

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>BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>04/01/1990</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>BARRETT BUSINESS SERVICES, INC.</u> <u>8100 NE PARKWAY DR SUITE 200</u> <u>VANCOUVER, WA 98662</u>	2b	Employer Identification Number (EIN) <u>52-0812977</u>
		2c	Plan Sponsor's telephone number <u>360-828-0700</u>
		2d	Business code (see instructions) <u>531110</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.	<u>10/14/2021</u>	<u>KIM SCHENK</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 11834
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 10367 6a(2) 15731 6b 0 6c 604 6d 16335 6e 3 6f 16338 6g 2901 6h 47
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 2A 3H 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 BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRETT BUSINESS SERVICES, INC.	D Employer Identification Number (EIN) 52-0812977	

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)

MILLIMAN, INC.

91-0675641

(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 17 50 64	NONE	513630	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 ☐

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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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 <u>BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARRETT BUSINESS SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>52-0812977</u>

Part I	Asset and Liability Statement
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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)	157154	653881
(2) Participant contributions.....	1b(2)	95978	390888
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7021211	6219499
(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)	2616327	2747574
(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)	101329382	117077157
(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) 488740	213484
(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 111708792	127302483
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j 0	
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 111708792	127302483

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 5186903	
	(B) Participants	2a(1)(B) 12339891	
	(C) Others (including rollovers).....	2a(1)(C) 609314	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	18136108
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) 142231	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	142231
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 3951436	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	3951436
(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)		12632426
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		34862201

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12554845	
(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)		12554845
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	513630	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		513630
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13068475

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21793726
l Transfers of assets:			
(1) To this plan.....	2l(1)		2785991
(2) From this plan	2l(2)		8986026

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: PERKINS & COMPANY, PC

(2) EIN: 93-0928924

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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			

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)
DOCTOR COVER, INC. 401(K) PS PLAN	27-1776388	002
J.D. PASQUETTI ENGINEERING, INC. 401(K)	43-2110440	001
CARUSO PRODUCT 401(K) PROFIT SHARING PLAN	93-0576185	001
INSPERITY 401(K) PLANS	76-0178498	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)
G & G BUILDERS, INC. 401(K) PLAN	94-3299733	001
KILTER TERMITE & PEST CONTROL 401(K) PLAN	33-0652864	001
FRESH FROM D'VINE 401(K) PROFIT SHARING PLAN AND TRUST	84-3076242	001
JAELYN CORPORATION 401(K) PLAN	33-0905440	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.)			
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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?			
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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)
PACIFIC VALLEY FIRE PROTECTIONS INC 401K PS PLAN	84-3002483	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
CORPORATE SIGN SYSTEMS 401(K) PLAN	77-0483263	001
INFINITI HR RETIREMENT PLAN	26-2399761	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.)			
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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?			
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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?			
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i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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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.)			
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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)
WICKMAN DEVELOPMENT & CONSTRUCTION 401(K) PLAN	80-0799466	001
GRACEFUL CARE HOSPICE PLAN	47-1088661	001
INNOVATIVE METAL INC. 401(K) PLAN	87-0783763	001
SPIN-OFF TERMINATION PLAN FOR TURNING POINT PHYSICAL THERAPY, LLC	59-3832041	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)
SPIN-OFF TERMINATION PLAN FOR GIRAFFE LAUGH INC.	82-0481812	001
SPIN-OFF TERMINATION PLAN FOR PLANT PREFAB	47-5560159	001
SPIN-OFF TERMINATION PLAN FOR ECOPOINT, INC.	81-5211255	001
SPIN-OFF TERMINATION PLAN FOR NINO'S FOOD DISTRIBUTION	27-2346009	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 BARRETT BUSINESS SERVICES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRETT BUSINESS SERVICES, INC.	D Employer Identification Number (EIN) 52-0812977

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): EIN(s): 75-3182674		
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 _____

**BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN**

Financial Statements and Supplemental Schedule
December 31, 2020 and 2019
With Independent Auditor's Report



BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
DECEMBER 31, 2020 AND 2019
CONTENTS

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Barrett Business Services, Inc. Retirement Savings Plan
Vancouver, Washington

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Barrett Business Services, Inc. Retirement Savings Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 6, which was certified by Matrix Trust Company, 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 Matrix Trust Company, the trustee of the Plan, holds the Plan's investment assets and executes investment transactions as of December 31, 2020 and 2019, and for the period from April 5, 2019 to December 31, 2020, and that Matrix Trust Company and Transamerica Life Insurance and Annuity Company, the former custodians of the Plan, held the Plan's investment assets and executed investment transactions for the period from January 1, 2019 to April 4, 2019. The plan administrator has obtained certifications from the trustee and former custodians as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the plan administrator by the trustee and former custodians 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 H Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor’s (DOL) 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 this supplemental schedule.

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 and former custodians, 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.

Perkins & Company, P.C.

September 24, 2021

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
<u>ASSETS</u>		
INVESTMENTS AT FAIR VALUE:		
Interest-bearing cash	\$ 6,219,499	\$ 424,318
Barrett Business Services, Inc. common stock	213,484	488,740
Money market mutual fund	-	6,596,893
Mutual funds	<u>117,077,157</u>	<u>101,329,382</u>
	<u>123,510,140</u>	<u>108,839,333</u>
RECEIVABLES:		
Participants' contributions	390,888	95,978
Employers' contributions	653,881	157,154
Notes receivable from participants	<u>2,747,574</u>	<u>2,616,327</u>
	<u>3,792,343</u>	<u>2,869,459</u>
TOTAL ASSETS	<u>127,302,483</u>	<u>111,708,792</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 127,302,483</u></u>	<u><u>\$ 111,708,792</u></u>

See notes to financial statements.

