

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>EMPLOYER RESOURCE 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2000</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPLOYERS RESOURCE</u> <u>340 RANCHEROS DRIVE</u> <u>SUITE 264</u> <u>SAN MARCOS, CA 92069</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0688056</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>760-943-2350</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541214</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0688056</u>	2c Plan Sponsor's telephone number <u>760-943-2350</u>	2d Business code (see instructions) <u>541214</u>	
2b Employer Identification Number (EIN) <u>33-0688056</u>					
2c Plan Sponsor's telephone number <u>760-943-2350</u>					
2d Business code (see instructions) <u>541214</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	JACK EATON
	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		5 662
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 594
a(2) Total number of active participants at the end of the plan year		6a(2) 686
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 79
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 765
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 765
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 244
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2S 2T 3D 2R		
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) ☒ <u>1</u> 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 EMPLOYER RESOURCE 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS RESOURCE	D Employer Identification Number (EIN) 33-0688056

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932300	244	01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	675768
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	12240528

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	182447
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c Additions: (1) Contributions deposited during the year	7c(1)	85275	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	4035	
(4) Transferred from separate account.....	7c(4)	993114	
(5) Other (specify below)	7c(5)	57408	

▶ LOAN PRINCIPAL & INTEREST PAID, ADDITIONS TO FORFEITURES, EBA ADDITIONS

(6) Total additions	7c(6)	1139832
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1322279
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	292219	
(2) Administration charge made by carrier.....	7e(2)	4356	
(3) Transferred to separate account.....	7e(3)	311239	
(4) Other (specify below)	7e(4)	38697	

▶ LOANS ISSUED, ALLOCATED FORFEITURES, OTHER EXPENSES

(5) Total deductions	7e(5)	646511
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	675768
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 EMPLOYER RESOURCE 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS RESOURCE	D Employer Identification Number (EIN) 33-0688056	

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
TRANSAMERICA FINANCIAL LIFE INS. CO
36-6071399

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO., INC
94-1737782

(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)

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	30724	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NFP RETIREMENT INC

33-0905143

(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?
27	INVESTMENT ADVISORY- PLAN	27452	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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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>EMPLOYER RESOURCE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPLOYERS RESOURCE</u>	D Employer Identification Number (EIN) <u>33-0688056</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMER FUNDS EUROPACIFIC GROWTH RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN <u>36-6071399-076</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>502686</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BEACON BRIDGEWAY LARGE CAP

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN <u>36-6071399-712</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>658951</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMERI

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN <u>36-6071399-246</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>357367</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN <u>36-6071399-255</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1092850</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE HIGH INCOME OPPORTUNITI

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN <u>36-6071399-724</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>214568</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN <u>36-6071399-328</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>233911</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

c EIN-PN <u>36-6071399-263</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>78010</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-097	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57848
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS BALANCED RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-227	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 500813
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ENTERPRISE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-647	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1325445
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN SMID CAP EQUITY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-331	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87222
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT TOTAL RETURN RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-584	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 424344
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-473	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76027
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239840
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND INDEX RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-416	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108840
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177675
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 36-6071399-673	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2161362

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2030 WITH BLA](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INS. CO.](#)

c EIN-PN 36-6071399-674	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 727186
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2035 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INS. CO.](#)

c EIN-PN 36-6071399-675	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11504
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2040 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INS. CO.](#)

c EIN-PN 36-6071399-676	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68460
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2045 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INS. CO.](#)

c EIN-PN 36-6071399-677	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38440
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2050 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INS. CO.](#)

c EIN-PN 36-6071399-678	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101268
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2055 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INS. CO.](#)

c EIN-PN 36-6071399-679	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 424898
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL 2060 WITH BLK](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INS. CO.](#)

c EIN-PN 36-6071399-818	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20960
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA LIFE GOAL RET WITH BLAC](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INS. CO.](#)

c EIN-PN 36-6071399-680	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 409163
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA MID CAP VAL OPPORTUNIT](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INS. CO.](#)

