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

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMHERST SERVICES CORP. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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)
AMHERST SERVICES, CORP.

5001 PLAZA ON THE LAKE
SUITE 200
AUSTIN, TX 78746-1053

2b Employer Identification Number (EIN) 26-3806884

2c Plan Sponsor's telephone number 512-342-3000

2d Business code (see instructions) 523110

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.	12/15/2022	MELINDA WOOD
	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

3a Plan administrator's name and address [X] 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 AMHERST HOLDINGS, LLC

c Plan Name AMHERST HOLDINGS, LLC 401(K) PROFIT SHARING PLAN

4b EIN 76-0385312

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	364
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)**	285
a(2) Total number of active participants at the end of the plan year	**6a(2)**	323
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	94
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	417
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	417
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	339
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2R 2T 3D

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)	[X]	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)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
AMHERST SERVICES CORP. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMHERST SERVICES, CORP.

D Employer Identification Number (EIN)
26-3806884

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	23320	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PUTNAM STABLE VALUE PO BOX 219697 KANSAS CITY, MO 64121-9697	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MORGAN STANLEY GROWTH PORTFOLIO I 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
AMHERST SERVICES CORP. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMHERST SERVICES, CORP.

D Employer Identification Number (EIN)
26-3806884

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO STABLE INC 1

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

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)
45-4367155-036	C	1313189

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

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)
04-3159710-202	C	257

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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 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 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 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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
AMHERST SERVICES CORP. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMHERST SERVICES, CORP.

D Employer Identification Number (EIN)
26-3806884

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3592	10144
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1494681	884992
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	102952
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	269215	224881
(9) Value of interest in common/collective trusts	1c(9)	0	1313446
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14431407	18115285
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	975745	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	17174640	20651700
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	3592	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	15
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	3592	15
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	17171048	20651685

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)**	1849070	
	(B) Participants	**2a(1)(B)**	2481862	
	(C) Others (including rollovers)	**2a(1)(C)**	794393	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		5125325
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	444	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	10055	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		10499
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	3738	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	428096	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		431834
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	619799	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	756575	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-136776
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	38130	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		38130

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		26553
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2482359
c Other income	2c		32505
d Total income. Add all **income** amounts in column (b) and enter total	2d		8010429
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4506277	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4506277
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	295	
(4) Other	2i(4)	23220	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		23515
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4529792
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3480637
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** [X] 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) [X] 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: NOLEN AND ASSOCIATES, PLLC **(2)** EIN: 46-5473497

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:

		Yes	No	Amount
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.)	4a	X		986377

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
AMHERST SERVICES CORP. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMHERST SERVICES, CORP.

D Employer Identification Number (EIN)
26-3806884

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____



Amherst Services Corp. 401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedules
December 31, 2020 and 2019
(With Independent Auditor's Report Thereon)

Amherst Services Corp. 401(k) Profit Sharing Plan
Index to Financial Statements and Supplemental Schedules
December 31, 2020 and 2019

Independent Auditor's Report	1-2
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	5-15
Supplemental Schedule – Assets Held for Investment Purposes at End of Year, December 31, 2020 (Unaudited)	16
Supplemental Schedule – Delinquent Participant Contributions, Year Ended December 31, 2020 (Unaudited)	17

Nolen & Associates, PLLC
Consultants & Certified Public Accountants

Independent Auditor's Report

To the Administrative Committee of
Amherst Services Corp. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Amherst Services Corp. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company and Charles Schwab Trust Company, the trustees 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 Charles Schwab Trust Company held the Plan's investment assets and executes investment transactions from January 1, 2019 to December 31, 2019, and that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from January 1, 2020 to December 31, 2020. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

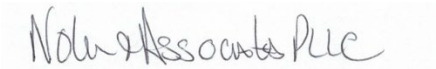
Other Matters

The supplemental schedules of assets held for investment purposes at end of year December 31, 2020 and delinquent participant contributions for the year ended December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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

NOLEN & ASSOCIATES, PLLC



Austin, Texas
December 10 ,2021

Amherst Services Corp. 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
ASSETS		
Cash (non-interest)	$ 13,347	$ 3,592
Investments, at fair value	19,912,556	15,926,088
Self-directed brokerage accounts	500,915	975,745
Total Investments	20,426,818	16,905,425
Receivables		
Notes receivable from participants	147,344	240,171
Participant contributions receivable	72,330	1,235
Employer contributions receivable	115,273	903,318
Total receivables	334,947	1,144,724
TOTAL ASSETS	20,761,765	18,050,149
LIABILITIES		
Accrued expenses	-	3,592
Other liabilities	15	-
TOTAL LIABILITIES	15	3,592
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,761,750	$ 18,046,557

See accompanying notes and independent auditor's report.