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 12,632,426	\$ 14,801,269
Interest and dividends	<u>3,951,436</u>	<u>3,666,994</u>
	16,583,862	18,468,263
 Interest income on notes receivable from participants	 142,231	 129,742
 Contributions:		
Participants'	12,339,891	11,694,583
Employers'	5,186,903	4,567,487
Participants' rollover	<u>609,314</u>	<u>645,982</u>
	18,136,108	16,908,052
 Plan mergers	 <u>2,785,991</u>	 <u>4,078,605</u>
	37,648,192	39,584,662
 DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Plan transfers out	8,986,026	6,222,107
Distributions to participants and beneficiaries	12,554,845	8,297,205
Administrative expenses	<u>513,630</u>	<u>448,559</u>
	<u>22,054,501</u>	<u>14,967,871</u>
 NET INCREASE	 15,593,691	 24,616,791
 NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>111,708,792</u>	<u>87,092,001</u>
End of year	<u><u>\$ 127,302,483</u></u>	<u><u>\$ 111,708,792</u></u>

See notes to financial statements.

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 1 – DESCRIPTION OF PLAN

The following is a general description of the Barrett Business Services, Inc. Retirement Savings Plan (“the Plan”). 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 which was effective April 1, 1990. Approximately 400 client companies (“Participating Employers”) of Barrett Business Services, Inc. (“the Company”) have adopted the Plan. Each Participating Employer may elect its own eligibility requirement for service and age and its own vesting schedule. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Amendments - Effective March 29, 2019, the Plan was restated to adopt a new Plan document sponsored by Milliman, Inc. and Matrix Trust Company became the Plan’s trustee. Subsequent to the Plan restatement, assets of the Plan were transferred from Transamerica Life Insurance and Annuity Company, a former custodian, to Matrix Trust Company, the current trustee.

Effective April 2020, the Plan adopted certain provisions of the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act. The adopted provisions permit Coronavirus Related Distributions (“CRDs”) up to \$100,000 to Plan participants affected by COVID-19. Additionally, the provisions raise loan limits to the lesser of \$100,000 or 100% of the present value of the COVID-19 affected Plan participant’s vested balance. Affected Plan participants may delay the due date of the next-scheduled loan repayment for up to one year if the due date of such repayment occurs between March 27, 2020 and December 31, 2020. Following this suspension period, the loan will be re-amortized to include interest accrued during the suspension, the total repayment term of the loan may be extended by the duration of the suspension. Under the CARES Act, Required Minimum Distributions (“RMDs”) are waived for 2020 for Plan participants and for beneficiaries taking RMDs under the life expectancy or five-year rules. Plan management is currently in the process of formalizing a Plan amendment for the adopted CARES Act provisions described above.

Contributions - Contributions consist of employee elective deferrals, after tax elective deferrals, employer matching contributions, safe-harbor contributions and retirement savings contributions. Participants may voluntarily contribute up to 100% of their compensation, limited to \$19,500 and \$19,000 in 2020 and 2019, respectively, as prescribed by the Internal Revenue Code (“IRC”). Participants age 50 and older may elect to make an additional catch-up contribution of \$6,500 and \$6,000 in 2020 and 2019, respectively. Each Participating Employer may make or may be required to make a matching, profit sharing, or safe-harbor contribution as stated in their adoption agreement.

Participant Accounts - Each participant’s account is credited with the participant’s contribution, an allocation of the Participating Employer’s contribution and Plan earnings, and charged with an allocation of investment management expenses. Allocations are based on participants’ earnings or 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 account.

Vesting - Participants are fully vested in their contributions and actual earnings thereon. Each Participating Employer may elect its own vesting schedule for its contributions but may not exceed vesting 20% after two years of service and 20% annually thereafter, until 100% vested. Participants are 100% vested upon death, total and permanent disability, and after attaining normal retirement age.

Payment of Benefits - Upon attaining normal retirement age of 65 (or age 55 if participant held an account under Barrett Business Services, Inc. Employees Savings Plan and Trust), death, termination of employment, or disability; a participant, or his or her beneficiary, may elect to receive a lump-sum amount or installment payments equal to the participant's vested account balance over a period not more than the participant's assumed life expectancy. Account balances that are under \$1,000 may be automatically paid out at the discretion of the Company. Balances between \$1,000 and \$5,000 may be transferred to an IRA, also at the discretion of the Company.

Forfeitures - Forfeitures of unvested benefits are used first to offset administrative expenses and any remaining forfeitures are available to offset future employer contributions. There were no forfeitures used to reduce employer contributions in 2020. Total forfeitures used to reduce employer contributions were \$33,830 in 2019. There were no forfeitures used to reduce administrative expenses in 2020 or 2019. Total forfeitures available at December 31, 2020 and 2019 were \$183,026 and \$91,056, respectively.

Expenses - Administrative expenses may be paid by the Company. Administrative and investment expenses not paid by the Company are satisfied in part through fees received by the Plan through revenue sharing with the Plan's former custodian, Transamerica Life Insurance and Annuity Company and from forfeitures. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. All participant accounts are charged with an annual recordkeeping fee and remaining administrative expenses are charged to participants' accounts based on relative average account balances. Investment operating expenses are deducted from investment earnings before allocation to participants' accounts. Certain expenses of plan administration, including computer services, professional fees, office supplies and payroll expenses of administrative and clerical personnel are provided by the Company without charge to the Plan. Total revenue sharing received by the Plan amounted to \$23,548 and \$74,350 in 2020 and 2019, respectively. Total revenue sharing applied to Plan expenses was \$26,860 and \$147,930, in 2020 and 2019, respectively. Unallocated revenue sharing was \$2,067 and \$5,379 at December 31, 2020 and 2019, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition - 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 4 for discussion of fair value measurements.

