

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>EMPLOYERS RESOURCE 401(K) RETIREMENT PLAN</u>		1b Three-digit plan number (PN) ▶ <u>333</u>
			1c Effective date of plan <u>01/01/1998</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>			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.	10/14/2021	GREGORY RUTHERFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	GREGORY 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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3702
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)	2799
a(2) Total number of active participants at the end of the plan year		6a(2)	2194
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	798
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2992
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	2992
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1566
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan 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	354041	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	50895	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	38896	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:	EIDE BAILLY LLP	b EIN:	45-0250958
c Position:	PLAN AUDITOR		
d Address:	4310 17TH AVE S FARGO, ND 58103	e Telephone:	701-239-8500

Explanation: THE EMPLOYERS RESOURCE PLAN WAS TRANSFERRED INTO THE VENSURE EMPLOYER SERVICES, INC. 401K PS PLAN AND EMPLOYERS RESOURCE WAS BOUGHT OUT BY VENSURE. VENSURE DECIDED TO HAVE THEIR OWN AUDITORS AUDIT THE EMPLOYERS RESOURCE PLAN.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
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 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)	65803	30322
(2) Participant contributions.....	1b(2)	108170	65746
(3) Other	1b(3)	17328	9694
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)	1320292	1127962
(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)	48861354	54283780
(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	50372947 55517504
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	50372947 55517504

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1747776
	(B) Participants	2a(1)(B)	3902625
	(C) Others (including rollovers).....	2a(1)(C)	344509
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5994910
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)	55750
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	55750
(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)	952775
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	952775
(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)		5979712
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12983147

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3941731	
(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)		3941731
f Corrective distributions (see instructions)	2f		76950
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)	392937	
(3) Investment advisory and management fees	2i(3)	50895	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		443832
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4462513

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8520634
l Transfers of assets:			
(1) To this plan.....	2l(1)		193776
(2) From this plan	2l(2)		3569853

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: **METZ & ASSOCIATES, PLLC**

(2) EIN: **46-4558541**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TRI-NET 401(K) PLAN	48-1304650	334
MOBILE CARE 2U 401(K) PLAN	48-1220515	001
SENIOR VISION SERVICES 401(K) PLAN	45-3630156	001
ARETE PROVIDER NETWORK 401K PLAN	83-3371731	001

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

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

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)
BARRET BUSINESS SERVICES, INC RETIREMENT SAVINGS PLAN	75-3182674	001

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan 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	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
----------	------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase ☐ Decrease ☐ Both ☐ No
--	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

EMPLOYERS RESOURCE 401(K) PLAN

Financial Statements
December 31, 2020 and 2019



EMPLOYERS RESOURCE 401(K) PLAN
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December 31, 2020 and 2019

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Notes to Financial Statements	5
Supplemental Schedule	
Schedule H, Line 4i Schedule of Assets (Held at the End of Year)	10
 Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for reporting and Disclosure under the Employee Retirement Income Securities Act of 1974 have been omitted because they are not applicable.	



INDEPENDENT AUDITORS' REPORT

To the Participants in and Administrator of
Employers Resource 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Employers Resource 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity'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 entity'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 Employers Resource 401(k) Plan as of December 31, 2020, and the changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2020 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Other Matter – 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019, were audited by other auditors whose report dated October 12, 2020 expressed that the financial statements present fairly, in all material respects, the net assets available for benefits of Employers Resource 401(k) Plan as of December 31, 2019.

Metz & Associates PLLC

Phoenix, Arizona
October 11, 2021

EMPLOYERS RESOURCE 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 47,185,817	\$ 42,973,891
Money market funds	<u>7,097,963</u>	<u>5,887,463</u>
	54,283,780	48,861,354
Receivables:		
Employer contributions	30,322	167,118
Participant contributions	65,746	108,170
Other receivables	9,694	0
Notes receivable from participants	<u>1,127,962</u>	<u>1,337,620</u>
Total Receivables	<u>1,233,724</u>	<u>1,612,908</u>
TOTAL ASSETS	55,517,504	50,474,262
LIABILITIES		
Excess contributions payable	<u>12,319</u>	<u>77,690</u>
TOTAL LIABILITIES	<u>12,319</u>	<u>77,690</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>55,505,185</u></u>	\$ <u><u>50,396,572</u></u>

See accompanying notes to financial statements.

