. 401(k) Plan
Boise, Idaho

Report on the Financial Statements

We have audited the accompanying financial statements of Employers Resource Management Company, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, 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

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

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 the Plan as of December 31, 2019 and 2018, 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 Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i – Schedule of Assets Held at End of Year as of December 31, 2019 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Boise, Idaho
October 12, 2020

Employers Resource Management Company, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
Investments, at fair value	\$ 48,861,354	\$ 39,323,455
Notes receivable from participants	1,337,620	1,284,106
Contributions receivable		
Participant	108,170	96,020
Employer	<u>167,118</u>	<u>215,810</u>
Total assets	<u>50,474,262</u>	<u>40,919,391</u>
Liabilities		
Excess contribution payable	<u>77,690</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 50,396,572</u></u>	<u><u>\$ 40,919,391</u></u>

Employers Resource Management Company, Inc. 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2019 and 2018

	2019	2018
Additions		
Investment income		
Interest and dividends	\$ 1,203,549	\$ 1,365,883
Net appreciation (depreciation) in fair value of investments	7,464,971	(2,927,342)
	8,668,520	(1,561,459)
Interest income on notes receivable from participants	64,709	60,364
Contributions		
Employer	1,899,997	1,747,324
Participant	4,107,736	3,852,325
Rollover	314,235	406,227
	6,321,968	6,005,876
Total additions	15,055,197	4,504,781
Deductions		
Benefits paid to participants	3,454,358	3,732,897
Corrective distributions	36,379	31,513
Administrative expenses	443,838	452,433
Total deductions	3,934,575	4,216,843
Net Increase	11,120,622	287,938
Transfers In	606,888	154,699
Transfers Out	(2,250,329)	(19,889,970)
Net Assets Available for Benefits		
Beginning of Year	40,919,391	60,366,724
End of Year	\$ 50,396,572	\$ 40,919,391

Note 1 - Description of Plan

The following brief description of the Employers Resource Management Company, Inc. 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution multiple-employer plan. The various participating employers (Employer) have specific adoption agreements that outline the specific terms for their respective company. The Plan is non-standardized and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Investment Committee determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Eligibility

Dependent on the elections of the Employer, employees may not be eligible to participate in the Plan until they have completed a) 1 month, b) 2 months, c) 3 months, d) 6 months, e) 9 months, f) 12 months, or they may not have a service requirement. Additionally, there may be an age requirement of a) 18 years of age, b) 21 years of age, or c) no age requirement. Any combination of time and service elements may be selected by the Employer. A year of service for purposes of eligibility is a consecutive 12-month period during which the employee has 1,000 or more hours of service.

Entry Date

Dependent on the elections of the Employer, employees may enter the Plan on the a) immediately, b) monthly, or c) quarterly coinciding with or following the date they satisfy the Plan's eligibility requirements.

Contributions

Each year, participants may contribute up to 90% of pretax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan allows participants to designate contributions as Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). The Employer makes a matching contribution if elected in the Employer's adoption agreement. The Employer also has the discretion to make non-elective contributions.

The Employer may elect to include an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatic enrollment accounts will be invested into a balanced fund or managed account at the direction of the trustee if the participant does not specify his or her investment allocation.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Employer's contribution, as well as all allocations of the Employer's discretionary contributions and Plan earnings. Participants accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant compensation, account balances, or specific participant transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions in various investment options with Slavic Integrated Administration. Participants may change their investment options daily.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested either a) immediately, b) 100% cliff after 3 years, or c) 20% per year graded vesting over 6 years, dependent on election of the Employer in the adoption agreement.

Forfeitures

Each individual employer has a forfeiture account if their particular adoption agreement specifies a vesting schedule or if non-discrimination testing results in forfeitures for corrections. At December 31, 2019 and 2018, forfeited non-vested accounts totaled \$38,274 and \$31,109, respectively. These accounts will be used to reduce future employer contributions and pay plan expenses. During the years ended December 31, 2019 and 2018, employer contributions were reduced by \$19,395 and \$29,545, respectively from forfeited non-vested accounts.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate equal to the prime rate published on the fourteenth business day of each month plus two percentage points. Interest rates range from 4.25% to 6.00%. Principal and interest is paid ratably through payroll deductions over a period not to exceed five years, unless the proceeds of the loan were used to acquire the participant's residence, in which case the loan period cannot exceed 15 years. A participant may have no more than two outstanding loans at any one time.