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

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Benefit Payments - Benefits are recorded when paid. Accordingly, benefits payable to persons who have elected to withdraw from the Plan but not yet paid have not been accrued. At December 31, 2020 and 2019, there were no such amounts payable to participants.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events - The Plan's management has performed an evaluation of subsequent events through September 24, 2021, which is the date these financial statements were available to be issued.

NOTE 3 – RECENTLY ISSUED ACCOUNTING STANDARDS

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The amendments in this ASU modify the disclosure requirements on fair value measurements in Topic 820, including the removal, modification to, and addition of certain disclosure requirements. The ASU is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. This ASU was adopted effective January 1, 2020 and the adoption of the ASU had no material impact on the Plan's financial statements.

NOTE 4 – FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. The 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:

Basis of Fair Value Measurement

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the plan has the ability to access at the measurement date.

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Mutual Funds and Money Market Mutual Fund: 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 SEC. 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.

Interest-Bearing Cash: Recorded at cost, which approximates fair value.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

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

The 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:

	Investment Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$117,077,157	\$ -	\$ -	\$117,077,157
Interest-bearing cash	6,219,499	-	-	6,219,499
Common stock	213,484	-	-	213,484
Total investments at fair value	<u>\$123,510,140</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$123,510,140</u>

	Investment Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$101,329,382	\$ -	\$ -	\$101,329,382
Money market mutual funds	6,596,893	-	-	6,596,893
Common stock	488,740	-	-	488,740
Interest-bearing cash	424,318	-	-	424,318
Total investments at fair value	<u>\$108,839,333</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$108,839,333</u>

NOTE 5 – NOTES RECEIVABLE FROM PARTICIPANTS

The Plan makes loans to participants based on their vested account balance. The minimum loan amount is \$1,000 and is limited to 50% of their vested account balance or \$50,000, whichever is less, with the exception of COVID-19 related loans, as disclosed in Note 1. Loan provisions provide for a term not to exceed five years and interest rates, repayment schedules and collateral similar to those offered by financial institutions that grant similar loans. Loan interest rates range from 4.25% to 7.50% on loans outstanding at December 31, 2020. Principal and interest are paid ratably through monthly payroll deductions.

NOTE 6 – INFORMATION CERTIFIED BY TRUSTEE AND CUSTODIANS OF THE PLAN

The following is a summary of the comparative unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), that was furnished to the plan administrator and certified by Matrix Trust Company, the trustee of the Plan, as of December 31, 2020 and 2019, and for the period from April 5, 2019 to December 31, 2020, and Matrix Trust Company and Transamerica Life Insurance and Annuity Company, the former custodians of the Plan for the period from January 1, 2019 to April 4, 2019. The plan administrator has obtained certifications from the trustee and former custodians that such information is complete and accurate.

	2020	2019
Investments	\$123,510,140	\$108,839,333
Net appreciation in fair value of investments	\$ 12,632,426	\$ 14,801,269
Interest and dividends	\$ 3,951,436	\$ 3,666,994

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Matrix Trust Company is the trustee of the Plan and manages certain investments of the Plan. Transamerica Life Insurance and Annuity Company and Matrix Trust Company, the former custodians, managed certain investments of the Plan. These transactions qualify as party-in-interest transactions.

Certain Plan investments are shares of the Company's common stock. The Company is the sponsor as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan held 23,055 and 42,351 shares of the Company's common stock as of December 31, 2020 and 2019, respectively.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company and individual Participating Employers have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event such discontinuance results in the termination of the Plan, the accounts of all participants would become fully vested.

Sixteen and thirteen Participating Employers had plan terminations in 2020 and 2019, respectively, and transferred their assets to other plans. Five and One Participating Employers terminated their plan in 2020 and 2019, and participant accounts were distributed. All participants affected by the Plan terminations became 100% vested in their accounts prior to the transfer out or distribution of participant accounts.

NOTE 9 – PLAN MERGERS

During 2020, the Plan received transfers of assets from other plans of Participating Employers that totaled \$2,785,991. These include \$553,523 from All Pro Plumbing, Heating, Air & Electrical Inc., \$430,036 from Horn Enterprises, Inc., \$354,073 from Performance Logistics, LLC, \$304,600 from California Sod Center, LLC, \$203,718 from County Sanitation Company, Inc., \$183,835 from ELB Capital Corp. dba Trifecta Painting & Construction, \$159,944 from Allied Restoration Co., Inc., \$135,183 from Antero Automotive and Truck Services, Inc., \$129,841 from D. Brian Williams, DDS, PA, \$90,938 from JC's British & 4X4, Inc, \$80,438 from Leo's Sewer and Drain, Inc., \$53,923 from DBL LLC, \$49,775 from Lightning Mobile Services LLC, \$26,207 from BCS Breakaway Construction Services LLC, \$15,391 from Waterproofing Systems, Corp., \$13,930 from Bernardini Enterprises, Inc. dba JD Services, and \$636 from DG Insurance and Real Estate Services, Inc.

During 2019, the Plan received transfers of assets from other plans of Participating Employers that totaled \$4,078,605. These include \$61,837 from TRS Construction Inc. dba Schian Commercial, \$2,987,657 from Decco Castings, Inc., \$103,080 from SJF Transmissions Inc. dba Aamco of Morena Blvd., \$697,129 from Van Nuys Awning Co., Inc., \$1,070 from Melvin Manuel Cardozo dba ASC Builder, Inc., \$36,304 from Catalina Island Vacation Rentals, Inc., \$109,120 from Alternative Market Services, Inc., and \$82,408 from Utopia Home Care, Inc.