EMPLOYERS RESOURCE 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020

ADDITIONS

Investment income:

Net appreciation in fair value of investments	\$ 5,979,712
Interest and dividend income	<u>1,008,525</u>
	6,988,237

Contributions:

Employer	1,646,396
Participant	3,890,371
Other including rollover	<u>344,509</u>
	5,881,276

TOTAL ADDITIONS	12,869,513
-----------------	------------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	3,940,991
Administrative expenses	<u>443,832</u>
TOTAL DEDUCTIONS	<u>4,384,823</u>

NET INCREASE	8,484,690
--------------	-----------

TRANSFERS OF ASSETS TO THIS PLAN	193,776
TRANSFERS OF ASSETS FROM THIS PLAN	(3,569,853)

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR	<u>50,396,572</u>
END OF YEAR	<u>\$ 55,505,185</u>

See accompanying notes to financial statements.

EMPLOYERS RESOURCE 401(K) PLAN
Notes to Financial Statements
December 31, 2020 and 2019

NOTE A – DESCRIPTION OF PLAN

The following description of the Employers Resource 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

History – The Plan became effective January 1, 1998 with approval of the Board of Trustees of Employers Resource Management Company, Inc. (“Company”).

General – The Plan is a multiple employer defined contribution plan sponsored by Employers Resource Management Company, Inc. (“Company”). The Plan covers all eligible employees of participating employers as outlined in the participating employers’ participation agreements. The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance, and reports to the Plan’s Board of Trustees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions – Each year, participants may contribute up to 90% of pretax annual compensation (as defined in the Plan) up to the limits defined by law. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into the investment options offered by the Plan. The Plan currently offers selected mutual funds and money market funds as investment options for participants. The Company, on a discretionary basis, contributes a matching amount based on a percentage of the amount the participant contributes to the Plan. Contributions are subject to certain limitations as defined by the Plan. The employer contributions for the period ended December 31, 2020 totaled \$1,646,396.

Participant Accounts – Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s contribution and (b) Plan earnings (losses), and charged with an allocation of administrative expenses, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting – Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the company’s contribution portion of their accounts is based on years of continuous service. Employer contributions vest based on the election of each Participating Employer within their respective adoption agreement.

Payment of Benefits – On termination of service due to reasons other than death, vested interest will be received by the participant as a lump sum distribution as soon as administratively feasible after employment is terminated. If vested interest is \$5,000 or more the participant may elect installment payments over a specific period of time. Distributions upon death can be elected, by the beneficiary, as lump sum or equal installment payments.

Notes Receivable from Participant – Subject to certain limitations in the plan document, 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 loans are secured by the balance in the participant’s account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions. As of December 31, 2020, the participant loans have maturities through 2034 at interest rates ranging from 4.25% to 6%.

Forfeited Accounts – Any accumulated benefits forfeited during a Plan year due to participant withdrawal prior to full vesting may be applied to reduce employer contributions or to pay administrative expenses which would otherwise be paid by the Plan. Forfeited non-vested accounts totaled \$38,108 and \$38,274 at December 31, 2020 and 2019, respectively. Forfeitures of terminated non-vested account balances allocated to remaining participants at December 31, 2020 totaled \$18,302.

EMPLOYERS RESOURCE 401(K) PLAN
Notes to Financial Statements
December 31, 2020 and 2019

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

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 charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2020 and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. 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 F Fair Value Measurements” for discussion of Fair Value Measurements. In accordance with the policy of stating investments at fair value, the Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis. Purchase and sales of securities are recorded on a trade-date basis.

Excess Contributions Payable – For the years ended December 31, 2020 and 2019, amounts payable to participants for contributions in excess of amounts allowed by the IRS totaled \$12,319 and \$77,690, respectively, and are recorded as a liability and deducted from participant contributions.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – General administrative expenses of maintaining the Plan are paid by the Company. Investment management, distribution and loan transaction fees are paid by the Plan participants.

NOTE C – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan's sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of whole or partial plan termination; participants would become fully vested as to the amount credited to their accounts after deductions for estimated liquidation and distribution expenses.

NOTE D – 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 statement of net assets available for benefits.