c EIN-PN 36-6071399-495	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 328233
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS STOCK INDEX R](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA FINANCIAL LIFE INS. CO.](#)

c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 663384
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL-CAP VALUE INDEX RET**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 423087
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VICTORY RS SMALL CAP GROWTH RET ACC**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-741	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 556367
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO PRECIOUS METALS RET ACC**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-272	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129088
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO SPECIAL SMALL CAP VALUE**

b Name of sponsor of entity listed in (a): **TRANSAMERICA FINANCIAL LIFE INS. CO.**

c EIN-PN 36-6071399-746	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40732
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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>EMPLOYER RESOURCE 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EMPLOYERS RESOURCE</u>	D Employer Identification Number (EIN) <u>33-0688056</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)	31637	5873
(2) Participant contributions.....	1b(2)	7046	10493
(3) Other	1b(3)	986	208
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	293223	147329
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12517117	12240528
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	162374	675768
(15) Other.....	1c(15)	1250860	55256

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14263243	13135455

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14263243	13135455
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	600437	
(B) Participants	2a(1)(B)	1164287	
(C) Others (including rollovers).....	2a(1)(C)	31804	
(2) Noncash contributions	2a(2)		1796528
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	10157	
(E) Participant loans.....	2b(1)(E)	4034	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14191
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
(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)		

		(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)		1428238
(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)		
c Other income	2c		25985
d Total income. Add all income amounts in column (b) and enter total.....	2d		3264942

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2510568	
(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)		2510568
f Corrective distributions (see instructions)	2f		15262
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	27452	
(4) Other.....	2i(4)	30724	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		58176
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2584006

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		680936
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		1808724

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: **FARBER HASS HURLEY LLP**

(2) EIN: **20-4207759**

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?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BERNELL HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN	95-3669075	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 EMPLOYER RESOURCE 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS RESOURCE	D Employer Identification Number (EIN) 33-0688056

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): 13-3689044		
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).....

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).....

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).....

14a	
14b	
14c	

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

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

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

15a	
15b	

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

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

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

16a	
16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

**THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
FINANCIAL STATEMENTS
DECEMBER 31, 2020**

**FARBER HASS HURLEY LLP
CERTIFIED PUBLIC ACCOUNTANTS**

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST

INDEX

	<u>Page(s)</u>
Report of Independent Auditors'	1
Financial Statements	
Statements of net assets available for benefits - December 31, 2020 and 2019	3
Statement of changes in net assets available for benefits – year ended December 31, 2020	4
Notes to financial statements	5
Supplemental Schedule Furnished Pursuant to DOL Regulations Under ERISA – December 31, 2020	
Schedule H, 4i – Schedule of assets (Held at end of year)	16



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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
The Employers Resource Inc. 401(k) Plan and Trust
San Marcos, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Employers Resource Inc. 401(k) Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Transamerica Financial Life Insurance Company ("Transamerica"), the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2020, that the information provided to the Plan administrator by the custodian 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 – Supplemental Schedule

The supplemental schedule: Schedule H, 4i-Schedule of assets (Held at end of year) as of the year ended 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 of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental 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 custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in dark ink, appearing to read "Farber Hass Hurley LLP", is positioned above the firm's name.

Farber Hass Hurley LLP

Chatsworth, California
October 19, 2021

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020

	<u>2020</u>	<u>2019</u>
ASSETS:		
Investments - at fair value	\$ 12,339,429	\$ 12,679,491
Fully benefit-responsive investment contract, at contract value	632,081	1,250,860
Receivables		
Notes receivable from participants	147,329	293,223
Interest receivable	1,205	986
Employer contributions receivable	5,873	31,637
Employee contributions receivable	<u>10,493</u>	<u>7,046</u>
Total assets	13,136,410	14,263,243
Net assets available for benefits	<u>\$ 13,136,410</u>	<u>\$ 14,263,243</u>

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

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020

Additions to net assets attributable to:

Investment activity:	
Dividends and interest	\$ 4,056
Net appreciation in fair value of investments	1,590,342
Net investment income	<u>1,594,398</u>
Contributions:	
Employer match	638,674
Participant deferrals	1,164,287
Rollover	<u>31,804</u>
Total contributions	<u>1,834,765</u>
Interest income on notes receivable from participants	<u>9,867</u>
Total additions	3,439,030

Deductions to net assets attributable to:

Benefits paid to participants	4,464,655
Administrative expenses	<u>101,208</u>
Total deductions	<u>4,565,863</u>
Net decrease	(1,126,833)

Net assets available for benefits:

Beginning of year	<u>14,263,243</u>
End of year	<u>\$ 13,136,410</u>

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

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020

NOTE A – DESCRIPTION OF THE PLAN

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

1. General

The Plan is a defined contribution plan which was adopted effective January 1, 1996 and is subject to the requirements of the Employee Retirement Income Security Act of 1974 (“ERISA”) and the Internal Revenue Code (“IRC”) of 1986, as amended. The plan, formerly known as the Builders Staff Corporation Profit Sharing 401(k) Plan, was amended and restated effective January 1, 2000 to reflect the co-employment relationship among the Employers Resource Inc. (“the Company”) and its adopting affiliated companies and to clarify the Plan’s status as a multiple employer plan as described in Section 413 of the IRC. Effective for plan years beginning on or after January 1, 2005, the Plan has instituted a Safe Harbor matching arrangement. On January 1, 2012, the Plan was amended and adopted the Volume Submitter Multiple Employer Tax-Favored Savings and Discretionary Contribution Plan and Trust Agreement sponsored by the Transamerica Financial Life Insurance Company. The purpose of the Plan is to encourage and assist in providing a regular savings program for eligible employees of Employers Resource, Inc. (the “Company”) and its adopting affiliated companies and other employers. Transamerica Financial Life Insurance Company (the “Trustee”) serves as Trustee and Custodian of Plan Assets.

The Company is a professional employer service company. Clients of the Company may elect to participate by adopting the Plan. The Plan is a multiple-employer defined contribution plan that covers all employees of the participating employers (“the Employers”).

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act was signed into law and, among other things, included several relief provisions available to tax-qualified retirement plans and their participants. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the Plan document. Plan management evaluated the relief provisions available to plan participants under the CARES Act and implemented the following provisions:

- Special coronavirus distributions up to \$100,000 beginning on or after January 1, 2020, and before December 31, 2020
- Increased the available loan amount to the lesser of \$100,000 or 100% of the participant’s vested account balance through September 23, 2020
- Extended the period for loan repayments, if applicable, up to one year
- Temporary waiver in processing Required Minimum Distributions for 2020

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020

NOTE A – DESCRIPTION OF THE PLAN (Continued)

2. Contributions

Each year, participants may contribute, on a tax-deferred basis, up to the maximum amount as prescribed by Code Section 415 of the IRC and up to the maximum deferral limit per Section 402(g)(1) of the IRC. Additional “catch-up” contributions can be made beginning in the Plan year in which a participant will be at least age 50 by the end of the Plan year. The various participating companies may elect to make matching contributions (non-elective contributions), safe-harbor matching contribution, discretionary profit-sharing contributions, and discretionary contributions. These matching contributions are subject to the vesting percentages outlined below.

3. Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in percentage increments in various investment options. Participants may change their investment allocations and transfer their investments among funds at any time through Transamerica.

4. Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of the companies’ contribution, Plan earnings, and forfeitures of terminated participants’ non-vested accounts, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

5. Vesting

The various participating companies adopt their own vesting schedule that is specified in the agreement adopted by the participating companies. Participants are immediately vested in their contributions plus actual earnings thereon. Participants are fully vested in the companies’ contribution portion of their accounts plus actual earnings thereon upon the participants’ termination of employment by reason of retirement, death or permanent disability. The companies have the option to select immediate vesting, 100% vesting in Roth rollover account if at least work one hour of service, or a variety of vesting schedules.

6. Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum equal to 50% of their vested account balance with a minimum of \$1,000 and a maximum loan of up to \$50,000 loan terms are up to a maximum of 5 years, unless for the purchase of a primary residence. The loans are secured by the balance in the participant’s account and bear interest rates. For the year ended December 31, 2020, the interest rate on participant loans was 3.25% to 6.50%. The interest rate is fixed for the duration of the loan repayment period. Principal and interest are paid ratably through payroll deductions. In addition, under certain circumstances participants may obtain loans and defer loan repayments under the CARES Act (see Note A.1).

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020

NOTE A – DESCRIPTION OF THE PLAN (Continued)

7. Benefit Payments

The benefit payment is specified by the various participating companies' agreement. On termination of service due to death, disability or retirement, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In addition, participants may receive distributions for financial hardship if certain criteria are met.

8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts. During the year ended December 31, 2020, two participating employers, Bernell Hydraulics and La Jolla Termite and Pest Control, Inc. elected to cease participating in the Plan.

9. Forfeited Accounts and Expense Allocation

At December 31, 2020 and 2019, forfeited non-vested accounts and expense budget account totaled \$23,139 and \$43,683, respectively. These amounts will be used to reduce future employer contributions and pay administrative expenses.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Presentation

The accompanying financial statements are prepared under the accrual method of accounting in accordance with general accepted accounting principal in the United States of America ("GAAP").

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

2. Plan Administration

The Company is the Plan sponsor and the Plan administrator. The Plan sponsor is responsible for carrying out the duties imposed under ERISA, which includes oversight of the Plan as well as determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

3. Use of Estimates

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

4. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for fully-benefit responsive investment contracts, which are reported at contract 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. The Plan sponsor determines the Plan's valuation policies utilizing information provided by the custodian. See Note D for discussion of fair market value.

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.

5. Risks and Uncertainties

The Plan invests in various investment securities which are exposed to various risks such as interest rate market and credit risks in general. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

6. Payment of Benefits

Benefits are recorded when paid.

7. Administrative Expenses

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

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

8. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2020, and 2019, no allowance for credit losses has been recorded. If a participant ceases to make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

NOTE C – INVESTMENTS AND CERTIFICATION BY THE CUSTODIAN

The custodian, Transamerica Life Insurance Company, has been granted discretionary authority to invest and reinvest the assets of the trust, subject to the investment discretion of the individual participants over participant contributions.

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by Transamerica Life Insurance Company, the directed custodian of the Plan, as complete and accurate, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedules.

Total investments and total notes receivable from participants held and certified by Transamerica Life Insurance Company, in the accompanying statements of net assets available for plan benefits were \$13,118,839 and \$14,223,574 as of December 31, 2020 and 2019, respectively. Total investment income and interest income on notes receivable from participants of \$6,781,560 was certified by Transamerica Life Insurance Company in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020.

NOTE D – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement).

The three levels of the fair value hierarchy are described as follows:

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

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value measurement 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.

Pooled separate accounts: Valued using the quoted prices in active markets of the underlying assets. Investments directly investing in fixed maturity securities are based on the pricing data provided by outside valuation service providers who in turn generally use the mean of bid and ask prices but may also use alternative observable pricing inputs. These investments can be redeemed daily at the net asset value provided by Transamerica and there are no unfunded commitments.

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:

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Assets in the fair value hierarchy	\$ -	\$ -	\$ -	\$ -
Investments measured at net asset value (a)				12,339,429
Total investments at fair value				\$ 12,339,429

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020

NOTE D – FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Assets in the fair value hierarchy		\$ -	\$ -	\$ -
Investments measured at net asset value (a)				12,679,491
Total investments at fair value				<u>\$ 12,679,491</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share as a practical expedient as of December 31, 2020 and 2019. There are no participant redemption restrictions for these investments.