NOTE 10 – PLAN TRANSFERS OUT

During 2020, the Plan had assets transferred to other plans that totaled \$8,986,026. These include \$5,667,740 to Caruso Produce Inc, \$1,525,456 to JD Pasquetti, Inc, \$483,802 to G & G Builders, Inc., \$312,249 to Kilter Home Services inc. dba Kilter Termite and Pest Control, \$248,242 to Fresh from D'Vine, Inc., \$109,474 to Doctor Cover, Inc., \$82,935 to DiMill Enterprises, LLC, \$82,604 to Jaelyn Corporation, \$79,547 to Pacific Valley Fire Protection, \$72,941 to Corporate Sign Systems, \$56,560 to Giraffe Laugh, Inc., \$56,520 to Tubular Transport & Logistics, LLC, \$55,796 to Rose Manufacturing Group Inc, \$40,548 to Graceful Care Hospice, Inc, \$36,971 to Plan Prefab, \$24,561 to Mike's Custom Flooring Inc, \$17,289 to Ecopoint, Inc., \$16,455 to Nino's Food Distribution, \$6,357 to Turning Point Physical Therapy, LLC, \$5,022 to Innovative Metal Industries, Inc., and \$4,957 to Wickman Development and Construction dba Wickman Development.

During 2019, the Plan had assets transferred to other plans that totaled \$6,222,107. These include \$577,009 to IBEX, Inc., \$12,879 to Guardian Security Systems, Inc., \$1,800,509 to PD Products, LLC, \$2,890,439 to Southland Electrical Supply, Inc., \$252,498 to Insulated Products Corporation, \$191,611 to EBY Construction, \$65,540 to Gullings, Inc., \$29,736 to ONE Grounds Management, \$72,904 to Two Oaks Sweeping, \$31,473 to South Coast Piering, \$285,162 Seabreeze Maintenance Corporation, \$6,109 Mauranda, Inc., and \$6,238 to Moderno, Inc.

NOTE 11 – CONCENTRATIONS, RISKS AND UNCERTAINTIES

The Plan provides for investments that are exposed to various 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 the amounts reported in the statement of net assets available for benefits, and therefore participants' account balances. There was one investment that individually represented more than 10% of the investments held as of December 31, 2020 and 2019. See the Supplemental Schedule of Assets (Held at End of Year) for the complete listing of investments held as of that date.

In March 2020, the World Health Organization declared the Coronavirus ("COVID-19") outbreak a pandemic. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. As a result, the Plan's investment portfolio has incurred significant volatility since the initial outbreak. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time. The financial statements do not consider the potential future impacts of the pandemic.

NOTE 12 – INCOME TAX STATUS

The Plan is an adoption of a prototype non-standardized profit sharing plan sponsored by Milliman, Inc. - Albany. The prototype non-standardized profit sharing plan obtained an opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the non-standardized profit sharing Plan, as then designed, was in compliance with the applicable sections of the IRC. Although the Plan has been amended since receiving the favorable opinion letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. 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 organization has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

SUPPLEMENTAL SCHEDULE

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

EIN#: 52-0812977

PLAN#: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or	(d) Cost	(e) Current Value
		Maturity Value		
*	Barrett Business Services, Inc.	Common Stock	a	\$ 213,484
*	Matrix Interest-Bearing Cash	Interest-Bearing Cash	a	\$ 6,219,499
	Alger Small Cap Focus	Mutual Fund	a	\$ 3,105,811
	American Capital Income Builder	Mutual Fund	a	\$ 2,132,311
	American Funds 2010 Target Date Retirement Fund	Mutual Fund	a	\$ 499,325
	American Funds 2020 Target Date Retirement Fund	Mutual Fund	a	\$ 4,132,898
	American Funds 2025 Target Date Retirement Fund	Mutual Fund	a	\$ 6,149,325
	American Funds 2030 Target Date Retirement Fund	Mutual Fund	a	\$ 5,431,192
	American Funds 2035 Target Date Retirement Fund	Mutual Fund	a	\$ 4,730,308
	American Funds 2040 Target Date Retirement Fund	Mutual Fund	a	\$ 3,070,130
	American Funds 2045 Target Date Retirement Fund	Mutual Fund	a	\$ 3,640,167
	American Funds 2050 Target Date Retirement Fund	Mutual Fund	a	\$ 2,299,593
	American Funds 2055 Target Date Retirement Fund	Mutual Fund	a	\$ 693,301
	American Funds 2060 Target Date Retirement Fund	Mutual Fund	a	\$ 424,097
	American Funds American Balanced	Mutual Fund	a	\$ 35,658,511
	American Funds American Mutual	Mutual Fund	a	\$ 1,404,250
	AMG Yachtman	Mutual Fund	a	\$ 3,421,723
	BlackRock Mid-Cap Growth Equity Institutional	Mutual Fund	a	\$ 7,487,217
	Brandes International Equity	Mutual Fund	a	\$ 905,910
	ClearBridge International Growth Fund Class	Mutual Fund	a	\$ 88,338
	DFA Commodity Strategy Institutional	Mutual Fund	a	\$ 41,319
	DFA Real Estate Securities	Mutual Fund	a	\$ 1,344,850
	Diamond Hill Corporate Credit Fund	Mutual Fund	a	\$ 30,079
	DoubleLine Total Return Bond	Mutual Fund	a	\$ 2,862,670
	Edgewood Growth Institutional	Mutual Fund	a	\$ 3,586,603
	Federated Institutional High Yield Bond	Mutual Fund	a	\$ 2,197,308
	Invesco Oppenheimer Gold & Special Minerals Fund	Mutual Fund	a	\$ 583,673
	iShares S&P 500 Index	Mutual Fund	a	\$ 4,385,535
	MFS International Diversification	Mutual Fund	a	\$ 999,047
	MFS New Discovery Value Fund	Mutual Fund	a	\$ 32,730
	Nuance Mid Cap Value	Mutual Fund	a	\$ 3,853,276
	RBC Emerging Markets Equity	Mutual Fund	a	\$ 53,847
	Schwab Fundamental International Large Co. Index	Mutual Fund	a	\$ 191,862
	T. Rowe Price Institutional Large Cap Growth	Mutual Fund	a	\$ 6,289,053
	Thrivent Mid Cap Stock-I	Mutual Fund	a	\$ 100,860
	Vanguard Balanced Index Admiral	Mutual Fund	a	\$ 526,908
	Vanguard Developed Markets Index Admiral	Mutual Fund	a	\$ 287,807
	Vanguard Growth Index Admiral	Mutual Fund	a	\$ 977,515
	Vanguard International Growth Admiral	Mutual Fund	a	\$ 270,901
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	a	\$ 594,581
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund	a	\$ 154,096
	Vanguard Mid Cap Index Admiral	Mutual Fund	a	\$ 262,187
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	a	\$ 413,782
	Vanguard Small Cap Value Index Admiral	Mutual Fund	a	\$ 949,236
	Vanguard Total Bond Market Index Admiral	Mutual Fund	a	\$ 410,018
	Vanguard Value Index Admiral	Mutual Fund	a	\$ 403,007
*	Participant loans	Interest rates ranging from 4.25% to 7.50%	-	\$ 2,747,574