Payment of Benefits

Participants may elect to receive a lump-sum amount equal to the value of their vested interest as defined in the Plan document upon retirement, termination of service, death or disability. A terminated employee with a balance of less than \$1,000 may be automatically paid out by the Plan upon termination. Any terminated participants with a balance between \$1,000 and \$5,000 can still be automatically paid out if their balance is rolled into a qualified Individual Retirement Account. Distributions may be made at the participant's election prior to termination upon attainment of age 59 ½ or hardship as defined in the plan document.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Note 2 - Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2019 and 2018.

Payments of Benefits

Benefit payments to participants are recorded upon distribution. Amounts allocated to accounts of persons who have elected to withdraw from the Plan, but have not yet been paid, were \$27,082 and \$51,367 at December 31, 2019 and 2018, respectively.

Expenses

The Plan's expenses are paid by either the Plan or Employers Resource Management Company, Inc., as provided by the plan document. Expenses that are paid directly by Employers Resource Management Company, Inc. are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Transfers

As a defined contribution multiple-employer plan, the Plan has transfers in and transfers out regularly as participating employers join and leave the Plan.

Note 3 - Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

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

The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and other third parties.

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

Employers Resource Management Company, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 42,973,891	\$ -	\$ -	\$ 42,973,891
Money market mutual funds	5,887,463	-	-	5,887,463
Total investments at fair value	<u>\$ 48,861,354</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 48,861,354</u>
	2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 33,488,110	\$ -	\$ -	\$ 33,488,110
Money market mutual funds	5,835,345	-	-	5,835,345
Total investments at fair value	<u>\$ 39,323,455</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 39,323,455</u>

Transfers Between Levels

For the years ended December 31, 2019 and 2018, there were no significant transfers between Level 1 and 2 and no transfers in or out of Level 3.

Note 4 - Tax Status

The Plan uses a pre-approved plan document sponsored by Slavic 401k.com Inc., which received an advisory letter from the Internal Revenue Service (IRS), dated March 31, 2014, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

Note 5 - Related Party and Party-in-Interest Transactions

Employers Resource Management Company, Inc. sponsors the Plan, provides administrator services to the Plan, and participates in the Plan; and therefore transactions with them qualify as exempt party-in-interest transactions. Certain Plan investments are shares of mutual funds managed by Fidelity, the Custodian as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

Note 6 - 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 benefits.

Note 7 - Corrective Contributions Receivable

Contributions from the Employer include payments necessary to satisfy the relevant top heavy non-discrimination provisions. The amount of corrective contributions receivable was \$101,315 and \$101,316 for the years ended December 31, 2019 and 2018, respectively, and are reflected in contributions receivable in the statements of net assets available for benefits.

Note 8 - Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability. The amount of excess contributions was \$77,690 and \$0 for the years ended December 31, 2019 and 2018, respectively.

Employers Resource Management Company, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2019 and 2018 to Form 5500:

	<u>2019</u>	<u>2018</u>
Net Assets Available for Benefits per the Financial Statements	\$ 50,396,572	\$ 40,919,391
Plus excess contributions payable, current year	77,690	-
Less corrective employer contributions receivable	<u>(101,315)</u>	<u>(101,316)</u>
Net assets per the Form 5500	<u>\$ 50,372,947</u>	<u>\$ 40,818,075</u>

The following is a reconciliation of participant contributions per the financial statements for the years ended December 31, 2019 and 2018 to Form 5500:

	<u>2019</u>	<u>2018</u>
Total participant contributions per the financial statements	\$ 4,107,736	\$ 3,852,325
Plus excess contributions payable - December 31, 2019	<u>77,690</u>	<u>-</u>
Total Participant Contributions per the Form 5500	<u>\$ 4,185,426</u>	<u>\$ 3,852,325</u>

The following is a reconciliation of employer contributions per the financial statements for the years ended December 31, 2019 and 2018 to Form 5500:

