

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 2022 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan RESOURCE MANAGEMENT, INC. 401(K) PLAN	1b	Three-digit plan number (PN) ▶ 333
		1c	Effective date of plan 01/01/2002
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) RESOURCE MANAGEMENT, INC. 510 SOUTH 200 WEST SALT LAKE CITY, UT 84101	2b	Employer Identification Number (EIN) 87-0499948
		2c	Plan Sponsor's telephone number 801-355-0200
		2d	Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2023	JENNIFER FULLER
	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 ☐ Same as Plan Sponsor UNITED 401(K) PLANS, INC. 684 E. VINE STREET, SUITE 4A MURRAY, UT 84107	3b Administrator's EIN 20-5321813 3c Administrator's telephone number 801-746-0595
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 8605
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 7167 6a(2) 7803 6b 85 6c 1318 6d 9206 6e 0 6f 9206 6g 6420 6h 548
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 2V 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan RESOURCE MANAGEMENT, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCE MANAGEMENT, INC.	D Employer Identification Number (EIN) 87-0499948	

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

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

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

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

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

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

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

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

(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)

UNITED 401(K) PLANS, INC.

20-5321813

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50 64 65	CONTRACT ADMINISTRATOR	847293	Yes ☒ No ☐	Yes ☒ No ☐	33900	Yes ☐ No ☐

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

GLOBAL RETIREMENT PARTNERS, LLC

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	294563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UMA FINANCIAL SERVICES

310 EAST 4500 SOUTH #550
MURRAY, UT 84107

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	20779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>						
A Name of plan <u>RESOURCE MANAGEMENT, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; padding: 5px; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	<u>333</u>		
B Three-digit plan number (PN) ►	<u>333</u>					
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RESOURCE MANAGEMENT, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">D Employer Identification Number (EIN) <u>87-0499948</u></td> </tr> </table>		D Employer Identification Number (EIN) <u>87-0499948</u>			
D Employer Identification Number (EIN) <u>87-0499948</u>						

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	567968653762
(2) Participant contributions.....		1b(2)	10652801196034
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	4757758792
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	26891372939116
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	201799572189242202
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	206169534	194089906

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	54864	44977
k Total liabilities (add all amounts in lines 1g through 1j)	1k	54864	44977

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	206114670	194044929
---	-----------	-----------	-----------

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)	8683095	
(B) Participants	2a(1)(B)	22374766	
(C) Others (including rollovers)	2a(1)(C)	2463434	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		33521295
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	113498	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		113498
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5038031	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5038031
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-40453332
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1780508
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17844650	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17844650
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1213107	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1213107
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19057757
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-20838265
l Transfers of assets:			
(1) To this plan	2l(1)		15979273
(2) From this plan	2l(2)		7210749

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HBME, LLC**

(2) EIN: **82-4439676**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DENTAL SELECT - RMI 401K PLAN	87-0482115	001
TOOELE VALLEY IMAGING, LLC - RMI 401(K) PLAN	27-0983614	001
TRAVEL SERVICES, INC - RMI 401(K) PLAN	87-0680200	001
WORLD TRADE CENTER UTAH - RMI 401(K) PLAN	20-3755734	001

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CEDAR PSYCHIATRY - RMI 401(K) PLAN	84-2142825	333

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan RESOURCE MANAGEMENT, INC. 401(K) PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCE MANAGEMENT, INC.		D Employer Identification Number (EIN) 87-0499948
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:	14a	
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).....	14b	
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)	14c	
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)		
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 _____

RESOURCE MANAGEMENT, INC. 401(k) PLAN

**Financial Statements
and
Independent Auditor's Report**

**As of and for the Years Ended
December 31, 2022 and 2021**

RESOURCE MANAGEMENT, INC. 401(k) PLAN

Table of Contents

	Page
Independent Auditor's Report.....	1-4
Financial Statements:	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to the Financial Statements.....	7-12
Supplemental Schedule:	
Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment Purposes	14



COMMITTED. EXPERIENCED. TRUSTED.

