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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|  |  |
|--|--|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>  |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |  |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:  | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)  |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>   |
| <b>D</b> Check box if filing under:  | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)   |

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|--|---|---|--|---|--|
| <b>Part II</b>   | <b>Basic Plan Information—enter all requested information</b>   |   |  |   |  |
| <b>1a</b> Name of plan<br><u>PSRS 403(B) PLAN</u>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2007</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>   | <b>1c</b> Effective date of plan<br><u>01/01/2007</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶   | <u>002</u>  |   |  |   |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2007</u>  |   |   |  |   |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>PUGET SOUND REGIONAL SERVICES</u><br><br><u>PO BOX 2577</u> <u>149 PARK AVENUE N, SUITE A</u><br><u>RENTON, WA 98056</u> <u>RENTON, WA 98055</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>91-1296595</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>206-772-5700</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>813000</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>91-1296595</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>206-772-5700</u> | <b>2d</b> Business code (see instructions)<br><u>813000</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>91-1296595</u>  |   |   |  |   |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>206-772-5700</u>   |   |   |  |   |  |
| <b>2d</b> Business code (see instructions)<br><u>813000</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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/11/2021 | CHAD HIGMAN  |
|                  | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | <b>Signature of DFE</b>                           | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|   |  |
|---|--|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>PUGET SOUND REGIONAL SERVICES</b><br><br><b>PO BOX 2577</b><br><b>RENTON, WA 98056</b>  | <b>3b</b> Administrator's EIN<br><b>91-1296595</b>   |
|   | <b>3c</b> Administrator's telephone number<br><b>206-772-5700</b>  |
|   |  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b> <b>235</b>  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  |  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....  | <b>6a(1)</b> <b>228</b>  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....   | <b>6a(2)</b> <b>260</b>  |
| <b>b</b> Retired or separated participants receiving benefits.....  | <b>6b</b> <b>0</b>   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....  | <b>6c</b> <b>6</b>   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....   | <b>6d</b> <b>266</b>   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....  | <b>6e</b> <b>0</b>   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....   | <b>6f</b> <b>266</b>   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....   | <b>6g</b> <b>60</b>  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....  | <b>6h</b> <b>0</b>   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....   | <b>7</b>   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2F 2G 2K 2L 2T 3D</b>  |  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:   |  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor   | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)   |  |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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**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 \_\_\_\_\_

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| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|   |  | <b>2020</b>                                    |
|   |  | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020  |  |  |
| <b>A</b> Name of plan<br>PSRS 403(B) PLAN   | <b>B</b> Three-digit plan number (PN) ▶  | 002  |
|   |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PUGET SOUND REGIONAL SERVICES  | <b>D</b> Employer Identification Number (EIN)<br>91-1296595  |  |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| NATIONWIDE  |
| 31-4156830  |
|   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|   |
|   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|   |
|   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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**(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)

NATONWIDE

31-4156830

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 17 28 59<br>60 62 63   | RECORDKEEPER  | 13925  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(see instructions)  | (c) Enter amount of indirect compensation |
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |



**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|  |  |   |   |            |
|--|--|---|---|------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |   |            |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>   |  |   |   |            |
| <b>A</b> Name of plan<br><u>PSRS 403(B) PLAN</u>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>B</b> Three-digit plan number (PN) ►             </td> <td style="width: 20%; padding: 5px; text-align: center;"> <u>002</u> </td> </tr> </table>          |   | <b>B</b> Three-digit plan number (PN) ► | <u>002</u> |
| <b>B</b> Three-digit plan number (PN) ►  | <u>002</u>   |   |   |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PUGET SOUND REGIONAL SERVICES</u>  | <b>D</b> Employer Identification Number (EIN)<br><u>91-1296595</u>   |   |   |            |

| Part I  | Asset and Liability Statement |                       |                 |
|---|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....  |                               | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):  |                               |                       |                 |
| <b>(1)</b> Employer contributions .....   |                               | <b>1b(1)</b>          | 5000090000      |
| <b>(2)</b> Participant contributions.....   |                               | <b>1b(2)</b>          | 66796693        |
| <b>(3)</b> Other .....  |                               | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  |                               | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....   |                               | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):   |                               |                       |                 |
| <b>(A)</b> Preferred .....  |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other.....   |                               | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):   |                               |                       |                 |
| <b>(A)</b> Preferred .....  |                               | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....   |                               | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  |                               | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....  |                               | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants).....  |                               | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....  |                               | <b>1c(8)</b>          | 9916289184      |
| <b>(9)</b> Value of interest in common/collective trusts .....  |                               | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....   |                               | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....   |                               | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....   |                               | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....   |                               | <b>1c(13)</b>         | 12552811654073  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....   |                               | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other.....  |                               | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1411122               | 1839950         |