	<u>2019</u>	<u>2018</u>
Total Employer Contributions per the Financial Statements	\$ 1,899,997	\$ 1,747,324
Less corrective employer contributions receivable, current year	(101,315)	(101,316)
Plus corrective employer contributions receivable, prior year	<u>101,316</u>	<u>124,628</u>
Total Employer Contributions per the Form 5500	<u>\$ 1,899,998</u>	<u>\$ 1,770,636</u>

The following is a reconciliation of employer contributions receivable per the financial statements for the years ended December 31, 2019 and 2018 to Form 5500:

	<u>2019</u>	<u>2018</u>
Total Employer Contributions Receivable per the Financial Statements	\$ 167,118	\$ 215,810
Less corrective employer contributions receivable, current year	<u>(101,315)</u>	<u>(101,316)</u>
Total Employer Contributions Receivable per the Form 5500	<u>\$ 65,803</u>	<u>\$ 114,494</u>

Employers Resource Management Company, Inc. 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

The following is a reconciliation of notes receivable from participants per the financial statements for the years ended December 31, 2019 and 2018 to Form 5500:

	<u>2019</u>	<u>2018</u>
Total Notes receivable from participants per the Financial Statements	\$ 1,337,620	\$ 1,284,106
Less notes payment receivable, current year	<u>(17,328)</u>	<u>(15,089)</u>
Total Notes Receivable per the Form 5500	<u>\$ 1,320,292</u>	<u>\$ 1,269,017</u>

Note 10 - Subsequent Events

Subsequent to year-end, the United States and global markets experienced significant volatility in value resulting from uncertainty caused by the world-wide coronavirus pandemic. The Plan sponsor is closely monitoring its investment portfolio and its liquidity and is actively working to minimize the impact of this volatility. The Plan's financial statements do not include adjustments to fair value that have resulted from this volatility.

The Plan sponsor has evaluated subsequent events through October 12, 2020, the date which the financial statements were available to be issued.



Supplementary Information
December 31, 2019

Employers Resource Management Company, Inc. 401(k) Plan

Employers Resource Management Company, Inc. 401(k) Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2019

EIN: 54-1340867

Plan: 333

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	American Funds Capital World G & I R6	Mutual Fund	N/A	\$ 509,205
	American Funds EuroPacfc R6	Mutual Fund	N/A	1,891,569
	American Funds Growth Fund of America R6	Mutual Fund	N/A	1,368,715
	American Funds New Perspective R6	Mutual Fund	N/A	933,304
	American Funds Washington Mutual R6	Mutual Fund	N/A	574,102
	BlackRock Health Sciences Svc	Mutual Fund	N/A	939,370
	BlackRock Int'l Index K	Mutual Fund	N/A	336,294
	DFA Emerging Markets Core Equity	Mutual Fund	N/A	641,524
*	Fidelity US Bond Index	Mutual Fund	N/A	351,479
	Nationwide Ziegler NYSE Arca Tech 100 In	Mutual Fund	N/A	716,151
	Oppenheimer Gold & Special Minerals I	Mutual Fund	N/A	439,865
	Oppenheimer MainStreet Small & Mid Cap A	Mutual Fund	N/A	100,952
	Rydex Inverse S&P 500 Strategy Inv	Mutual Fund	N/A	94,801
	T Rowe Price Mid Cap Growth	Mutual Fund	N/A	1,994,359
	T. Rowe Price Dividend Growth	Mutual Fund	N/A	965,174
	T. Rowe Price New Era	Mutual Fund	N/A	484,250
	Vanguard 500 Index Admiral	Mutual Fund	N/A	1,745,175
	Vanguard Equity Income Admiral	Mutual Fund	N/A	732,891
	Vanguard European Stock Index Admiral	Mutual Fund	N/A	187,517
	Vanguard Federal Money Market	Money Market Mutual Fund	N/A	5,887,412
	Vanguard Industrial Index Admiral	Mutual Fund	N/A	1,026,793
	Vanguard Inflation Protected Securities	Mutual Fund	N/A	483,933
	Vanguard Information Technology Index Ad	Mutual Fund	N/A	1,435,393
	Vanguard Intermediate-Term Bond Index Ad	Mutual Fund	N/A	393,201
	Vanguard Mid Cap Index Admiral	Mutual Fund	N/A	1,212,205
	Vanguard Mid Cap Value Index Admiral	Mutual Fund	N/A	257,636
	Vanguard Money Market Prime	Money Market Mutual Fund	N/A	51
	Vanguard REIT Index Admiral	Mutual Fund	N/A	571,043
	Vanguard Short-Term Federal Admiral	Mutual Fund	N/A	5,994,732
	Vanguard Short-Term Inf Prot Index Admir	Mutual Fund	N/A	2,168
	Vanguard Small Cap Growth Index Adm	Mutual Fund	N/A	1,242,223
	Vanguard Target Retirement 2015	Mutual Fund	N/A	541,577
	Vanguard Target Retirement 2020	Mutual Fund	N/A	208,118
	Vanguard Target Retirement 2025	Mutual Fund	N/A	217,579