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

a - The cost of participant-directed investments is not required to be disclosed.

Multiple-Employer Plan Participating Employer Information

(a) Name of Participating Employer	(b) EIN	(c) Percentage of Total Contributions
Barrett Business Services, Inc.	52-0812977	35.73%
DNJ Property Management Services, LLC	01-0584545	2.74%
Al Angelo Company	91-1470107	2.60%
Yellowstone Log Homes / Hand-Crafted	82-0488493	2.48%
Consolidated Smart Systems, LLC	95-3932998	2.42%
Beaches YGHF Inc.	26-1482110	2.08%
Cargo Solution Express Inc.	04-3593325	2.01%
Decco Casting Inc.	95-2888682	1.87%
River Partners, Inc.	94-3302335	1.81%
C Trans Inc.	73-1707860	1.42%
Jaridly Corporation	33-0383732	1.39%
Harris West Recycling and Solid West Equipment	88-0283567	1.35%
Michael McCutcheon Construction Inc	94-3054388	1.33%
Pro-Star Towing, Inc.	77-0408440	1.33%
EB Stone & Son, Inc.	94-2623935	1.32%
Neighborly Pest Management, Inc.	94-2317576	1.31%
Wolfers, Inc.	93-0606635	1.31%
Southern California Fleet Services, Inc.	33-0642224	1.25%
SAF-COM SUPPLY INC	95-4031560	1.13%
Party City of Oregon, Inc.	26-1919702	1.01%
P&G Restoration Services, Inc.	68-0196593	0.98%
Lane Workforce Partnership	93-0886373	0.92%
Morrison Concrete, Inc.	33-0361713	0.92%
Scott Shaw Enterprises	91-1823828	0.71%
Pacific West Communities, Inc.	20-1657561	0.66%
Emmons Roof Service, Inc.	95-4349721	0.64%
Rhino Enterprises, Inc.	80-0612493	0.61%
S.S. Skikos, Inc.	27-2774857	0.53%
Janet P. Gross, Inc.	68-0372470	0.52%
Rose City Moving & Storage	93-0475418	0.51%
Javier R. Rios, MD, A Professional Corporation	33-0773865	0.50%
MCC Management	82-1999023	0.50%
Galaxy Stone Works, Inc.	32-0357768	0.48%
All Pro Plumbing, Heating, Air & Electrical Inc.	47-4549777	0.45%
Krueger & Company Inc.	91-1756875	0.45%
Porter Boiler Service Inc	95-2387073	0.44%
Van Nuys Awning Co., Inc.	95-2380228	0.44%
Horn Enterprises, Inc.	32-0246258	0.43%

Sherms Custom Plating	91-1753558	0.42%
Integrow Malt LLC	52-2351441	0.41%
Trent Enterprises, LLC	20-1620719	0.40%
Performance Logistics, LLC	20-2064181	0.40%
South Valley Specialties Co	87-0685191	0.38%
Rogue Workforce Partnership	94-3123232	0.37%
City Wide Fibers, Inc.	94-3334077	0.36%
Frontier Property Group, Ltd.	82-0344516	0.34%
Yellowstone Lumber, LLC	82-0499815	0.34%
Jeffrey Talmadge Construction, Inc.	77-0533297	0.33%
California Sod Center, LLC	82-3658650	0.33%
Jenal Engineering Corporation	33-0403083	0.32%
Araya Construction, Inc.	76-0722507	0.32%
Don Tankersley Construction, LTD.	93-1319042	0.31%
Vocal Booth.com Inc	06-1740426	0.30%
Delaplane Plumbing, Inc.	02-0757328	0.29%
A-1 Septic Tank Service Inc	94-1690893	0.29%
Webster Inc	82-0453507	0.29%
API Global Transportation, Inc.	20-5513260	0.29%
Joshua Grading & Excavating	20-0072705	0.28%
M.S. West Enterprises	45-2449495	0.28%
Rimrock Trails Treatment Services	93-1019081	0.28%
BV Management Services, Inc.	83-1942042	0.28%
Ammocom, Inc.	33-0707626	0.26%
Eckersell's Inc	82-0372566	0.26%
Peak Well Services LLC	20-2860968	0.25%
Beacon Rock Investments, LLC	45-2419380	0.24%
American Truck Bodies & Repair, Inc.	95-4717868	0.24%
Ochoa Group Corporation	20-1950082	0.24%
PBA Dills, Inc.	26-0583839	0.24%
Sunset Services, Inc.	86-0813215	0.24%
Pappas Piping Services, Inc.	20-1582143	0.22%
Hambro Forest Products, Inc.	94-1583186	0.22%
Nussbaum Automotive Solutions, LP	46-1147633	0.22%
QST Ingredients & Packaging	91-2121763	0.22%
County Sanitation Company, Inc.	95-3325117	0.22%
Ernie and Sons Scaffolding	27-5104124	0.22%
Magna Trans LLC	47-1002388	0.21%
NCS Moving Services	45-4614733	0.21%
Jerry's Welding and Machine, Inc.	20-3179927	0.21%
AWT Construction Group Inc.	26-1601345	0.19%
Allegiant Logistics	84-3062877	0.19%
ELB Capital Corp.	20-4175502	0.19%