**Liabilities**

|   |           |   |     |
|---|-----------|---|-----|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |     |
| <b>h</b> Operating payables .....   | <b>1h</b> |   |     |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |   |     |
| <b>j</b> Other liabilities.....   | <b>1j</b> | 0 | 985 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 985 |

**Net Assets**

|   |           |         |         |
|---|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1411122 | 1838965 |
|---|-----------|---------|---------|

**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 |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> | 90000      |           |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> | 148160     |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....  | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 238160    |
| <b>b Earnings on investments:</b>  |                 |            |           |
| (1) Interest:  |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 5561       |           |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 5561      |
| (2) Dividends: <b>(A)</b> Preferred stock.....   | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....  | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 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) |            | 203675    |
| c Other income .....  | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 447396    |

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

|   |       |       |       |
|---|-------|-------|-------|
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 4293  |       |
| (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) |       | 4293  |
| f Corrective distributions (see instructions) .....                                 | 2f    |       | 985   |
| 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) | 13925 |       |
| (3) Investment advisory and management fees .....                                   | 2i(3) |       |       |
| (4) Other.....  | 2i(4) | 350   |       |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |       | 14275 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |       | 19553 |

**Net Income and Reconciliation**

|  |       |  |        |
|--|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 427843 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan.....                                    | 2l(1) |  |        |
| (2) From this plan .....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SMITH BUNDAY BERMAN BRITTON, P.S.

(2) EIN: 91-1275259

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>b</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.) ..... |     |    |        |
| <b>4b</b>  |     | X  |        |
| <b>c</b> 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.) .....   |     |    |        |
| <b>4c</b>  |     | X  |        |
| <b>d</b> 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.) .....  |     |    |        |
| <b>4d</b>  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....   | X   |    | 195000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....  |     | X  |        |
| <b>4f</b>  |     | X  |        |
| <b>g</b> 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? .....   |     |    |        |
| <b>4g</b>  |     | X  |        |
| <b>h</b> 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? .....   |     |    |        |
| <b>4h</b>  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....   | X   |    |        |
| <b>4i</b>  | X   |    |        |
| <b>j</b> 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.) .....   |     |    |        |
| <b>4j</b>  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  |     |    |        |
| <b>4k</b>  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....   |     | X  |        |
| <b>4l</b>  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....   |     |    |        |
| <b>4m</b>  |     | X  |        |
| <b>n</b> 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. ....   |     |    |        |
| <b>4n</b>  |     |    |        |

**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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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 \_\_\_\_\_.

|  |  |   |
|--|--|---|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020   |  |   |
| A Name of plan<br>PSRS 403(B) PLAN   |  | B Three-digit plan number (PN) ▶ 002  |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PUGET SOUND REGIONAL SERVICES  |  | D Employer Identification Number (EIN)<br>91-1296595  |
| 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 0   |
| 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):<br><br>EIN(s): 31-4156830   |  |   |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.  |  |   |
| Schedule R (Form 5500) 2020 v. 200204  |  |   |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_



- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

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

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

**PSRS 403(b) PLAN**  
**FINANCIAL STATEMENTS AND**  
**SUPPLEMENTAL SCHEDULES**  
**DECEMBER 31, 2020 AND 2019**

October 11, 2021

To the Plan Administrator  
PSRS 403(b) Plan

## **Independent Auditor's Report**

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the PSRS 403(b) Plan, which comprise the statement of net assets available for benefits of as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Nationwide Trust Company, FSB, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedule, Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

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

*Smith Bunday Berman Britton, P.S.*

**PSRS 403(b) PLAN**  
**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2020 AND 2019**  
(See Independent Auditor's Report)

|                                    | December 31,               |                            |
|------------------------------------|----------------------------|----------------------------|
|                                    | 2020                       | 2019                       |
| ASSETS                             |                            |                            |
| Investments at fair value          | \$ 1,654,073               | \$ 1,255,281               |
| Receivables:                       |                            |                            |
| Participant contributions          | 6,693                      | 6,679                      |
| Employer contributions             | 90,000                     | 50,000                     |
| Notes receivable from participants | 89,184                     | 99,162                     |
|                                    | <u>185,877</u>             | <u>155,841</u>             |
|                                    | 1,839,950                  | 1,411,122                  |
| LIABILITIES                        |                            |                            |
| Other liabilities                  | <u>985</u>                 | <u>0</u>                   |
| Net assets available for benefits  | <u><u>\$ 1,838,965</u></u> | <u><u>\$ 1,411,122</u></u> |