Amherst Services Corp. 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
December 31, 2020

ADDITIONS:		
Additions to net assets attributable to:		
Investment gain		
Net appreciation in fair value of investments	$	2,449,452
Interest income		444
Dividends		425,152
Total investment income		2,875,048
Interest on notes receivable from participants		10,055
Contributions		
Participants		2,552,957
Employer		1,061,025
Rollovers		794,393
Total contributions		4,408,375
Total additions		7,293,478
DEDUCTIONS:		
Deductions from net assets attributable to:		
Distributions and plan expenses		
Benefits paid to participants		4,403,782
Delinquent notes receivable from participants		77,537
Deemed distributions		73,451
Administrative expenses		23,515
Total deductions		4,578,285
NET INCREASE		2,715,193
Net Assets Available for Benefits:		
BEGINNING OF YEAR		18,046,557
END OF YEAR	$	20,761,750

See accompanying notes and independent auditor's report.

NOTE A-DESCRIPTION OF PLAN

The following description of the Amherst Services Corp. 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Amherst Holdings, LLC ("the Company" or "AHLLC") is a financial services holding company. Amherst Services Corp. is a wholly-owned subsidiary of AHLLC and is the employer of record and provider of employee benefits for all employees of AHLLC and its subsidiaries. On January 1, 2020, the Plan changed its name to Amherst Services Corp. 401(k) Profit Sharing Plan ("ASC"). To this end, the Plan has been adopted by ASC for the benefits of such employees. References in these notes to the "Plan Sponsor" or to "the Company" shall mean, as applicable, either the Company or ASC and references to an "employee" shall mean, as applicable, either an employee of the Company or of ASC.

General

The Plan is a defined contribution profit-sharing plan with 401(k) option covering non-excluded employees of the Company. The Plan was originally established on January 1, 1993. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). As of December 31, 2019, all Plan assets are were held by Charles Schwab Trust Company. As of December 31, 2020, all Plan assets were held by Fidelity Management Trust Company.

Eligibility

Employees of the Company are eligible to participant in the Plan beginning on the first of the calendar month subsequent to their becoming an employee. Personnel who are leased employees under any contracts with any PEO are not eligible.

Contributions

Each year, participants may contribute the lesser of 100% of their eligible compensation or the maximum amount allowed by law ($19,500 for 2020) of pretax annual compensation, as defined in the Plan. This Plan also allows for catch-up contributions for participants over 50 years of age, ($6,500 for 2020) of pretax annual compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan currently offers 33 mutual funds, one common/collective trust and one money market fund as investment options for participants. In addition, participants may elect to have their contributions placed in a self-directed brokerage account.

The participants contributed $2,552,957 to the Plan during 2020, (of which $2,480,627 was for participant contributions, participant contribution receivables of $70,696 for December 31st payroll funding January 4, 2021, and loss earnings no late participant contributions and loan repayment for $1,634).

The Company may make contributions to the Plan of amounts determined and authorized by the Plan and Plan management up to the maximum amounts permitted by the IRC. Beginning in the 2020 plan year, the Company elected to make Safe Harbor matching contributions to the Plan equal to 100% of the first 4% of the participant's eligible contributions.

For 2020, the Company made matching contributions totaling $1,061,025 (of which $26,427 was an employer contributions receivable for the December 31st payroll funded in January 2021, $88,846 was for an employer match true-up for 2020 funded the Plan on November 17, 2021 and $945,752 safe harbor employer match contributions).