EMPLOYERS RESOURCE 401(K) PLAN
Notes to Financial Statements
December 31, 2020 and 2019

NOTE E – TAX STATUS

The Plan uses a volume submitter plan document sponsored by Slavic Integrated Administration, Inc. and has received an opinion letter dated March 31, 2014 from the Internal Revenue Service which states that the volume submitter plan's form satisfies the applicable provisions of the Internal Revenue Code. The volume submitter plan's opinion letter has been relied upon by the Plan. The Plan administrator believes the Plan is being operated in compliance with the applicable requirement of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 position that more likely than not would not be sustained upon examination by the Department of Labor or Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any open tax periods in progress.

NOTE F – FAIR VALUE MEASUREMENTS

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

Level 1 Fair Value Measurements

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

Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets
- quoted prices for identical or similar assets or liabilities 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 Fair Value Measurements

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

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, 2020 and 2019.

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

EMPLOYERS RESOURCE 401(K) PLAN
Notes to Financial Statements
December 31, 2020 and 2019

NOTE F – FAIR VALUE MEASUREMENTS (continued)

Money Market Fund – Valued at amortized cost, which approximates fair value. The amortized cost is determined by valuing it at its original cost and thereafter amortizing any discount or premium from its face value at a constant rate until maturity. Securities held by the money market fund are generally high quality and liquid; however, they are reflected as a Level 2 because the inputs used to determine fair value are not quoted prices in an active market.

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

Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Total
Mutual funds	\$ 47,185,817	\$ 0	\$ 47,185,817
Money market funds	7,097,963	0	7,097,963
Total investments at fair value	<u>\$ 54,283,780</u>	<u>\$ 0</u>	<u>\$ 54,283,780</u>

Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Total
Mutual funds	\$ 42,973,891	\$ 0	\$ 42,973,891
Money market funds	5,887,463	0	5,887,463
Total investments at fair value	<u>\$ 48,861,354</u>	<u>\$ 0</u>	<u>\$ 48,861,354</u>

Transfers between Levels – The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances the transfer is reported at the beginning of the reporting period.

NOTE G – EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by National Financial Services, LLC. National Financial Services, LLC is the custodian as defined by the Plan. These transactions are considered exempt party-in-interest transactions. Fees paid for investment management services were included as a reduction of the return earned on each respective fund. The Plan issues loans to participants, which are secured by the vested balances in the participants' accounts.

NOTE H – RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

Following is a reconciliation of net assets available for benefits and changes in net assets available for benefits per Form 5500 to the financial statements as of and for the year ended December 31, 2020:

Net assets available for benefits per Form 5500	\$ 55,517,504
Corrective contributions for 2020, distributed in 2021	<u>(12,319)</u>
Net assets available for benefits per the financial statements	<u>\$ 55,505,185</u>

EMPLOYERS RESOURCE 401(K) PLAN
Notes to Financial Statements
December 31, 2020 and 2019

NOTE H – RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS (continued)

Change in net assets available for benefits per Form 5500	\$ 5,144,557
Employer contributions for 2019, received in 2020	(101,315)
Corrective contributions for 2019, distributed in 2020	77,690
Corrective contributions for 2020, distributed in 2021	<u>(12,319)</u>
Change in net assets available for benefits per the financial statements	<u>\$ 5,108,613</u>

Following is a reconciliation of net assets available for benefits per Form 5500 to the financial statements as of December 31, 2019:

Net assets available for benefits per Form 5500	\$ 50,372,947
Employer contributions for 2019, received in 2020	101,315
Corrective contributions for 2019, distributed in 2020	<u>(77,690)</u>
Net assets available for benefits per the financial statements	<u>\$ 50,396,572</u>

NOTE I – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2020 financial statements for subsequent events through October 11, 2021, which is the date the financial statements were available to be issued.

Subsequent to December 31, 2020, the Plan merged its assets into Vensure Employer Services, Inc. 401(k) Profit Sharing Plan.