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

**PSRS 403(b) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2020**  
(See Independent Auditor's Report)

|   |                           |
|---|---------------------------|
| Additions to net assets attributed to:            |                           |
| Net investment earnings                           | \$ 203,675                |
| Interest on notes receivable from participants    | 5,561                     |
| Contributions:                                    |                           |
| Participant contributions                         | 148,160                   |
| Employer contributions                            | 90,000                    |
| Total contributions                               | <u>238,160</u>            |
| Total additions                                   | <u>447,396</u>            |
| Deductions from net assets attributed to:         |                           |
| Benefits paid to participants                     | 4,293                     |
| Corrective distributions                          | 985                       |
| Administrative expenses                           | <u>14,275</u>             |
| Total deductions                                  | <u>19,553</u>             |
| Net increase in net assets available for benefits | 427,843                   |
| Net assets available for benefits:                |                           |
| Beginning of the year                             | <u>1,411,122</u>          |
| End of the year                                   | <u><u>\$1,838,965</u></u> |

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

**PSRS 403(b) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - ORGANIZATION AND DESCRIPTION OF THE PLAN**

Effective January 1, 2007, Puget Sound Regional Services (PSRS) adopted the PSRS 403(b) Plan (Plan). The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering all eligible employees of Puget Sound Regional Services. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act ("CARES Act") was enacted and signed into law. The Plan Sponsor did not elect to implement the optional provisions of the CARES act.

**Plan Administration** - The Plan is administered by PSRS. Individual participant accounts are maintained by Pension Plan Specialists, based upon information provided by PSRS. Nationwide Trust Company, FSB is the trustee of the Plan's investments.

**Eligibility** - Employees who normally work 20 hours or more per week are immediately eligible to participate in salary deferrals and are eligible to receive discretionary employer matching contributions with no minimum age requirement.

**Contributions** - Each year, eligible participants may contribute a percentage of their compensation, as defined, up to the dollar amount specified by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified plans. At its discretion, the Plan sponsor may make matching contributions. For the Plan years 2020 and 2019, the Plan sponsor made matching contributions in the amount of \$90,000 and \$50,000, respectively. Employee contributions are made to the Plan after each pay period. Employer matching contributions are generally funded once per year.

**Participant Accounts** - Each participant's account is credited or charged with the participant's contribution, employer contributions and allocations of investment earnings and losses. Allocations of investment earnings and losses are based on account balances, 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** - All contributions are participant directed. Upon enrollment in the Plan, a participant may direct employee contributions and matching contributions, if any, in a variety of investment options.

**Vesting** - Participants are immediately vested in employee and employer contributions plus actual earnings thereon.

**Notes Receivable from Participants** - The Plan allows participants to draw against their Plan investments in the form of loans. Participants may borrow from their accounts the lesser of \$50,000, or 50 percent of their vested account balance, calculated within the last twelve months (not less than \$1,000). The loans are secured by the balance in the participants' accounts.

## Note 1 - continued

***Payment of Benefits*** - On termination of service due to death, disability, retirement or other termination of employment, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account.

***Expenses*** - Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of the fair value of investments.

***Plan Termination*** - Although it has not expressed any intent to do so, PSRS has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the assets of the Plan will be distributed to participants.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies used by the Plan:

***Basis of Accounting*** - The financial statements of the Plan are prepared using the accrual method of accounting.

***Investment Valuation*** - Investments are stated at fair value. Quoted market prices in active markets are used to value investments. Shares of mutual funds and the money market fund are valued at the net asset value of shares held by the Plan at year end. Net unrealized gains and losses are calculated as the net change in fair value of investments from the beginning of the plan year or purchase date (whichever is later) to the end of the plan year. Realized and unrealized gains and losses are combined with dividends earned and reported as net investment earnings.

***Notes Receivable from Participants*** - Notes receivable from participants are measured at their unpaid principal balance. Payments are made with each payroll, and the loans bear interest at a reasonable rate as determined by the administrator. All loans outstanding in 2020 and 2019 bear interest at 6%. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document; therefore no allowance for credit losses is necessary.

***Income Recognition*** - Interest income is recorded on the accrual basis. Purchases and sales of securities are recorded on a trade-date basis.

***Payment of Benefits*** - Benefits are recognized when paid.

***Use of Estimates*** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.



### NOTE 3 - TAX STATUS

The Plan's terms have been drafted to comply with Internal Revenue Code ("IRC") section 403(b) which includes significant provisions related to a written plan document and custodial agreements to maintain the tax-exempt status for plan participants. In addition, the Plan must comply with certain operating tests including tests of coverage, non-discrimination and maximum benefit limitations.