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, 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.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to 50% of the total vest account balance or $50,000, whichever is less. The note receivables are secured by the balance in the participant's account and bear interest at which are commensurate with prevailing rates as determined by the plan administrator. All notes must be repaid within a specified period of time, not to exceed 60 months, except those that are used for the purchase of a principal residence in which case the note can be extended for a reasonable time, maximum loan term is determined by the plan administrator. In most cases, repayment of the note will be made through after-tax payroll deductions.

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's Safe Harbor matching contributions is also immediate. Vesting in discretionary matching and discretionary non-elective profit-sharing contributions, plus actual earning thereon, is based on years of credited services, as defined. A participant is 100% vested upon death, disability, or retirement.

Company's discretionary matching and discretionary non-elective profit-sharing contributions are subject to the following vesting schedule.

Years of Service	Vested Percentage
Less than 1 years	0%
1 but less than 2 years	33%
2 but less than 3 years	67%
3 years or more	100%

Predecessor employer service at Main Street Renewal, LLC is included in calculation of years of service for vesting purposes.

Payment of Benefits
Terminating employees with vested account balances (including rollovers) below $1,000 will automatically be paid out.

If the participant is terminated and the vested balance exceeds $1,000, but is less than $5,000, the Company will direct the balance to be paid. If the participant has not provided distribution instructions, the balance will be distributed to an individual retirement account established in the participant's name. If the participants vested account balance exceeds $5,000, the participant's benefits will not be distributed until the participant requests payment from the plan administrator. The benefits can be left in the Plan until the participant retires. However, the participant is required to begin taking minimum distributions no later than April 1 of the calendar year following the calendar year the participant turns 70½ or terminates employment, whichever is later. In-service withdrawals are permitted after age 59½.

On termination of service due to death prior to retirement, 100% of the Company contributions become immediately vested. If the vested balance is less than $5,000, the beneficiary will receive a lump sum payment of the entire balance unless the beneficiary elects for the distribution to be directly rolled into IRA. If the vested balance exceeds $5,000 and is not subject to Retirement Equity Act (REA), the

beneficiary will receive the money in periodic payments from an insurance company, unless a special form is signed. These periodic payments will be made on a monthly basis. If the vested balance exceeds $5,000 and is subject to REA, the beneficiary will receive benefits in one of the following forms of distributions, lump sum, installment payments, or annuity contract.

Upon the participant reaching the normal retirement age of 65, benefits will be provided as described below at the option of the participant. The participant may defer benefit payments after reaching the normal retirement age of 65 if the participant's vested benefit in the Plan does not exceed $5,000. Benefits must start being paid by April 1 following the calendar year in which a participant reaches age of 70½ (for participants defined over 5% owners) or the calendar year in which they retire, if later (available only for participants that do not qualify as over 5% owners).

If the participant becomes disabled and is eligible for Social Security disability benefits or is determined disabled by a physician selected by the plan administrator, the full value of the participant's account becomes 100% vested.

Distributions from the Plan will normally be subject to income taxes and in certain circumstances may also be subject to Internal Revenue Service penalties unless the distribution is transferred to another qualified plan or individual retirement account as a rollover.

Eligible Rollover Distributions
Payments from the Plan that are eligible rollover distributions may be taken in two ways: (1) paid in a direct rollover to an individual retirement account or another eligible retirement plan, (2) paid to the participant.

Forfeited Accounts
At December 31, 2020 and 2019, forfeited non-vested accounts totaled $88,315 and $76,307, respectively. These accounts may be used by reduce the future Plan administrative expenses and employer contributions. In 2020, no forfeited non-vested account balances were utilized to reduce plan employer contributions and or Plan expenses.

Distributions During Employment
As a general rule, a participant's contributions will remain in the Plan as long as the participant remains employed by the Company. The Plan does provide exceptions to this rule for withdrawals of the participant's contributions under certain circumstances (subject to the satisfaction of the plan administrator) that include the following:

- Medical expenses
- Purchase of a principal residence
- Tuition, related educational fees and room and board
- Payments necessary to prevent the eviction of the participant from the participant's principal residence or foreclosure
- Funeral expenses
- Certain repairs of participant's principal residence

Plan Expenses
The expenses of operating and maintaining the Plan have been paid by the Company and through utilization of forfeited accounts. In the event the Company does not continue to pay the Plan expenses,

the Plan expenses will be paid by the Plan and charged on a pro-rata basis to the value of the participants account balances.