2020	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	\$12,339,429	None	Daily	None

2019	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate accounts	\$12,679,491	None	Daily	None

NOTE E – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan invests in a fixed income contract, the Transamerica Stable Value Core Account, which is a benefit-responsive group annuity contract issued by the Transamerica Group (the “Contract”). The Contract is a traditional investment contract that meets the fully benefit-responsive investment contract criteria and is considered a deposit liability with no defined maturities and is fairly valued at contract value.

Prior to January 1, 2020, the effective annual rate of interest is established for the corresponding next year. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the year. There is no stated minimum or maximum interest rate for the Contract.

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020

NOTE E – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)

	December 31, 2020	2019
Traditional investment contract	<u>\$ 632,081</u>	<u>\$ 162,374</u>

By definition, the Contract is an insurance contract. As a result, the Plan may transact according to the terms defined in the Contract at the time. Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Termination of the Plan's interest in the Contract will be made pursuant to the sponsor's request; however, it may be subject to surrender charges. The issuer has the right to no longer receive deposits if they have announced that they will no longer establish new Guaranteed Interest Balances. However, the circumstances for termination of the Contract may still be subject to the surrender charges.

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

Certain Plan investments are shares of pooled separate accounts managed by Transamerica. Transamerica is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

Loans receivable and the related interest income are also considered party-in-interest transactions. Administrative fees for the Plan were for services rendered by parties-in-interest based on customary and reasonable rates for such services.

NOTE G – INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Trustee by a letter dated March 31, 2018, that the prototype used to create the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's management believe the Plan is currently being operated in compliance with applicable requirements of the IRC. Tax returns are subject to examination by taxing authorities, and the Plan's tax returns for the years ended December 31, 2017 – 2020 are still open for examination.

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020

NOTE H - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency stemming from a new strain of coronavirus that spread globally (the "COVID-19 outbreak"). In March 2020, the WHO classified the COVID-19 outbreak as a global pandemic, triggering volatility in global financial markets and a significant negative impact on the global economy. In December 2020, the U.S. Food and Drug Administration approved the distribution of COVID-19 vaccines that, once widely adopted and utilized, may materially reduce the impact of COVID-19 going forward, although the impact of the virus including certain new strains remain uncertain. The impact, scope and duration of any new strains of the virus, and the ability to successfully distribute the vaccines, remain largely unknown. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the full impact of the COVID-19 outbreak that will be recognized in subsequent periods cannot be determined at this time.

NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500, Schedule H at December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 13,136,410	\$ 14,263,243
Accrued interest/Others	<u>(955)</u>	
Net assets available for benefits per the Form 5500	<u>\$ 13,135,455</u>	<u>\$ 14,263,243</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500, Schedule H for the year ended December 31, 2020:

	<u>2020</u>
Net decrease in net assets available for benefits per the financial statements	\$ (1,126,833)
Net change in interest receivable/Others	<u>(955)</u>
Net decrease in net assets available for benefits per the Form 5500	<u>\$ (1,127,788)</u>

THE EMPLOYERS RESOURCE INC. 401(K) PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020

NOTE J – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 19, 2021 the date the financial statements were available to be issued.