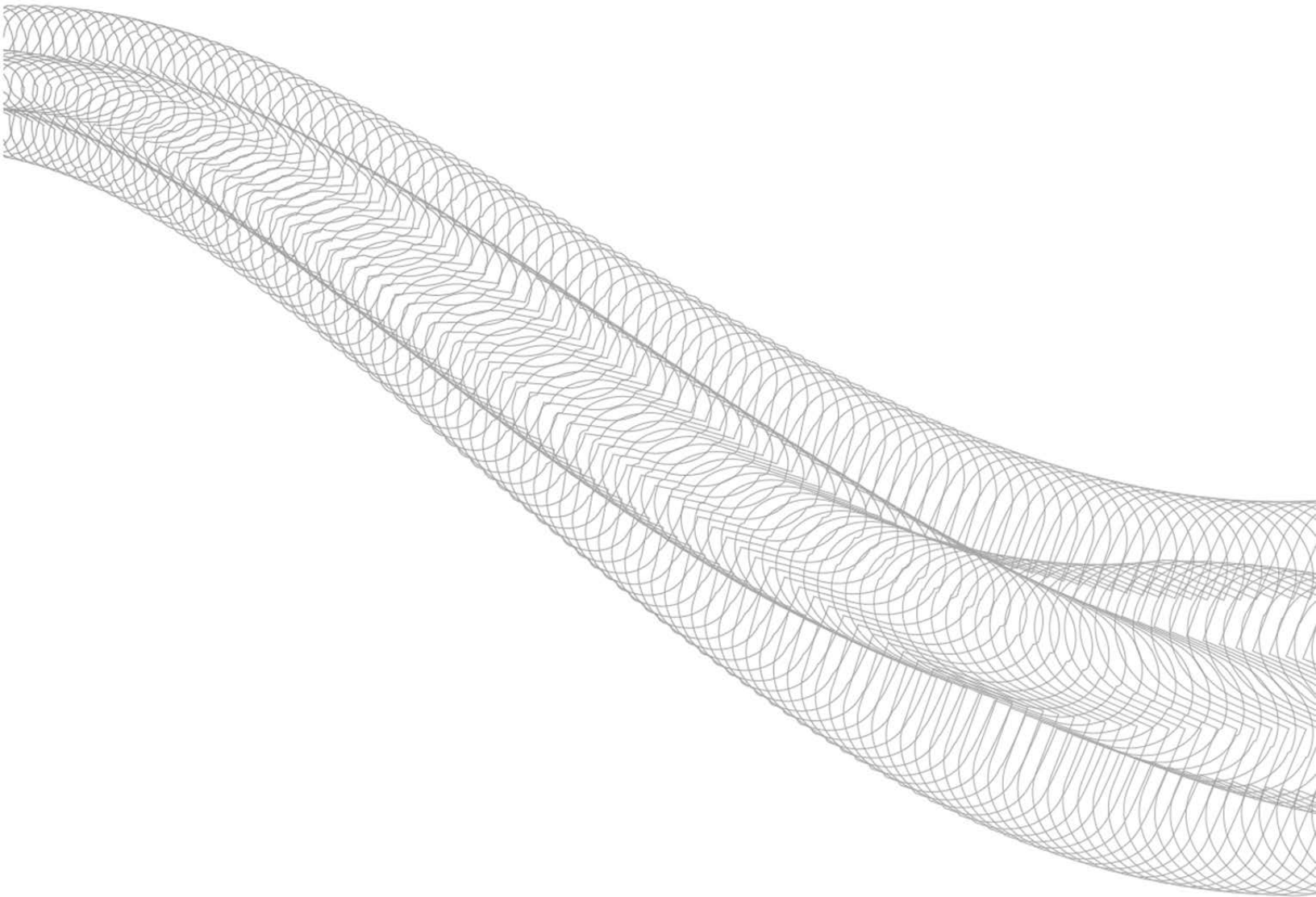
EMPLOYERS RESOURCE 401(K) PLAN
EIN: 54-1340867 Plan Number: 333
Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	American Funds Capital World G & I R6	Mutual Funds		\$ 576,293
	American Funds EuroPacific Growth Fund Class R6	Mutual Funds		2,767,895
	American Funds Growth Fund Of America R6	Mutual Funds		2,033,529
	American Funds New Perspective R6	Mutual Funds		1,308,411
	American Funds Washington Mutual R6	Mutual Funds		582,078
	BlackRock Health Sciences Svc	Mutual Funds		1,161,165
	Fidelity US Bond Index Fund	Mutual Funds		754,043
	iShares MSCI EAFE International Index Fund Class K	Mutual Funds		484,409
	Oppenheimer Gold & Special Minerals I	Mutual Funds		474,317
	Oppenheimer Mainstreet Small & Mid Cap A	Mutual Funds		103,537
	Rydex Inverse S&P 500 Strategy Inv	Mutual Funds		55,841
	T. Rowe Price Dividend Growth Fund	Mutual Funds		869,050
	T. Rowe Price Mid Cap Growth	Mutual Funds		2,205,659
	T. Rowe Price New Era	Mutual Funds		372,833
	Vanguard 500 Index Admiral	Mutual Funds		1,220,481
	Vanguard Equity Income Admiral	Mutual Funds		847,037
	Vanguard European Stock Index Admiral	Mutual Funds		209,009
	Vanguard Industrials Index Fund Admiral Shares	Mutual Funds		1,074,531
	Vanguard Inflation-Protected Securities Fund Admiral	Mutual Funds		616,987
	Vanguard Information Technology Index Fund Admiral	Mutual Funds		2,957,063