CARES Act
On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("Cares Act") was passed by Congress.

As part of the Cares Act, participants were allowed additional relief including the following:

- The ability to borrow up to $100,000 of a participant's 401(k) balance, with up to six years to "pay the amounts back) through participant loans. Cares Act expanded to allow up to the lesser of $100,000 or 100% of your vested account balance, with the provision extends to June 25, 2021.
- The ability to take a hardship distribution through September 22, 2020 (as a penalty-free early withdrawal. Under the Cares Act, plan participants were allowed to borrow up to 100% of the vested balance or $100,000, whichever was less.
- Cares Act permits qualified participants to delay loan repayments that would otherwise be due between the dates of March 27, 2020, and December 31, 2020, for one year, with maximum repayment period of the loan also extended for one year.
- Cares Act permits coronavirus-related distributions from the participants accounts up to $100,000 through December 31, 2020. The distributions are exempt from the 10% early withdrawal penalty and can be included in participant's income tax over three years and are not subject to a mandatory 20% withholding for eligible rollover distributions.

Plan's that allow for the Cares Act provisions related to participant loans, loan repayment relief and participant distributions from the Plan must be amended by the end of 2022 plan year. The Plan has instituted the provisions in Cares Act for period between March 27, 2020 to December 31, 2020 as the Plan as not formally amended the Plan documents for the provisions of the Cares Act.

NOTE B-SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Investments are presented at fair value in accordance with GAAP as prescribed for defined contribution plans.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Income Recognition
The Plan presents in the statement of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of realized gains or losses and the unrealized appreciation or depreciation on those investments.

Purchases and sales of securities are recorded on a settlement date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Investment Valuation
Investments are reflected in the accompanying statements of net assets available for benefits at their estimated fair values. Fair value at December 31, 2020 and 2019, as determined by the Trustee, is based primarily on the quoted market prices of the underlying securities. Money market investments are valued at cost plus accrued earnings, which approximates fair value, as determined by the Trustee. The Plan's common/collective trust fund investments, including the common/collective trust fund investments that are included in the Stable Value Fund, are valued at their net asset value per unit as a practical expedient as reported by the fund manager of the collective trust.

Self-directed brokerage account investments are presented separately on the statements of net assets available for benefits. Along with cash in money market funds, these accounts contain common stocks, ETFs, mutual funds, commodities funds and any number of exchange-traded investments at any point in time. The Trustee values the money market funds at cost plus accrued earnings, which approximates fair value. The Trustee values all other investments at the end of trading day market values as reported by their respective exchanges.

Because of the inherent uncertainty of these valuations, the estimated values may differ from the actual fair values that may or may not be ultimately realized.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

Certified Investments
Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. No allowances for credit losses have been recorded as of December 31, 2020 and 2019. As of December 31, 2020, $10,055 was recorded as interest income on notes receivable from participants in Statement of Changes in Net Assets Available for the Benefits.

As of December 31, 2020, the Plan had $77,737 in delinquent participant loans are classified as delinquent notes receivables from participants in statement of changes in net assets available for benefits based upon the terms of the Plan document.

Deemed Distributions
As of December 31, 2020, the Plan recorded $73,451 in deemed distributions for Plan identified two participant loans were distributed out of the Plan due to participant termination in the Plan.

Payment of Benefits
Benefits are recorded when paid.

Administrative Expenses
Certain administrative expenses, including legal and accounting, are paid by the Plan Sponsor and, accordingly, are not reflected in the accompanying financial statements of the Plan. Certain transaction processing fees are charged to the participants and, therefore, are reflected in the accompanying statement of changes in net assets available for benefits as administrative expenses.

Excess Contribution Refunds
Excess contributions are related to participant's accounts that were overfunded in the Plan year, which would be subsequently paid to the participants by the Plan in following Plan year. These amounts are reported as excess contribution refunds in the statements of net assets available for benefits. As of December 31, 2020 and 2019, the Plan had no excess contribution refunds of $922 and $-0-, respectively.

New Accounting Pronouncements
The Plan evaluated all new accounting pronouncements in relation the Plan's financial statements for years ended December 31, 2020.