SCHEDULE FURNISHED PURSUANT
TO DOL REQUIREMENTS UNDER ERISA
FOR THE YEAR ENDED DECEMBER 31, 2020

EMPLOYERS RESOURCE INC 401(k) PLAN AND TRUST
PLAN NUMBER: 001 EIN: 33-0688056
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Pooled separate accounts				
* Transamerica Life Insurance Company	Transamerica Stable Value Core Account	** \$	632,081	
* Transamerica Life Insurance Company	American Funds EuroPacific Growth Ret Acct	**	502,682	
* Transamerica Life Insurance Company	American Beacon Bridgeway Large Cap Value Ret Acct	**	658,917	
* Transamerica Life Insurance Company	American Funds Growth Fund of America Ret Acct	**	357,367	
* Transamerica Life Insurance Company	American Funds New Perspective Ret Acct	**	1,092,850	
* Transamerica Life Insurance Company	Eaton Vance High Income Opportunities Ret Acct	**	214,569	
* Transamerica Life Insurance Company	First Eagle Overseas Ret Acct	**	233,911	
* Transamerica Life Insurance Company	Franklin Utilities Ret Acct	**	78,010	
* Transamerica Life Insurance Company	Invesco International Bond Ret Acct	**	57,848	
* Transamerica Life Insurance Company	JPMorgan SMID Cap Equity Ret Acct	**	87,221	
* Transamerica Life Insurance Company	Janus Balanced Ret Acct	**	500,813	
* Transamerica Life Insurance Company	Janus Enterprise Ret Acct	**	1,325,445	
* Transamerica Life Insurance Company	Lord Abbett Total Return Ret Acct	**	424,343	
* Transamerica Life Insurance Company	PIMCO Real Return Ret Acct	**	76,026	
* Transamerica Life Insurance Company	SSgA U.S. Bond Index Ret Acct	**	108,840	
* Transamerica Life Insurance Company	State Street S&P Mid Cap Index Ret Acct	**	239,841	
* Transamerica Life Insurance Company	TA Vanguard Real Estate Index Ret Acct	**	177,685	
* Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2025 Ret Acct	**	2,161,362	
* Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2030 Ret Acct	**	727,186	
* Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2035 Ret Acct	**	11,504	
* Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2040 Ret Acct	**	68,460	
* Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2045 Ret Acct	**	38,440	
* Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2050 Ret Acct	**	101,268	
* Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2055 Ret Acct	**	424,888	
* Transamerica Life Insurance Company	TA BlackRock Lifepath Index 2060 Ret Acct	**	20,960	
* Transamerica Life Insurance Company	TA BlackRock Lifepath Index Retirement Ret Acct	**	409,163	
* Transamerica Life Insurance Company	Transamerican Partners Mid Cap Value Opportunities Ret Acct	**	328,233	
* Transamerica Life Insurance Company	Transamerica Partners Stock Index Ret Acct	**	663,384	
* Transamerica Life Insurance Company	Vanguard Small-Cap Value Index Ret Acct	**	423,087	
* Transamerica Life Insurance Company	Victory RS Small-Cap Growth Ret Acct	**	556,367	
* Transamerica Life Insurance Company	Wells Fargo Precious Metals Ret Acct	**	129,088	
* Transamerica Life Insurance Company	Wells Fargo Special Small Cap Value Ret Acct	**	40,732	
* Transamerica Life Insurance Company	Personal Choice Mutual Fund	**	55,256	
* Transamerica Life Insurance Company	Transamerica Unallocated Accounts	**	43,683	
Separate Accounts Total				
Total Investments				12,971,510
* Notes receivable from participants	3.25% - 6.50%	-0-		147,329
Total			\$	<u>13,118,839</u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Employers Resource 401(k) Plan

EIN No.: 33-0688056 , Plan No. 002

Plan Year Ending: December 31, 2020

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
Employers Resource	33-0688055	8.69
Hausmann Financial Svcs Inc.	33-0723467	7.62
Dependency Legal Group of San Diego	27-1975894	0.09
Cellana LLC	51-0658850	0.00
Studio Blue Reprographics Inc.	94-2175237	5.41
Service First Contractors Network	33-0155871	4.84
PierPass Inc.	25-1912607	1.96
Mortgageworks Inc.	33-0779532	1.33
Million Air North Inc.	41-2180800	3.81
Mark Kaufman Properties Inc.	95-4805952	0.27
Bernell Hydraulics Inc.	95-3669075	6.31
M.D. Construction & Consulting Inc.	33-0770415	4.01
Killer Aces Media LLC	20-8379460	14.66
Barnett Quality Control Services Inc. dba NOVA Services Inc.	26-2525831	7.83
Griffcon Inc.	33-0823238	4.54
Anderson Health Information Systems Inc.	33-0588353	0.50
Vitality Health Plan of California Inc.	81-4822508	16.85
K-Co Construction Inc.	33-0784156	4.40
Nova Engineering Inc.	33-0912153	5.38
Jill Gilmore	37-1524876	0.00
Medical Billing Strategies	27-1887506	1.36
Family Violence & Sexual Assault Institute dba IVAT	75-2401334	0.12
Senior Loving Care Inc. dba Comfort Keepers	11-3666770	0.02