Employers Resource Management Company, Inc. 401(k) Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2019

EIN: 54-1340867

Plan: 333

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Vanguard Target Retirement 2030	Mutual Fund	N/A	1,123,523
	Vanguard Target Retirement 2035	Mutual Fund	N/A	311,824
	Vanguard Target Retirement 2040	Mutual Fund	N/A	298,611
	Vanguard Target Retirement 2045	Mutual Fund	N/A	834,758
	Vanguard Target Retirement 2050	Mutual Fund	N/A	66,440
	Vanguard Target Retirement 2055	Mutual Fund	N/A	28,921
	Vanguard Target Retirement 2060	Mutual Fund	N/A	1,270
	Vanguard Target Retirement 2065 Inv	Mutual Fund	N/A	5,107
	Vanguard Target Retirement Income	Mutual Fund	N/A	5,103
	Vanguard Total Stock Market Index Admira	Mutual Fund	N/A	11,705,036
	Total Mutual Funds (including Money Market Mutual Funds)			48,861,354
*	Notes receivable from participants	Maturing 2020-2034 at interest rates of 4.25% to 6%		1,337,620
	Total assets held at end of year			<u>\$ 50,198,974</u>

* A party-in-interest as defined by ERISA.

N/A - Not applicable for participant-directed plan.