In August 2018, Financial Accounting Standards Board ("FASB) issued ASU 2018-13, *Changes to the Disclosure Requirements for Fair Value Measurement*. The accounting pronouncement eliminates certain disclosures of the amount of and reasons for transfers between Level 1 and 2, policy of timing of transfers between various Levels, the valuation policies and procedures for Level 3 measurements, and the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements.

Amended disclosures for Level 3 rollforward for purchases/sales and transfers into and out of Level 3 instead of rollforward. For investments in certain companies that calculate net asset value, the timing of liquidation of investee's assets, and the date when restrictions from redemption might lapse. Measurement uncertainty- communicate information about uncertainty in measurement as of the reporting date. The term at a minimum is removed from the disclosure requirements to make it clear that materiality and discretion are appropriate considerations. The Plan adopted ASU 2018-13 for the plan year ended December 31, 2020.

No new accounting pronouncements were adopted during 2019.

Subsequent Events
The Plan evaluates events that occur subsequent to the statement of net assets available for benefits date of periodic reports, but before financial statements are issued for periods ending on such statement of net assets available for benefits dates, for possible adjustment to such financial statements or other disclosure. This evaluation generally occurs through the date at which the Plan's financial statements are electronically prepared for filing with Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. For the financial statements as of and for the year ending December 31, 2020, this date was December 10, 2021.

NOTE C-INVESTMENTS (UNAUDITED)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

Accordingly, Charles Schwab Trust Company, the former trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

a. Investments, as shown in the Statements of Net Assets Available for Benefits, as of December 31, 2019.

Fidelity Management Trust Company, the current trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

a. Investments, as shown in the Statements of Net Assets Available for Benefits, as of December 31, 2020.
b. Net appreciation in fair value of investments, as shown in the Statement of Changes in Net Assets Available for Benefits, for the year ended December 31, 2020.
c. The Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2020, as shown in the attached schedule at page 16.

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE D-FAIR VALUE MEASUREMENTS

ASC Topic 820, Fair Value Measurement and Disclosures, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. This topic also establishes a fair value hierarchy which requires classification based on observable and unobservable inputs when measuring fair value. The fair value hierarchy distinguishes between assumptions based on market data (observable inputs) and an entity's own assumptions (unobservable inputs).

The hierarchy consists of three levels:

Level one — Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date;
Level two — Inputs other than quote prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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.

Level three — Inputs that are unobservable inputs for the asset or liability.

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

1. Money market funds. Valued at the daily closing price as reported by the fund. Money markets held by the Plan are open-ended mutual funds that invest in short-term debt securities. The money markets held by the Plan are deemed to be actively traded and are valued using Level One inputs.

2. Mutual funds. Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are valued using Level One inputs.

3. Common stocks. Valued at the daily closing price as reported by the fund. Common stocks held by the Plan are publicly traded and listed on recognized national exchanges. The closing price of these common stocks are published daily by the exchanges upon which they are listed. The common stocks held by the Plan are deemed to be actively traded and valued using Level One inputs.

4. Common/Collective trust. This fund is valued using a net asset value, referred to as NAV, provided by the administrator of the fund. The NAV is the basis for current transactions at fair value. The NAV is based on the value of the underlying assets owned by the fund, less its liabilities, and then divided by the number of shares outstanding. The Plan has the ability to redeem its investments in the fund at the NAV at the valuation date. There are no significant restrictions, redemption terms, or holding periods which would limit the ability of the Plan or the participants to transact at the NAV. Participant transactions may occur daily. Accordingly, these NAV-based investments have been excluded from the fair value hierarchy.

5. Self-directed accounts are valued at the daily closing prices as reported by funds. Self-directed account that resides within the Plan. Self-directed accounts allow the participant to invest in a much wider range of investments.