A Firm Foundation, Inc.	46-0518519	0.18%
Kellogg Distribution Inc.	20-1345091	0.17%
Grayd-A Precision Metal Fabricators	95-2627728	0.17%
MHS Heating & Air Conditioning, Inc.	26-4544848	0.17%
Palm Valley Insurance	61-1549560	0.17%
AKRA Plastic Products, Inc.	95-2803845	0.17%
Zuheir Inc	33-0290431	0.15%
Antero Automotive and Truck Services, Inc.	26-3347663	0.15%
Charles Messina Plumbing and Electric Co., Inc.	51-0316303	0.15%
Gamboa, Inc.	33-0775297	0.15%
Racing Green, LTD	46-2262712	0.14%
Higher Ground Restoration	33-0936541	0.14%
D. Brian Williams, DDS, PA	41-2071641	0.14%
Construction Solutions Company, LLC	45-1332745	0.14%
Allied Restoration Company, Inc.	46-3408044	0.14%
SJF Transmissions Inc. d	90-0518538	0.14%
LANDD Enterprises Inc.	83-0391853	0.13%
Caltron Construction, Inc.	95-4570684	0.13%
Alternative Market Services Inc	88-0136041	0.13%
3D Environmental, Inc.	82-0575358	0.13%
Country Builders Construction, Inc.	27-3713251	0.12%
Chino Steel, Inc.	26-4255787	0.12%
JC's British & 4X4, Inc	20-2171226	0.12%
Central Oregon Health Council	46-0534726	0.12%
Nordic Security Services	33-0656012	0.12%
Lauzon Contracting, LLC	71-0910318	0.12%
Inland Regional Hospice LLC	46-1682701	0.12%
Misty Morning Trucking, LLC	47-5130093	0.12%
Cottages of Hope	26-0752718	0.11%
CMI Masonry, Inc.	49-2453139	0.11%
TRS Construction Inc.	45-4931069	0.11%
LTD Inc.	93-1240267	0.11%
Sierra Pacific Lithographics, Inc.	68-0251917	0.11%
CalWes Homes, Inc.	95-4225025	0.11%
O.A. Cargo, Inc.	20-8721762	0.10%
Luis Segura Trucking, Inc	47-3807454	0.10%
Utopia Home Care, Inc.	27-0616420	0.10%
Arndt Construction Inc.	46-4955079	0.10%
R.W. Hays Co.	93-0643243	0.10%
Lanik Enterprises, Inc.	20-8991445	0.10%
Ikon Builders, Inc.	45-2776704	0.10%
Dirtworks Contracting, Inc.	01-0958534	0.10%
Schicker Luxury Shower Doors	68-0488740	0.09%

All Counties Towing LLC	34-2004575	0.09%
Webster's Mile High Farm, Inc.	82-0453508	0.09%
Schock Logistics, Inc.	93-1072516	0.09%
Desert Sanctuary, Inc.	95-3837425	0.08%
Earth Cruiser USA, LLC	73-0222961	0.08%
Delta Welding and Fabrication, Inc.	77-0494373	0.08%
Maximum Oil Service, LLC	20-5070928	0.08%
Leo's Sewer and Drain, Inc.	47-4135795	0.08%
One Hour Delivery Service	94-3282325	0.08%
Brian Egan Construction	93-1072177	0.08%
TDS Logistics, LLC	47-2908104	0.07%
EMT Enterprises, Inc.	93-1223818	0.07%
Ellis Fence Co., Inc.	47-1681364	0.07%
FST Services, Inc.	45-5459992	0.07%
Diamond Truss, Inc.	20-3045500	0.07%
Peace of Mind Pest Control, Inc.	30-0484910	0.06%
Kodiak Carbonic, LLC	47-1124017	0.06%
Lightning Mobile Services LLC	83-2893891	0.06%
Partners In Care, LLC	46-5010159	0.06%
Motive System Engineering Corp	94-2220928	0.06%
JB Marble Co.	95-4344581	0.06%
Rexburg Plumbing & Heating	82-0527973	0.06%
Worldwide Group Transportation Solutions Inc.	68-0601886	0.05%
L. Nelson Properties, Inc.	20-8609628	0.05%
Alliance Diversified Enterprises, Inc.	46-1085533	0.05%
Techbuilt, Inc	93-1032693	0.05%
MMx2, LLC	47-2263739	0.05%
Shaner Enterprises, Inc.	91-1802791	0.05%
DBL LLC	03-0593840	0.05%
Roost Services LLC	46-4374271	0.05%
Stay Safe Construction and Transportation Inc	26-0322448	0.04%
Phoenix Building, Inc.	57-1162798	0.04%
San Diego Concrete Pumping, Inc.	33-0782954	0.04%
Woodgrains and Stone, Inc.	47-5178350	0.04%
Facility Solutions, LLC	46-4634409	0.04%
MDM Homecare LLC	47-4030688	0.04%
Galbraith Veterinary Clinic	82-3719209	0.04%
Safari West, Inc.	20-2026695	0.03%
Creighton Way, LLC	47-2408783	0.03%
Tore 93, LLC	26-2991098	0.03%
BCS Breakaway Construction Services LLC	47-2392295	0.03%
Paquin Design Build, Inc.	20-4024588	0.03%
Affordable Auto Rental & Sale, Inc	93-1255514	0.03%