	Vanguard Intermediate-Term Bond Index Fund Admiral	Mutual Funds		454,997
	Vanguard Mid Cap Value Index Admiral	Mutual Funds		365,904
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Funds		1,413,778
	Vanguard Real Estate Index Fund Admiral Shares	Mutual Funds		472,270
	Vanguard Short-Term Federal Fund Admiral Shares	Mutual Funds		6,017,254
	Vanguard Short-Term Inflation-Protected Securities	Mutual Funds		9,114
	Vanguard Small-Cap Growth Index Fund Admiral Share	Mutual Funds		1,537,832
	Vanguard Target Retirement 2015	Mutual Funds		401,964
	Vanguard Target Retirement 2020	Mutual Funds		130,411
	Vanguard Target Retirement 2025	Mutual Funds		293,702
	Vanguard Target Retirement 2030	Mutual Funds		1,463,408
	Vanguard Target Retirement 2035 Fund Investor Shares	Mutual Funds		335,698
	Vanguard Target Retirement 2040 Fund Investor Shares	Mutual Funds		327,013
	Vanguard Target Retirement 2045	Mutual Funds		375,339
	Vanguard Target Retirement 2050 Fund Investor Shares	Mutual Funds		65,954
	Vanguard Target Retirement 2055 Fund Investor Shares	Mutual Funds		50,674
	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Funds		12,791
	Vanguard Target Retirement 2065 Inv	Mutual Funds		9,094
	Vanguard Target Retirement Income Fund Investor Class	Mutual Funds		12,660
	Vanguard Total Stock Market Index Fund Admiral Shares	Mutual Funds		12,761,792