Multiple-Employer Plan Participating Employer Information

Employers Resource 401(k) Retirement Plan		Plan # 333	EIN: 54-1340867
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
Aire Texas Residential Services	37-1712957	0.06%	
Alcor Life Extension Foundation	23-7154039	1.89%	
All Pro Plumbing, Heating, Air & Electrical Inc.	47-4549777	2.09%	
Alta Loma Enterprises, LLC	81-3992814	2.57%	
Altavista Instruments and Controls, Inc.	45-2550117	0.55%	
ARC Specialties/Welding Consultants and Cedar Hollow Ranch	76-0547063	4.97%	
Arete Provider Network, Inc.	83-3371731	0.66%	
Ascot Supply Corporation	36-2703571	2.22%	
Ashley Services, Inc. dba Glass Doctor	59-3698382	1.27%	
Association of Reciprocal Safety Councils	76-0565198	0.06%	
AUL Pipe Tubing and Steel, Inc.	95-2943670	0.68%	
Basecom, Inc.	75-2686521	0.87%	
Bear Oil Company, Inc.	74-1381663	1.71%	
Bernier Refrigeration Generations, Inc.	46-2571549	0.34%	
Blisterpak, Inc.	33-0882748	0.99%	
C. Maddox & Company	45-2788711	0.94%	
Child's Path	46-4972397	0.50%	
Comfort Control Corp.	95-2842249	1.09%	
Conaway Preservation Group	20-1975325	0.77%	
Corona Mortgage LLC	81-4177140	0.03%	
Cy-Fair Surgery Center LLC	76-0386871	2.22%	
DD Ford Construction, LP	36-4780956	0.22%	
Drought Properties, Inc.	74-2765024	0.69%	
Eclectic Electric Service, LLC dba Mr. Electric of Columbia	27-3109205	0.19%	
Employers Resource Management Company	54-1340867	6.66%	
Fetzer Enterprises, Inc.	74-1860789	0.07%	
Fibermark Mark the Carpetbagger, Inc.	51-0445903	0.22%	
First Choice Auto Auction, Inc. dba Houston 1st Choice	76-0435599	1.35%	
Flyright, Inc.	20-0038244	4.25%	
Foote Axle & Forge LLC	95-4671011	0.13%	
Ford's Produce Company Inc.	56-1175038	1.45%	
Greater San Antonio Healthcare Foundation	74-2907670	0.03%	
Hi Plains Feed, LLC	20-8307172	2.85%	
Hotwell US, LLC	45-3650073	0.14%	
Houston Digital Corp.	82-0468223	0.46%	
Idaho Freedom Foundation	26-3783048	0.59%	
II-VI Foundation	20-8824719	0.55%	
Iwasa Eye Center	82-0368134	0.12%	
JM&F, LLC dba Mr. Appliance	90-0681833	0.04%	
Ketchum Enterprises LLC dba Mr. Appliance of Front Range	46-3999177	0.09%	
Kune Kune INC dba Clearwater Plumbers	45-2573999	1.09%	
Law Offices of I. David Small	56-5745377	0.05%	
Louisiana's First Choice Auto Auction, LLC	76-0665727	0.93%	
M.R. Somers Construction, Inc. and Somber Timber Structures	33-0460348	0.09%	
Maready Medical	27-1359001	0.13%	
Micotan Software Corporation	38-4090734	0.03%	
Mike's Heating & Air Conditioning, Inc.	58-2207925	0.43%	
Motor Racing Outreach Inc.	58-1859610	0.32%	
NeuroCare Rehab Dallas	36-4827763	0.07%	
NeuroCare Rehab Hospitals	47-3040269	0.09%	
Odin Ventures, Inc.DBA DreamMaker Bath& Kitchen by Worldwide	41-1870399	0.29%	
OMCAN INC	35-2535880	1.13%	
Onestaff Medical, LLC/One Transcription Services	27-2124682	8.18%	
Pacific West Management	95-4156359	2.93%	
Primal Elements, Inc.	33-0753879	0.79%	
Professional Provider Enterprise, LLC and Lyndon Graves Ente	45-4018150	0.51%	
Reclamation District #2035	68-0249569	0.04%	
Renaissance Lofts Condo Association	58-2537814	0.08%	
Roth Financial Partners, LLC	27-2101744	1.51%	
RWRA, Inc., dba Mr. Appliance of Indianapolis	82-1256743	0.02%	
San Clemente Villas	95-4860868	0.18%	
Senior Vision Services, LLC	45-3630156	0.19%	
Sequence Financial Specialists LLC	20-2717468	0.29%	

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Seven Q Seven	74-2826267	6.52%
Skyline Med Staff, LLC	47-4717907	0.11%
Southwest Warren, Inc. dba Warren Southwest Refrigeration	76-0796442	3.00%
Spine Care of Jackson Hole dba Orthopaedic Assoc Imaging	42-1631941	1.32%
Statewide Service Co.	74-2531690	0.83%
Stewart Physical Therapy	56-1277027	0.83%
Sun City Texas Community Association	74-2777582	5.20%
SunRiver of Idaho, Inc.	82-0447626	0.24%
Supply Chain Shipping, LLC	32-0110875	0.33%
Swipe Track Solutions, LLC	45-2650253	1.29%
Team ADHOC, LLC	46-5451994	0.88%
The Adam and Gila Milstein Family Foundation dba Milstein Fa	95-4824595	0.09%
The Pinemont Apartments, Inc.	74-2110755	0.37%
Three Gables Surgery Center	87-0648900	3.16%
Triple R Enterprises LLC dba Blizzard Transportation LLC	54-1367607	0.52%
Vanguard Fabrication Corp	33-0514209	0.88%
Vital Healthcare Staffing, LLC	27-1306062	0.23%
Wakan Vision, Inc.	42-1512770	1.51%
Wedge Management, Inc.	74-2060099	5.21%
West Wind Consulting	20-2015931	0.86%
White Circle Bar Enterprises, Inc. John H. White and Associa	74-2257785	0.32%
WIPCO Acquisition LLC	26-4788841	0.38%