East of the Bay	02-0763018	0.03%
Garrdec	81-2495657	0.03%
Live Well Medical Supplies, Inc.	61-1582299	0.03%
Bakersfield Recovery Services, Inc.	77-0168396	0.03%
AlphaOne Ambulance Medical Services, Inc.	27-3266402	0.03%
JJR Restoration Inc.	80-0635272	0.03%
G.Y.P. Enterprises, Inc.	52-1545962	0.03%
SingleSource, Inc.	20-1075023	0.03%
American Home & Stone Inc.	20-2067400	0.03%
Alpha Impressions, Inc.	91-1949780	0.03%
City Rise, Inc.	47-1214369	0.03%
Cairn, Inc.	61-1775223	0.03%
Northwest Transportation, Inc	47-4459703	0.03%
Primo Construction LLC	39-2066898	0.02%
Southern Oregon Auto Care LLC	45-4666717	0.02%
Got Watts Electric, Inc.	47-3920244	0.02%
Northwest Commercial Property Maintenance, Inc.	93-1308966	0.02%
Premier Diesel LLC	46-3137932	0.02%
Ruckstell California Sales Co., Inc	94-2320429	0.02%
Rogue Valley Children's Discovery Museum Inc.	93-1258855	0.02%
Global Sales and Warehousing	47-1919399	0.02%
Catalina Island Vacation Rentals, Inc.	47-5593252	0.02%
FT Eng, Inc.	45-3189483	0.02%
Insure it All	27-1046011	0.02%
WBH Homewatch, Inc.	87-0513070	0.02%
Sottek Trippe Enterprise, LLC	26-1934078	0.02%
Integrated Water Management	27-2858895	0.02%
Veva Inc.	84-2242867	0.02%
Waterproofing Systems, Corp.	95-4665465	0.02%
States Towing, LLC	46-3767174	0.02%
Campbell Construction General Engineering Inc.	84-2896106	0.02%
Somm Inc.	81-2688437	0.02%
J & J Services Swimming Pools & Billards	46-4339452	0.02%
M. Read Services, Inc.	26-1389309	0.02%
Szeremi Sweeping Service, LLC	54-2075589	0.02%
TEACH-NW	82-3894643	0.02%
Full House Property Management, LLC	26-3680435	0.02%
DryZone, LLC	86-1161686	0.01%
GDMI Enterprises, Inc.	93-1318354	0.01%
Severin Mobile Towing Inc.	20-8020015	0.01%
Kimbell & Brown Construction, Inc.	27-0654566	0.01%
Skyline Sunrooms, Inc.	33-0894190	0.01%
Pacific Grading and Erosion Control Inc	26-2172463	0.01%

AllWays Towing, LLC	41-2103772	0.01%
Morton's Towing and Recovery, Inc	02-0661195	0.01%
Central Coast Financial Group, Inc.	20-5758294	0.01%
GK Wealth Management LLC	82-5044552	0.01%
True North Trucking Company	82-1772178	0.01%
JR Garza Construction and Management, Inc.	26-3189956	0.01%
Bartholomew Investments, Inc.	27-0105751	0.01%
Scott Fire & Water Restoration, Inc.	47-2584555	0.01%
Queen City Therapy, PLLC	82-4855972	0.01%
All Restored Inc.	68-0588242	0.01%
Robbins Equipment Co Inc.	86-0810644	0.01%
Inland Powder Coating Corp	33-0045795	0.01%
Hastings Construction, Inc.	20-1217070	0.01%
Noga's Air Conditioning, Inc.	94-2211080	0.01%
Wildlife Images Education & Rehab Center	93-0793314	0.01%
Lloyd's Custom Woodwork, Inc.	87-0753802	0.01%
Arubbot Ha Shamayin, Inc.	04-3813746	0.01%
Sierra Integrated Services, Inc.	47-5237579	0.01%
Lawson Home Services, LLC	27-3425457	0.01%
Therapeutic Ranch for Animals & Kids DBA TRAK	20-4737638	0.01%
Fury Transport LLC	81-5133896	0.01%
Pasut Trucking, Inc.	82-1811192	0.01%
Black Tiger Low Voltage Systems	26-3468811	0.01%
Fullview Aluminum & Glass, Inc.	52-2291877	0.01%
Melvin Manuel Cardozo d	47-3593803	0.01%
Gold Properties LLC	93-1311085	0.01%
Pacific Coast Petroleum, Inc.	45-4073413	0.01%
Kraemer Incorporation	47-1267747	0.01%
Tender Loving Care Home For Boys, Inc.	33-0895418	0.01%
The Capes Homeowners Association	93-1130630	0.01%
Glistening Water Pool Service, LLC	45-0827179	0.01%
Stafford Meat Company, Inc.	94-2753959	0.01%
A-1 Alloys Inc	33-0354384	0.01%
Patriot General Engineering	26-3800523	0.01%
JCMJ Products LLC	38-3938673	0.01%
Gopher Team	84-3501206	0.01%
Heritage Well Service	55-8791684	0.00%
Catalina China, Inc. dba HF Coors	86-0657734	0.00%
Cougar Digital Marketing & Design, LLC	46-1792539	0.00%
Solid Property Services, Inc.	46-0532539	0.00%
DG Insurance and Real Estate Services, Inc.	27-0769111	0.00%
Verity Construction LLC	45-5272934	0.00%
Winfield Building Group, Inc.	52-0812977	0.00%