EMPLOYERS RESOURCE 401(K) PLAN
EIN: 54-1340867 Plan Number: 333
Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identity of issue, borrower, lessor or similarly party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
	(continued)			
	Vanguard Federal Money Market Fund Investor Shares	Money market funds		7,097,912
	Vanguard Money Market Prime	Money market funds		51
*	Participant Loans	Interest rates from 4.25% to 6%		1,127,962
				\$ <u>55,411,742</u>

- (a) * A party-in-interest as defined by ERISA
(d) ** Cost is not required for participant directed funds



Phoenix

950 W. Indian School Rd
Phoenix, AZ 85013

Milwaukee

720 N. Milwaukee St.
Suite 300
Milwaukee, WI 53202

New York

175 Varick St.
New York, NY 10014

Multiple-Employer Plan Participating Employer Information

Employers Resource 401(k) Plan	Plan # 333	EIN # 54-1340867
(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
Activa Consumer Promotion Corp.	98-0394443	0.00%
Aire Texas Residential Services	37-1712957	0.05%
Alcor Life Extension Foundation	23-7154039	2.33%
All Pro Plumbing, Heating, Air & Electrical Inc.	47-4549777	1.50%
Alta Loma Enterprises, LLC	81-3992814	2.93%
Altavista Instruments and Controls, Inc.	45-2550117	0.45%
Angel Project Services	88-0375097	0.00%
ARC Specialties/Welding Consultants and Cedar Hollow Ranch	76-0547063	5.40%
Arete Provider Network, Inc.	83-3371731	0.00%
Ascot Supply Corporation	36-2703571	2.47%
Ashley Services, Inc. dba Glass Doctor	59-3698382	1.33%
Association of Reciprocal Safety Councils	76-0565198	0.06%
AUL Pipe Tubing and Steel, Inc.	95-2943670	0.69%
B & Z Printing, Inc.	33-0053338	0.00%
Basecom, Inc.	75-2686521	0.79%
Bear Oil Company, Inc.	74-1381663	2.25%
Bernier Refrigeration Generations, Inc.	46-2571549	0.37%
Bivin's Excavating & Remodeling, Inc.	82-0439634	0.00%
Blisterpak, Inc.	33-0882748	0.43%
C. Maddox & Company	45-2788711	0.80%
California Plumbing & Rooter, Inc.	20-0418493	0.00%
CDSNet Soft, Inc. dba Excutrain of the Inland Empire	33-0879933	0.00%
Central Physical Rehabilitation & SM	54-2144807	0.00%
Child's Path	46-4972397	0.71%
Comfort Control Corp.	95-2842249	0.94%
Conaway Preservation Group	20-1975325	1.00%
Connections, Inc.	22-3152286	0.00%
Corona Mortgage LLC	81-4177140	0.00%
Courtyard RNC/Madison Manor RNC	26-0638837	0.00%
Creative Media Partners, Inc.	47-0926765	0.00%
Cy-Fair Surgery Center LLC	76-0386871	2.39%
DD Ford Construction, LP	36-4780956	1.29%
DH Services	45-0483833	0.00%
DRK Enterprises LLC dba Mr. electric of Wichita	81-2738519	0.07%
Drought Properties, Inc.	74-2765024	0.16%
Eclectric Electric Service, LLC dba Mr. Electric of Columbia	27-3109205	0.27%
Employers Resource Management Company	54-1340867	5.21%
Emporia Surgical Hospital, LLC	48-1234551	0.00%
eSupply Systems, LLC	30-0654697	0.00%
Fetzer Enterprises, Inc.	74-1860789	0.08%
Fibermark Mark the Carpetbagger, Inc.	51-0445903	0.13%
First Choice Auto Auction, Inc. dba Houston 1st Choice	76-0435599	1.09%
Flyright Holdings, Inc. dba Flyright, Inc.	20-0038244	3.85%
Foote Axle & Forge LLC	95-4671011	0.04%
Ford's Produce Company Inc.	56-1175038	1.77%
Fountain View Village	47-0828974	0.00%
Genesis Medical Staffing, Inc.	27-2509076	0.00%
Goldendale Dental Center Inc.	91-1876770	0.00%
Granite Communities LLC	46-1147696	0.00%
Greater San Antonio Healthcare Foundation	74-2907670	0.03%
Greenstar Home Services/Greenstar Home Services of Nevada	45-2718436	0.00%
HB Ventures RX, LLC DBA Portico Pharmacy	27-1943866	1.55%
Hi Plains Feed, LLC	20-8307172	3.28%
Hotel Concepts USA, LLC	23-3060544	0.00%
Hotwell US, LLC	45-3650073	0.14%
Houston Digital Corp.	82-0468223	0.40%
Idaho Freedom Foundation	26-3783048	0.64%
II-VI Foundation	20-8824719	0.62%
Indoor Storm, Inc.	56-1966256	0.00%
Inman Trucking	56-1905691	0.01%
Insight Associates, Inc.	75-2539743	0.00%
Iwasa Eye Center	82-0368134	0.18%
Jess-Link International	42-1603900	0.00%
JM&F, LLC dba Mr. Appliance	90-0681833	0.02%
Julie Roberts, CPA	95-4052260	0.00%
Ketchum Enterprises LLC dba Mr. Appliance of Front Range	46-3999177	0.11%
Kune Kune INC dba Clearwater Plumbers	45-2573999	1.27%
Law Offices of I. David Small	56-5745377	0.04%
Lemp's Apothecary	82-0474434	0.00%
Louisiana's First Choice Auto Auction, LLC	76-0665727	1.08%