MICHAEL L. SMITH, CPA
JASON L. TANNER, CPA
ROBERT D. WOOD, CPA
AARON R. HIXSON, CPA
TED C. GARDINER, CPA
JEFFREY B. MILES, CPA
JESSE S. MALMROSE, EA

SHAWN F. MARTIN, CPA
MONTANA T. HADLEY, CPA
NATHAN E. ERICKSON, EA

FOUNDERS

E. LYNN HANSEN, CPA
CLARKE R. BRADSHAW, CPA
GARY E. MALMROSE, CPA
EDWIN L. ERICKSON, CPA

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
Resource Management, Inc. 401 (k) Plan

Scope and Nature of ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Resource Management Inc., 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, 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, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audits.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets held for investment purposes is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional

procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

HBME, LLC

October 3, 2023

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
<u>ASSETS</u>		
Cash	\$ 58,792	\$ 47,577
Investments at fair value	189,242,202	201,799,572
Receivables:		
Employer contributions	653,762	567,968
Participant contributions	1,196,034	1,065,280
Notes receivable from participants	<u>2,939,116</u>	<u>2,689,137</u>
Total receivables	<u>4,788,912</u>	<u>4,322,385</u>
Total assets	<u>194,089,906</u>	<u>206,169,534</u>
<u>LIABILITIES</u>		
Excess contributions	<u>44,977</u>	<u>54,864</u>
Total liabilities	<u>44,977</u>	<u>54,864</u>
Net assets available for benefits	<u>\$ 194,044,929</u>	<u>\$ 206,114,670</u>

See the accompanying notes to the financial statements.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions to net assets attributed to:		
Investment income (loss):		
Net change in fair value of investments	\$ (40,453,332)	\$ 19,444,147
Interest and dividends	<u>5,038,031</u>	<u>5,711,495</u>
Total investment income	(35,415,301)	25,155,642
Interest income on notes receivable from participants	<u>113,498</u>	<u>112,140</u>
Contributions:		
Employer	8,683,095	7,260,474
Participants	22,374,766	18,690,218
Rollovers	<u>2,463,434</u>	<u>2,163,255</u>
Total contributions	<u>33,521,295</u>	<u>28,113,947</u>
Total additions	<u>(1,780,508)</u>	<u>53,381,729</u>
Deductions from net assets attributed to:		
Benefits paid to participants	17,844,650	17,674,676
Administrative expenses	<u>1,213,107</u>	<u>1,145,780</u>
Total deductions	<u>19,057,757</u>	<u>18,820,456</u>
Net change in net assets available for benefits	(20,838,265)	34,561,273
Transfers from other plans	15,979,273	14,323,285
Transfers to other plans	(7,210,749)	(4,432,719)
Net assets available for benefits, beginning of year	<u>206,114,670</u>	<u>161,662,831</u>
Net assets available for benefits, end of year	<u>\$ 194,044,929</u>	<u>\$ 206,114,670</u>

See the accompanying notes to the financial statements.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN

The following brief description of the Resource Management, Inc. 401 (k) Plan (The Plan) is provided for general information purposes only. Reference should be made to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution multiple employer plan covering all employees of clients of Resource Management Inc. (the Employer), a professional employer organization, who have met the age and service requirements established by the client companies of the Employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 100% of their eligible compensation, as defined by the Plan. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Employer will match a portion of the employees' contribution, as determined by the respective client companies of the Employer. The matching Employer contribution is invested as directed by the participant.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings on the contributions. The participants vest in the Employer contributions and the related earnings thereon over periods of zero to five years, as designated by the client companies of the Employer.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. Loan transactions are treated as a transfer between the investment fund and the participant loan fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements (Continued)
December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments (annually, quarterly or monthly) over a specified period of time, not exceeding the life expectancy of the participant or the designated beneficiary.

Forfeited Accounts

At December 31, 2022 and 2021 forfeited nonvested accounts totaled \$39,067 and \$43,861 respectively. These accounts will be used to reduce future employer contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

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

Use of Estimates in Preparing Financial Statements

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

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

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements (Continued)
December 31, 2022 and 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 or 2021. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2022 excess contributions to the applicable participants before March 15, 2023.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 3, 2023, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

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

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

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements (Continued)
December 31, 2022 and 2021

3. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 – Inputs to the valuation methodology include

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the 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.