SAUSAGE, LLC	45-4615443	0.00%
My Window Solutions Inc	47-1484878	0.00%
Aspire Behavioral Care	46-3904059	0.00%
Rush Pizza, Inc.	82-0625408	0.00%
Left Coast Hauling LLC	81-3929536	0.00%
CC Holding Company, Inc.	81-3035940	0.00%
C&SD Construction, Inc.	33-0923917	0.00%
Work, Inc.	84-1383403	0.00%
Steve Thomas Real Estate LLC	83-2853870	0.00%
KA Designs LLC	20-0549913	0.00%
Shoreline Constructors, Inc.	45-2983068	0.00%
Steri-Clean Inc	20-1946355	0.00%
Anbec M. DeSheild, D.D.S., P.L.L.C.	27-1866858	0.00%
Lucky Limousine and Towncar Service	93-1306758	0.00%
Madison Furniture Mfg Inc	93-1142198	0.00%
Alevia Physical Therapy, LLC	47-4605916	0.00%
Avalon Building Maintenance of the Inland Empire, Inc.	04-3733739	0.00%
Zed Electric Inc	35-2189695	0.00%
Demolition King, Inc.	46-1651954	0.00%
MasterCare Cleaning Co., Inc.	27-0113219	0.00%
Ravenswood Leather LLC	47-2655991	0.00%
Gino/Giuseppe, Inc.	94-3299733	0.00%
R. L. Mays Construction Company Inc.	47-2725481	0.00%
Mikala Corp	82-3206407	0.00%

BARRETT BUSINESS SERVICES, INC.
RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

EIN#: 52-0812977

PLAN#: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or	(d) Cost	(e) Current Value
		Maturity Value		
*	Barrett Business Services, Inc.	Common Stock	a	\$ 213,484
*	Matrix Interest-Bearing Cash	Interest-Bearing Cash	a	\$ 6,219,499
	Alger Small Cap Focus	Mutual Fund	a	\$ 3,105,811
	American Capital Income Builder	Mutual Fund	a	\$ 2,132,311
	American Funds 2010 Target Date Retirement Fund	Mutual Fund	a	\$ 499,325
	American Funds 2020 Target Date Retirement Fund	Mutual Fund	a	\$ 4,132,898
	American Funds 2025 Target Date Retirement Fund	Mutual Fund	a	\$ 6,149,325
	American Funds 2030 Target Date Retirement Fund	Mutual Fund	a	\$ 5,431,192
	American Funds 2035 Target Date Retirement Fund	Mutual Fund	a	\$ 4,730,308
	American Funds 2040 Target Date Retirement Fund	Mutual Fund	a	\$ 3,070,130
	American Funds 2045 Target Date Retirement Fund	Mutual Fund	a	\$ 3,640,167
	American Funds 2050 Target Date Retirement Fund	Mutual Fund	a	\$ 2,299,593
	American Funds 2055 Target Date Retirement Fund	Mutual Fund	a	\$ 693,301
	American Funds 2060 Target Date Retirement Fund	Mutual Fund	a	\$ 424,097
	American Funds American Balanced	Mutual Fund	a	\$ 35,658,511
	American Funds American Mutual	Mutual Fund	a	\$ 1,404,250
	AMG Yachtman	Mutual Fund	a	\$ 3,421,723
	BlackRock Mid-Cap Growth Equity Institutional	Mutual Fund	a	\$ 7,487,217
	Brandes International Equity	Mutual Fund	a	\$ 905,910
	ClearBridge International Growth Fund Class	Mutual Fund	a	\$ 88,338
	DFA Commodity Strategy Institutional	Mutual Fund	a	\$ 41,319
	DFA Real Estate Securities	Mutual Fund	a	\$ 1,344,850
	Diamond Hill Corporate Credit Fund	Mutual Fund	a	\$ 30,079
	DoubleLine Total Return Bond	Mutual Fund	a	\$ 2,862,670
	Edgewood Growth Institutional	Mutual Fund	a	\$ 3,586,603
	Federated Institutional High Yield Bond	Mutual Fund	a	\$ 2,197,308
	Invesco Oppenheimer Gold & Special Minerals Fund	Mutual Fund	a	\$ 583,673
	iShares S&P 500 Index	Mutual Fund	a	\$ 4,385,535
	MFS International Diversification	Mutual Fund	a	\$ 999,047
	MFS New Discovery Value Fund	Mutual Fund	a	\$ 32,730
	Nuance Mid Cap Value	Mutual Fund	a	\$ 3,853,276
	RBC Emerging Markets Equity	Mutual Fund	a	\$ 53,847
	Schwab Fundamental International Large Co. Index	Mutual Fund	a	\$ 191,862
	T. Rowe Price Institutional Large Cap Growth	Mutual Fund	a	\$ 6,289,053
	Thrivent Mid Cap Stock-I	Mutual Fund	a	\$ 100,860
	Vanguard Balanced Index Admiral	Mutual Fund	a	\$ 526,908
	Vanguard Developed Markets Index Admiral	Mutual Fund	a	\$ 287,807
	Vanguard Growth Index Admiral	Mutual Fund	a	\$ 977,515
	Vanguard International Growth Admiral	Mutual Fund	a	\$ 270,901
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	a	\$ 594,581
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund	a	\$ 154,096
	Vanguard Mid Cap Index Admiral	Mutual Fund	a	\$ 262,187
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	a	\$ 413,782
	Vanguard Small Cap Value Index Admiral	Mutual Fund	a	\$ 949,236
	Vanguard Total Bond Market Index Admiral	Mutual Fund	a	\$ 410,018
	Vanguard Value Index Admiral	Mutual Fund	a	\$ 403,007
*	Participant loans	Interest rates ranging from 4.25% to 7.50%	-	\$ 2,747,574

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

a - The cost of participant-directed investments is not required to be disclosed.