Employers Resource 401(k) Plan
EIN No.: 33-0688056, Plan No. 002
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2020

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Financial Life Ins. Co.	Transamerica Stable Value Core Account	\$ 675,768
		General Account Total	\$ 675,768
	Charles Schwab Instl	Personal Choice Retirement Account (Other Funds)	\$ 55,256
		PCRA Total	\$ 55,256
*	Transamerica Financial Life Ins. Co.	American Funds EuroPacific Growth Ret Acct	\$ 502,686
*	Transamerica Financial Life Ins. Co.	American Beacon Bridgeway Large Cap Value Ret Acct	\$ 658,951
*	Transamerica Financial Life Ins. Co.	American Funds Growth Fund of America Ret Acct	\$ 357,367
*	Transamerica Financial Life Ins. Co.	American Funds New Perspective Ret Acct	\$ 1,092,850
*	Transamerica Financial Life Ins. Co.	Eaton Vance High Income Opportunities Ret Acct	\$ 214,568
*	Transamerica Financial Life Ins. Co.	First Eagle Overseas Ret Acct	\$ 233,911
*	Transamerica Financial Life Ins. Co.	Franklin Utilities Ret Acct	\$ 78,010
*	Transamerica Financial Life Ins. Co.	Oppenheimer International Bond Ret Acct	\$ 57,848
*	Transamerica Financial Life Ins. Co.	Janus Henderson Balanced Ret Acct	\$ 500,813
*	Transamerica Financial Life Ins. Co.	Janus Henderson Enterprise Ret Acct	\$ 1,325,445
*	Transamerica Financial Life Ins. Co.	JPMorgan Intrepid Mid Cap Ret Acct	\$ 87,222
*	Transamerica Financial Life Ins. Co.	Lord Abbett Total Return Ret Acct	\$ 424,344
*	Transamerica Financial Life Ins. Co.	PIMCO Real Return Ret Acct	\$ 76,027
*	Transamerica Financial Life Ins. Co.	State Street S&P Mid Cap Index Ret Acct	\$ 239,840
*	Transamerica Financial Life Ins. Co.	State Street U.S. Bond Index Ret Acct	\$ 108,840
*	Transamerica Financial Life Ins. Co.	TA Vanguard REIT Index Ret Acct	\$ 177,675
*	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2025 Ret Acct	\$ 2,161,362
*	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2030 Ret Acct	\$ 727,186
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*	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2040 Ret Acct	\$ 68,460
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*	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2055 Ret Acct	\$ 424,898
*	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2060 Ret Acct	\$ 20,960
*	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index Retirement Ret Acct	\$ 409,163
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Mid Value Ret Acct	\$ 328,233
*	Transamerica Financial Life Ins. Co.	Transamerica Partners Stock Index Ret Acct	\$ 663,384
*	Transamerica Financial Life Ins. Co.	TA Vanguard Small-Cap Value Index Ret Acct	\$ 423,087
*	Transamerica Financial Life Ins. Co.	Victory RS Small Cap Growth Ret Acct	\$ 556,367
*	Transamerica Financial Life Ins. Co.	Wells Fargo Precious Metals Ret Acct	\$ 129,088
*	Transamerica Financial Life Ins. Co.	Wells Fargo Special Small Cap Value Ret Acct	\$ 40,732
		Separate Accounts Total	\$ 12,240,528
*	Participants	Notes Receivable with interest rates of 3.25% to 6.50%	\$ 147,329
		TOTAL PLAN ASSETS	\$ 13,118,881

* Indicates Party-In-Interest to the Plan