The fair values of plan investments are as follows:

	December 31,	
	2020	**2019**
Money market	$ 616,208	$ 1,494,681
Mutual funds	17,982,902	14,431,407
Common/Collective trust	1,313,446	-
Total investments	$ 19,912,556	$ 15,926,088

The self-directed brokerage accounts fair values are:

	December 31,	
	2020	**2019**
Money market	$ -	$ 185,538
Common stocks	102,952	766,986
Mutual funds	129,180	17,948
Cash	268,783	4,273
Total self-directed brokerage	$ 500,915	$ 975,745

NOTE E-NONPARTICIPANT-DIRECTED INVESTMENTS

The Plan's participants direct all investments. There are no non-participant directed investments as of December 31, 2020 and 2019.

NOTE F-RELATED PARTY TRANSACTIONS

The Company paid certain Plan expenses totaling approximately $-0- during 2020 for administrative fees and other charges from third party administrator and $11,500 in audit fees on behalf of the Plan.

NOTE G-PLAN TERMINATION

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

As of December 31, 2020 and subsequent to the report date of December 10, 2021, Company has not encountered significant lay-offs in its workforce as a result of the recent events in the United States and throughout the world related to COVID19 that would result in a partial plan termination.

NOTE H-TAX STATUS

The Plan adopted a proto-type basic plan document which received an opinion letter from the IRS on March 31, 2014. The opinion letter stated that the proto-type basic plan document is designed in accordance with the applicable sections of the IRC. In accordance with Revenue Proc. 2019-4 and 2015-36, the Company has determined that it is eligible to and has chosen to rely on the current IRS opinion letter. The Plan has adopted other required and discretionary amendments. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is included in the Plan's financial statements.

U.S GAAP required Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that is more likely that not would not be sustained upon examination by the IRS or other applicable tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020 and 2019, and for the year ended December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the Plan's financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax periods in progress. The plan administrator believes it is no longer subject to income examination for years prior to 2018.

NOTE I-FIDELITY BOND

The Plan was covered by a fidelity bond which automatically increases that Limit of Liability to equal the amount required under ERISA at the beginning of the Insured Plan's fiscal year or $500,000, whichever is less during 2020. As of December 31, 2020 10% of plan assets were approximately $2,076,000 and as result the Company was in compliance with the ERISA bonding requirements.

NOTE J-PROHIBITED TRANSACTIONS

During the 2020 Plan year, the Plan Sponsor failed to remit certain participant contributions in a timely manner. The Plan Sponsor identified twelve instances for a total of $973,654 where participant contributions and six instances for a total of $12,723 participant loan repayments were remitted to the Plan in violation of Department of Labor (DOL) regulations. A total of $1,634 of lost earnings has been remitted to the Plan on November 17, 2021. The submission via the Voluntary Fiduciary Correction Program ("VFCP") is pending. The Plan Sponsor intends to enter into the DOL VFCP subsequent to December 10, 2021.

NOTE K-RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2020	2019
Net assets available for benefits per financial statements	$ 20,761,750	$ 18,046,557
Employer contributions receivables	(115,273)	(903,318)
Notes receivables from participants	77,538	29,044
Participant contribution receivables	(72,330)	(1,235)
Net assets available for benefits per Form 5500	$ 20,651,685	$ 17,170,048

The following is a reconciliation of total additions of benefits per the financial statements to the Form 5500:

Total additions per financial statements	$ 7,293,478
Add: Employer contributions from prior year	903,318
(Deduct): Participant contributions from current year	(72,330)
Add: Participant contributions from prior year	1,235
(Deduct): Employer contributions from current year	(115,273)
Total additions per Form 5500	$ 8,010,429

The following is a reconciliation of deductions per the financial statements to the distributions of deductions per Form 5500:

Deductions per financial statements	$	4,578,285
(Deduct): Delinquent notes receivables current year		(77,537)
Add: Delinquent notes receivables prior year		29,044
Deductions per Form 5500	$	4,529,792

NOTE L-SUBSEQUENT EVENTS OR RISKS AND UNCERTAINTIES

COVID-19 Update
The duration and scope of the novel coronavirus ("COVID-19") pandemic continues to be uncertain. The extent to which COVID-19 may continue to impact the values of investment securities will depend on numerous evolving factors, including the effectiveness of vaccine distribution around the world and the extent and locations of any resurgences of the virus, among others. These factors are uncertain, rapidly changing and cannot be predicted. Plan management will continue to monitor the impact of COVID-19 on the Plan and will reflect these impacts as appropriate in the Plan's financial statements.