M.R. Somers Construction, Inc.	33-0460348	0.08%
Maready Medical	27-1359001	0.41%
Matzdorff Resources LLC dba Mikes Sand & Gravel	45-0505195	0.00%
Maverick Advertising & Public Relations, Inc.	75-2536464	0.00%
MayChris Corp. dba Christy Signs	86-0267554	0.00%
Medical Management, Inc.	82-0370639	0.00%
Micotan Software Corporation	38-4090734	0.00%
Mike's Heating & Air Conditioning, Inc.	58-2207925	0.53%
Motor Racing Outreach Inc.	58-1859610	0.35%
Mr. Appliance of Greater Indianapolis dba The Miller Company	35-2372986	0.00%
Mt. Ogden Surgical Center	87-0550794	0.00%
NeuroCare Rehab Dallas	36-4827763	0.00%
NeuroCare Rehab Hospitals	47-3040269	0.00%
New Home Solutions	74-2930789	0.00%
Odin Ventures, Inc.DBA DreamMaker Bath& Kitchen by Worldwide	41-1870399	0.19%
Ohio Surgery Center	87-0566551	0.00%
OMCAN INC	35-2535880	0.62%
Onestaff Medical, LLC/One Transcription Services	27-2124682	10.42%
P & L Plumbing, Inc.	86-0648314	0.00%
Pacific Family Medicine, LLP	93-1323575	0.00%
Pacific West Management	95-4156359	3.02%
Petroleum Business Systems, Inc.	33-0508224	0.00%
Pickens Law, P.A.	26-3144583	0.00%
Primal Elements, Inc.	33-0753879	0.67%
Professional Provider Enterprise, LLC and Lyndon Graves Ente	45-4018150	0.17%
R & J Mayo, LLC	27-3315002	0.05%
Radical Studios, Inc.	27-2401048	0.00%
Ratliff Painting and Coatings LLC	82-0711261	0.00%
Realms Holdings, LLC	27-3056618	0.00%
Reclamation District #2035	68-0249569	0.00%
Renaissance Lofts Condo Association	58-2537814	0.11%
RWRA, Inc., dba Mr. Appliance of Indianapolis	82-1256743	0.08%
SAFINA Materials, Inc.	46-5075213	0.00%
San Antonio Electrical Service Co dba Mr Electric of San Ant	68-0671699	0.00%
San Clemente Villas	95-4860868	0.21%
San Miguel Spa/Mahfouz Michael, MD,	20-1245260	0.00%
Sawtooth Surgery Center	82-0499409	0.00%
Senior Vision Services, LLC	45-3630156	0.20%
Sequence Financial Specialists LLC	20-2717468	0.19%
Seven Q Seven	74-2826267	8.92%
Skyline Med Staff, LLC	47-4717907	0.19%
Southwest Warren, Inc. dba Warren Southwest Refrigeration	76-0796442	3.64%
Specialty International, Inc.	95-3734331	0.00%
Spine Care of Jackson Hole dba Orthopaedic Assoc Imaging	42-1631941	1.16%
Statewide Service Co.	74-2531690	1.11%
Stephen G. Cook Engineering, Inc.	74-2924848	0.17%
Stewart Physical Therapy	56-1277027	0.87%
Stretch Forming Corporation	33-0654328	0.00%
Sun City Texas Community Association	74-2777582	5.82%
SunRiver of Idaho, Inc.	82-0447626	0.30%
Supply Chain Solutions, LLC	32-0110875	0.15%
SWFT, Inc.	86-1020357	0.00%
Swipe Track Solutions, LLC	45-2650253	1.24%
Swiss Water Decaffeinated Coffee Company	98-0362395	0.92%
Team ADHOC, LLC	46-5451994	0.44%
Texas D.M.E., Inc.	75-2458399	0.00%
The Adam and Gila Milstein Family Foundation dba Milstein Fa	95-4824595	0.00%
The Albuquerque Partnership	31-1815692	0.00%
The Institute for Outpatient Surgery, LLC	68-0498425	0.00%
The Litchfield Group, Inc.	58-2598877	0.00%
The Pinemont Apartments, Inc.	74-2110755	0.50%
Thermal Dynamics, Inc.	75-2447828	0.00%
Three Gables Surgery Center	87-0648900	2.45%
Tim Gay & Associates, PC	86-0934077	0.00%
Tow 4 Less, Inc.	86-0941133	0.00%
Triple R Enterprises LLC dba Blizzard Transportation LLC	54-1367607	0.67%
U.S. Bus Corporation	13-4011983	0.00%
University Development Foundation	31-1708531	0.00%
Upland Rehabilitation and Care Center	95-2301632	0.00%
Utah Surgical Center, LLC	87-0674233	0.00%
Vanguard Fabrication Corp	33-0514209	0.90%
Vital Healthcare Staffing, LLC	27-1306062	0.00%
Wakan Vision, Inc.	42-1512770	0.73%
Wedge Management, Inc.	74-2060099	0.00%