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

Employers Resource 401(k) Retirement Plan

Plan # 333

EIN #: 54-1340867

	lessor, or similar party	rate of interest, collateral, par, or maturity value		value
(a)	(b) Identity of issue, borrower,	(c) Description of investment including maturity date	(d) cost	(e) Current
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		336,294
	DFA	DFCEX - DFA Emerging Markets Core Equity		641,524
	Fidelity	FXNAX - Fidelity US Bond Index		351,479
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		716,151
	Oppenheimer Funds	OGMIX - Invesco Oppenheimer Gold & Special Miner		439,866
	Oppenheimer Funds	OPMSX - Invesco Oppenheimer Main Street Mid Cap		100,952
	T Rowe Price	PRDGX - T Rowe Price Dividend Growth		965,174
	T Rowe Price	PRNEX - T Rowe Price New Era		484,250
	American Funds	RERGX - American Funds EuroPacifc R6		1,891,568
	American Funds	RGAGX - American Funds Growth Fund of America R6		1,368,715
	American Funds	RNPGX - American Funds New Perspective R6		933,304
	T Rowe Price	RPMGX - T Rowe Price Mid Cap Growth		1,994,360
	American Funds	RWIGX - American Funds Capital World G & I R6		509,205
	American Funds	RWMGX - American Funds Washington Mutual R6		574,102
	Rydex	RYURX - Rydex Inverse S&P 500 Strategy Inv		94,801
	BlackRock	SHISX - BlackRock Health Sciences Svc		939,370
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		483,933
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		393,200
	Vanguard	VEIRX - Vanguard Equity Income Admiral		732,891
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		187,518
	Vanguard	VFFVX - Vanguard Target Retirement 2055		28,921
	Vanguard	VFIAX - Vanguard 500 Index Admiral		1,745,176
	Vanguard	VFIFX - Vanguard Target Retirement 2050		66,440
	Vanguard	VFORX - Vanguard Target Retirement 2040		298,611
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		571,043
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		1,212,205
	Vanguard	VINAX - Vanguard Industrial Index Admiral		1,026,794
	Vanguard	VITAX - Vanguard Information Technology Index Ad		1,435,393
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		5,107
	Vanguard	VMFXX - Vanguard Federal Money Market		5,887,412
	Vanguard	VMMXX - Vanguard Money Market Prime		51
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		257,636
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		1,242,223
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		5,994,732
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		2,168
	Vanguard	VTHRX - Vanguard Target Retirement 2030		1,123,523
	Vanguard	VTINX - Vanguard Target Retirement Income		5,103
	Vanguard	VTIVX - Vanguard Target Retirement 2045		834,758
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admira		11,705,034
	Vanguard	VTTHX - Vanguard Target Retirement 2035		311,824
	Vanguard	VTTSX - Vanguard Target Retirement 2060		1,269
	Vanguard	VTTVX - Vanguard Target Retirement 2025		217,579
	Vanguard	VTWNX - Vanguard Target Retirement 2020		208,118
	Vanguard	VTXVX - Vanguard Target Retirement 2015		541,577
	Participant Loans	4.25% to 6.00%		1,320,292

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 2019 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2019 or fiscal plan year beginning	01/01/2019 and ending 12/31/2019
A This return/report is for: ☐ a multiemployer plan ☐ a single-employer plan ☐ the first return/report ☐ an amended return/report ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ 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 Employers Resource 401(k) Retirement Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">333</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1998</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 54-1340867</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (208) 363-7355</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 561300</td> </tr> </table>	1b Three-digit plan number (PN) ▶	333	1c Effective date of plan 01/01/1998		2b Employer Identification Number (EIN) 54-1340867		2c Plan Sponsor's telephone number (208) 363-7355		2d Business code (see instructions) 561300	
1b Three-digit plan number (PN) ▶	333										
1c Effective date of plan 01/01/1998											
2b Employer Identification Number (EIN) 54-1340867											
2c Plan Sponsor's telephone number (208) 363-7355											
2d Business code (see instructions) 561300											
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) EMPLOYERS RESOURCE MANAGEMENT COMPANY, INC. 1301 SOUTH VISTA AVENUE, SUITE 200 BOISE ID 83705											

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		12/14/20	Gregory J Rutherford Enter name of individual signing as plan administrator
SIGN HERE		12/14/20	Gregory J Rutherford 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 (2019)
v. 190130

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 3,535
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) 2,949
a(2) Total number of active participants at the end of the plan year	6a(2) 2,495
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 875
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3,370
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 3,370
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1,781
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)