The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and the plan document. Therefore, no provision for income tax has been included in the Plan's financial statements.

Presently, the Internal Revenue Service does not have a determination letter program for 403(b) plan documents. The plan administrator intends to apply for a determination letter on the Plan when, and if, the government opens such a program.

Generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has concluded that, as of December 31, 2020, the Plan has not taken any uncertain positions that would require recognition or disclosure. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress and years prior to 2017 are no longer subject to audit.

### NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement determined based on assumptions that market participants would use in pricing an asset or liability. Under generally accepted accounting principles, there are three levels of inputs, which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

The inputs or methodology used for valuing investments is not necessarily an indication of the risk associated with investing in those securities.

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

|                   | Assets at Fair Value as of December 31, 2020 |            |            |                    |
|-------------------|--|------------|------------|--------------------|
|                   | Level 1                                      | Level 2    | Level 3    | Total              |
| Money Market Fund | \$15,052                                     | \$-        | \$-        | \$15,052           |
| Mutual Funds      | 1,639,021                                    | -          | -          | 1,639,021          |
|                   | <u>\$1,654,073</u>                           | <u>\$-</u> | <u>\$-</u> | <u>\$1,654,073</u> |

**Note 4 - continued**

|                   | Assets at Fair Value as of December 31, 2019 |            |            |                    |
|-------------------|--|------------|------------|--------------------|
|                   | Level 1                                      | Level 2    | Level 3    | Total              |
| Money Market Fund | \$9,953                                      | \$-        | \$-        | \$9,953            |
| Mutual Funds      | 1,245,328                                    | -          | -          | 1,245,328          |
|                   | <u>\$1,255,281</u>                           | <u>\$-</u> | <u>\$-</u> | <u>\$1,255,281</u> |

**NOTE 5 - INFORMATION CERTIFIED BY TRUSTEE**

Following is a summary of the unaudited information included in the financial statements and the Schedule of Assets (Held at End of Year) which was prepared by Nationwide Trust Company, FSB, the trustee of the Plan's investment assets, and furnished to the administrator along with certification that such information is complete and accurate.

1. Fair value of the money market fund and mutual funds as of December 31, 2020 and 2019.
2. Investment income for the year ended December 31, 2020.

**NOTE 6 - PARTY IN INTEREST**

Nationwide Trust Company, FSB acts as custodian and trustee for certain investments of the Plan; therefore, transactions with Nationwide Trust Company, FSB and the Nationwide mutual funds qualify as party-in-interest transactions. The Sponsor provides certain administrative services to the Plan for which it receives no compensation.

**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 amount reported in the statement of net assets available for benefits. The COVID-19 pandemic has led to significant volatility in financial markets and has affected, and may continue to affect, the fair value of investments held by the Plan. The extent to which the COVID-19 pandemic will affect the Plan depends on future events and remains uncertain.

**NOTE 8 - SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through October 11, 2021 the date these financial statements were available to be issued.

## **SUPPLEMENTAL INFORMATION**

**PSRS 403(b) PLAN**  
**EIN: 91-1296595**  
**PLAN NUMBER - 002**  
**SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2020**  
(See Independent Auditor's Report)

| (a) | (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment,<br>including maturity date, rate of interest,<br>collateral, par or maturity value | (d) Cost | (e) Current value          |
|-----|--|---|----------|----------------------------|
| *   | Nationwide Government Money Market Institutional             | Money Market Fund   | **       | \$ 15,052                  |
| *   | Nationwide Investor Destination Moderate Aggressive Svc      | Mutual Fund   | **       | 269,345                    |
| *   | Nationwide Investor Destination Aggressive Service           | Mutual Fund   | **       | 228,471                    |
| *   | Nationwide Investor Destination Moderate Conservative Svc    | Mutual Fund   | **       | 150,483                    |
|     | American Funds Growth Fund of America R3                     | Mutual Fund   | **       | 137,866                    |
| *   | Nationwide Investor Destination Moderate Service             | Mutual Fund   | **       | 134,913                    |
|     | Lazard Emerging Markets Equity Open Fund                     | Mutual Fund   | **       | 86,335                     |
|     | Victory RS Partners Fund A                                   | Mutual Fund   | **       | 86,150                     |
|     | Diamond Hill Large Cap Fund A                                | Mutual Fund   | **       | 85,100                     |
|     | Fidelity Advisor Leveraged Company Stock A                   | Mutual Fund   | **       | 80,624                     |
| *   | Nationwide Investor Destination Conservative Service         | Mutual Fund   | **       | 70,938                     |
|     | Thornburg Core Growth Fund A                                 | Mutual Fund   | **       | 52,918                     |
|     | Invesco Real Estate A  | Mutual Fund   | **       | 47,613                     |
|     | Oppenheimer International Bond Fund A                        | Mutual Fund   | **       | 45,226                     |
|     | AllianceBernstein International Value Fund K                 | Mutual Fund   | **       | 43,529                     |
|     | Oppenheimer Main Street Select Fund A                        | Mutual Fund   | **       | 40,280                     |
|     | Franklin Income Fund A                                       | Mutual Fund   | **       | 30,780                     |
|     | Thornburg International Value I Fund                         | Mutual Fund   | **       | 22,620                     |
|     | Principal High Yield Fund A                                  | Mutual Fund   | **       | 17,923                     |
|     | Davis New York Venture Fund A                                | Mutual Fund   | **       | 5,144                      |
|     | BlackRock US Government Bond Inv A                           | Mutual Fund   | **       | 2,763                      |
| *   | Participant loans  | 6% interest   | \$0      | 89,184                     |
|     |  |   |          | <u><u>\$ 1,743,257</u></u> |