West Wind Consulting	20-2015931	0.88%
White Circle Bar Enterprises, Inc. John H. White and Associa	74-2257785	0.36%
WIPCO Acquisition LLC	26-4788841	1.10%
Your Consultant, Inc.	86-0928004	0.00%
Zinnov, LLC	04-3775916	0.00%

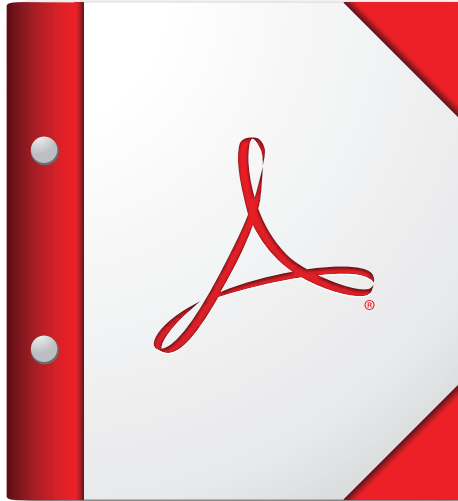
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

EMPLOYERS RESOURCE 401(K) PLAN

PLAN # 333

EIN # 54-1340867

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		484,409
	Fidelity	FXNAX - Fidelity US Bond Index Fund		754,043
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		474,317
	Oppenheimer Funds	OPMSX - Oppenheimer Mainstreet Small & Mid Cap A		103,537
	T. Rowe Price	PRDGX - T. Rowe Price Dividend Growth Fund		869,050
	T. Rowe Price	PRNEX - T. Rowe Price New Era		372,833
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		2,767,895
	American Funds	RGAGX - American Funds Growth Fund Of America R6		2,033,529
	American Funds	RNPGX - American Funds New Perspective R6		1,308,411
	T. Rowe Price	RPMGX - T. Rowe Price Mid Cap Growth		2,205,659
	American Funds	RWIGX - American Funds Capital World G & I R6		576,293
	American Funds	RWMGX - American Funds Washington Mutual R6		582,078
	Rydex	RYURX - Rydex Inverse S&P 500 Strategy Inv		55,841
	BlackRock	SHISX - BlackRock Health Sciences Svc		1,161,165
	Vanguard	VAIPX - Vanguard Inflation-Protected Securities Fund Admiral Shares		616,987
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		454,997
	Vanguard	VEIRX - Vanguard Equity Income Admiral		847,037
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		209,009
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		50,674
	Vanguard	VFIAX - Vanguard 500 Index Admiral		1,220,481
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		65,954
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		327,013
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		472,270
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		1,413,778
	Vanguard	VINAX - Vanguard Industrials Index Fund Admiral Shares		1,074,531
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		2,957,063
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		9,094
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		7,097,912
	Vanguard	VMMXX - Vanguard Money Market Prime		51
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		365,904
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		1,537,832
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		6,017,254
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		9,114
	Vanguard	VTHRX - Vanguard Target Retirement 2030		1,463,408
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		12,660
	Vanguard	VTIVX - Vanguard Target Retirement 2045		375,339
	Vanguard	VTMAX - Vanguard Total Stock Market Index Fund Admiral Shares		12,761,792
	Vanguard	VTTX - Vanguard Target Retirement 2035 Fund Investor Shares		335,698
	Vanguard	VTTX - Vanguard Target Retirement 2060 Fund Investor Shares		12,791
	Vanguard	VTIVX - Vanguard Target Retirement 2025		293,702
	Vanguard	VTWXX - Vanguard Target Retirement 2020		130,411
	Vanguard	VTXVX - Vanguard Target Retirement 2015		401,964
	Participant Loans	4.25% - 6.00%		1,127,962



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