Amherst Services Corp. 401(k) Profit Sharing Plan
Schedule of Assets Held for Investment Purposes at End of Year
Schedule H, Line 4i
December 31, 2020

(a)	(b) Identity of Issuer, Borrower, Lesser of Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
	Money Market Funds			
*	Fidelity	Fidelity Government Money Market K6	**	616,208
	Mutual Funds			
*	Blackrock	Blackrock Advantage Internation Fund K	**	604,634
*	American Funds	American Funds Inflation Linked Bond Fund Class R-6	**	110,142
*	JP Morgan	JPMorgan Government Bond Fund Class R6	**	19,870
*	JP Morgan	JPMorgan Global Bond Opportunites Fund Class R6	**	17,845
*	JP Morgan	JPMorgan Small Cap Growth Fund Class R6	**	107,797
*	American Century	American Century Mid Cap Value Fund R6 Class	**	30,677
*	Amundi Asset Management/Pioneer	Pioneer Bond Fund Class K	**	1,062,967
*	MFS Investment Management	MFS Value Fund Class R6	**	358,892
*	American Funds	American Funds New World Fund Class R-6	**	822,337
*	Prudential (PGIM)	PGIM High Yield Fund - Class R6	**	27,045
*	Invesco	Invesco Discovery Mid Cap Growth Fund R6	**	1,038,756
*	Loomis/Natixis	Loomis Sayles Growth Fund Class N	**	956,303
*	Janus Henderson	Janus Henderson Small Cap Value Fund Class N	**	11,322
*	Dimensional Fund Advisors	DFA Real Estate Securities Portfolio Institutional Class	**	600,896
*	Fidelity	Fidelity 500 Index Fund	**	6,036,794
*	Fidelity	Fidelity Emerging Markets Index Fund	**	8,551
*	Fidelity	Fidelity Mid Cap Index Fund	**	1,529,863
*	Fidelity	Fidelity Small Cap Index Fund	**	345,055
*	Fidelity	Fidelity International Index Fund	**	331,089
*	Fidelity	Fidelity Freedom Index 2005 Fund IP Class	**	47,931
*	Fidelity	Fidelity Freedom Index 2010 Fund IP Class	**	90,883
*	Fidelity	Fidelity Freedom Index 2015 Fund IP Class	**	3,440
*	Fidelity	Fidelity Freedom Index 2020 Fund IP Class	**	1,326,383
*	Fidelity	Fidelity Freedom Index 2025 Fund IP Class	**	2,130
*	Fidelity	Fidelity Freedom Index 2030 Fund IP Class	**	817,238
*	Fidelity	Fidelity Freedom Index 2035 Fund IP Class	**	205,470
*	Fidelity	Fidelity Freedom Index 2040 Fund IP Class	**	175,333
*	Fidelity	Fidelity Freedom Index 2045 Fund IP Class	**	221,926
*	Fidelity	Fidelity Freedom Index 2050 Fund IP Class	**	413,485
*	Fidelity	Fidelity Freedom Index 2055 Fund IP Class	**	394,511
*	Fidelity	Fidelity Freedom Index 2060 Fund IP Class	**	203,785
*	Fidelity	Fidelity Freedom Index 2065 Fund IP Class	**	59,552
	Common/Collective Trust			
	Pimco	Pimco Stable Income Fund	**	1,313,189
	Putnam	Putnam Stable Value Fund	**	257
*	**Self-Directed Brokerage Accounts**		**	500,915
*	**Notes Receivables from Participants**	Interest Rates 4.25% - 6.50%	**	147,344
	Total Assets Held for Investment Purposes			$ 20,560,815

* Party-in-interest
** Self-directed investment

Amherst Services Corp. 401(k) Profit Sharing Plan

Schedule of Delinquent Participant Contributions for the Year Ended

(Including Late Participant Loan Repayments)

Schedule H, Line 4a

December 31, 2020

Participant Contributions Transferred Late to the Plan	Participant Loan Repayments Late to the Plan	Lost Earnings Remitted to the Plan	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
$ 973,654	$ 12,723	$ 1,634	$ -	$ -	$ 986,377	$ -