\* Denotes party-in-interest.

\*\* Cost information has been omitted as these amounts are participant directed.

**PSRS 403(b) Plan**  
**EIN 91-1296595 Plan 002**  
**Schedule of Assets Held for Investment Purposes End of Year**  
**Attachment to Schedule H, Part IV, Line 4i**  
**December 31, 2020**

| (a) | (b)<br>Identity<br>of Issue         | (c)<br>Description of Investments                                | (d)<br>Cost<br>** | (e)<br>Current<br>Value |
|-----|-------------------------------------|--|-------------------|-------------------------|
|     | AllianceBernstein                   | AllianceBernstein International Value Fund K                     | \$ 0              | \$ 43,529               |
|     | Invesco                             | Invesco Real Estate Fund A                                       | 0                 | 47,613                  |
|     | American Funds                      | American Funds Growth Fund of America R3                         | 0                 | 137,866                 |
|     | BlackRock                           | BlackRock US Government Bond Portfolio Inv. A                    | 0                 | 2,763                   |
| *   | Nationwide                          | Nationwide Investor Destination Aggressive Svc                   | 0                 | 269,345                 |
| *   | Nationwide                          | Nationwide Investor Destination Conservative Svc                 | 0                 | 70,938                  |
|     | Diamond Hill Capital Mgmt.          | Diamond Hill Large Cap Fund A                                    | 0                 | 85,100                  |
| *   | Nationwide                          | Nationwide Investor Destination Moderate Aggressive Svc          | 0                 | 228,471                 |
| *   | Nationwide                          | Nationwide Investor Destination Moderate Conservative Svc        | 0                 | 150,483                 |
| *   | Nationwide                          | Nationwide Investor Destination Moderate Svc                     | 0                 | 134,913                 |
|     | Davis                               | Davis New Yourk Venture Fund A                                   | 0                 | 5,144                   |
|     | Franklin Templeton Investment Funds | Franklin Income Fund A   | 0                 | 30,780                  |
|     | Fidelity                            | Fidelity Advisors Leveraged Company Stock A                      | 0                 | 80,624                  |
| *   | Nationwide                          | Nationwide Government Money Market Fund R6                       | 0                 | 15,052                  |
|     | Lazard Asset Mgmt                   | Lazard Emerging Markets Equity Open Fund                         | 0                 | 86,335                  |
|     | Invesco                             | Invesco Oppenheimer International Bond Fund A                    | 0                 | 45,226                  |
|     | Invesco                             | Oppenheimer Main Street All Cap Fund A                           | 0                 | 40,280                  |
|     | RS Investment Mgmt.                 | Victory RS Partners Fund A                                       | 0                 | 86,150                  |
|     | Thornburg                           | Thornburg Core Growth Fund A                                     | 0                 | 52,918                  |
|     | Thornburg                           | Thornburg International Value I Fund                             | 0                 | 22,620                  |
|     | Principal                           | Principal High Yield Fund A                                      | 0                 | 17,923                  |
|     |                                     | <b>Subtotal</b>  | 0                 | 1,654,073               |
| *   | Nationwide                          | Participant Loans - at 6.00% interest rate<br>maturing 2023-2025 | 0                 | 89,184                  |
|     |                                     | <b>Total Investments</b>   | <u>\$ 0</u>       | <u>\$ 1,743,257</u>     |

\* Party-in-interest

\*\* Cost information is omitted under ERISA Regulations,  
as these investments are participant directed.