Amherst Services Corp. 401(k) Profit Sharing Plan
Schedule of Assets Held for Investment Purposes at End of Year
Schedule H, Line 4i
December 31, 2020

(a)	(b) Identity of Issuer, Borrower, Lesser of Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	(d) Cost	(e) Current Value
	Money Market Funds			
*	Fidelity	Fidelity Government Money Market K6	**	616,208
	Mutual Funds			
*	Blackrock	Blackrock Advantage Internation Fund K	**	604,634
*	American Funds	American Funds Inflation Linked Bond Fund Class R-6	**	110,142
*	JP Morgan	JPMorgan Government Bond Fund Class R6	**	19,870
*	JP Morgan	JPMorgan Global Bond Opportunites Fund Class R6	**	17,845
*	JP Morgan	JPMorgan Small Cap Growth Fund Class R6	**	107,797
*	American Century	American Century Mid Cap Value Fund R6 Class	**	30,677
*	Amundi Asset Management/Pioneer	Pioneer Bond Fund Class K	**	1,062,967
*	MFS Investment Management	MFS Value Fund Class R6	**	358,892
*	American Funds	American Funds New World Fund Class R-6	**	822,337
*	Prudential (PGIM)	PGIM High Yield Fund - Class R6	**	27,045
*	Invesco	Invesco Discovery Mid Cap Growth Fund R6	**	1,038,756
*	Loomis/Natixis	Loomis Sayles Growth Fund Class N	**	956,303
*	Janus Henderson	Janus Henderson Small Cap Value Fund Class N	**	11,322
*	Dimensional Fund Advisors	DFA Real Estate Securities Portfolio Institutional Class	**	600,896
*	Fidelity	Fidelity 500 Index Fund	**	6,036,794
*	Fidelity	Fidelity Emerging Markets Index Fund	**	8,551
*	Fidelity	Fidelity Mid Cap Index Fund	**	1,529,863
*	Fidelity	Fidelity Small Cap Index Fund	**	345,055
*	Fidelity	Fidelity International Index Fund	**	331,089
*	Fidelity	Fidelity Freedom Index 2005 Fund IP Class	**	47,931
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*	Fidelity	Fidelity Freedom Index 2030 Fund IP Class	**	817,238
*	Fidelity	Fidelity Freedom Index 2035 Fund IP Class	**	205,470
*	Fidelity	Fidelity Freedom Index 2040 Fund IP Class	**	175,333
*	Fidelity	Fidelity Freedom Index 2045 Fund IP Class	**	221,926
*	Fidelity	Fidelity Freedom Index 2050 Fund IP Class	**	413,485
*	Fidelity	Fidelity Freedom Index 2055 Fund IP Class	**	394,511
*	Fidelity	Fidelity Freedom Index 2060 Fund IP Class	**	203,785
*	Fidelity	Fidelity Freedom Index 2065 Fund IP Class	**	59,552
	Common/Collective Trust			
	Pimco	Pimco Stable Income Fund	**	1,313,189
	Putnam	Putnam Stable Value Fund	**	257
*	**Self-Directed Brokerage Accounts**		**	500,915
*	**Notes Receivables from Participants**	Interest Rates 4.25% - 6.50%	**	147,344
	Total Assets Held for Investment Purposes			$ 20,560,815

* Party-in-interest
** Self-directed investment

Amherst Services Corp. 401(k) Profit Sharing Plan

Schedule of Delinquent Participant Contributions for the Year Ended

(Including Late Participant Loan Repayments)

Schedule H, Line 4a

December 31, 2020

Participant Contributions Transferred Late to the Plan	Participant Loan Repayments Late to the Plan	Lost Earnings Remitted to the Plan	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
$ 973,654	$ 12,723	$ 1,634	$ -	$ -	$ 986,377	$ -

Explanation of Late Filing

We had a lot of changes during 2020 that contributed to the late submission of our 5500 filings. These changes include, a new HRIS system implementation, a change in our third party 401(k) plan recordkeepers, introducing a Safe Harbor plan, and numerous staff changes added to the complexity of our audit. These items all contributed to a very lengthy audit process that took a while to complete. As a result of our audit not being complete, the 5500s weren't able to be filed in a timely manner.