Collective trust fund: Stated at fair value as determined by the issuer of the collective trust fund based on the fair market value of the underlying investments, which is valued at the NAV of units of the collective trust fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements (Continued)
December 31, 2022 and 2021

3. FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 182,726,901	\$ -	\$ -	\$ 182,726,901
Cash	58,792	-	-	58,792
Total assets in the fair value hierarchy	<u>\$ 182,785,693</u>	<u>\$ -</u>	<u>\$ -</u>	182,785,693
Collective trust fund*				<u>6,515,301</u>
Total investments at fair value				<u>\$ 189,300,994</u>

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 196,224,586	\$ -	\$ -	\$ 196,224,586
Cash	47,577	-	-	47,577
Total assets in the fair value hierarchy	<u>\$ 196,272,163</u>	<u>\$ -</u>	<u>\$ -</u>	196,272,163
Collective trust fund*				<u>5,574,986</u>
Total investments at fair value				<u>\$ 201,847,149</u>

* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented on the Statements of Net Assets Available for Benefits.

4. PARTY-IN-INTEREST TRANSACTION

Fees paid by the Plan for contract administration and investment advisor services amounted to \$1,213,107 and \$1,145,780 for the years ended December 31, 2022, and 2021, respectively.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the plan sponsor 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 would become 100 percent vested in their employer contributions.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements (Continued)
December 31, 2022 and 2021

6. TAX STATUS

The IRS has determined and informed the plan sponsor by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. RISKS AND UNCERTAINTIES

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

8. INFORMATION CERTIFIED BY THE CUSTODIAN

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, that was prepared by Reliance Trust Company, the custodian of the Plan and furnished to the Plan administrator. The Plan administrator has obtained certifications from the custodian that such information is complete and accurate.

1. Statements of Net Assets Available for Benefits - Investments
2. Statements of Changes in Net Assets Available for Benefits - Investment Income
3. Schedule of Assets Held for Investment Purposes - Supplemental Schedule

Supplemental Schedule

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment Purposes
December 31, 2022

		(c) Description of Investment Including, Maturity Date, Rate of Interest, Collateral, Par, or			
(a)	(b) Identity of Issue, Borrower, Lessor or Similary Party	Maturity Value	(d) Cost	(e) Current Value	
	Fidelity Freedom® Index 2035 Instl Prem	Mutual Fund	N/A	\$	16,209,504
	Fidelity Freedom® Index 2045 Instl Prem	Mutual Fund	N/A		15,864,552
	Fidelity Freedom® Index 2030 Instl Prem	Mutual Fund	N/A		15,599,214
	Fidelity Freedom® Index 2040 Instl Prem	Mutual Fund	N/A		14,906,995
	Fidelity Freedom® Index 2050 Instl Prem	Mutual Fund	N/A		13,101,100
	American Balanced Fund CL R6	Mutual Fund	N/A		12,593,701
	Fidelity Freedom® Index 2025 Instl Prem	Mutual Fund	N/A		11,892,935
	Fidelity 500 Index Fund - Inst'l	Mutual Fund	N/A		10,152,725
	American Funds Growth & Income Port R6	Mutual Fund	N/A		9,893,010
	Fidelity Freedom® Index 2055 Instl Prem	Mutual Fund	N/A		9,111,301
	Fidelity Freedom® Index 2020 Instl Prem	Mutual Fund	N/A		7,280,844
	Ameriprise Trust Stable Value Gov'tTier I	Collective Trust Fund	N/A		6,515,301
	Vanguard Total Stock Market Index Admiral	Mutual Fund	N/A		4,203,125
	Fidelity Freedom® Index 2060 Instl Prem	Mutual Fund	N/A		4,055,672
	American Growth Portfolio CL R6	Mutual Fund	N/A		3,232,141
	Vanguard Information Tech Ind Admir SHS	Mutual Fund	N/A		3,085,161
	T Rowe Price Blue Chip Growth Fund	Mutual Fund	N/A		3,080,609
	Bond Fund of America; R6	Mutual Fund	N/A		2,899,628
	Vanguard Small-Cap Index Admiral	Mutual Fund	N/A		2,524,085
	Vanguard Mid Cap Index Admiral SHS	Mutual Fund	N/A		2,400,363
	Washington Mutual Investor Fund CL R6	Mutual Fund	N/A		2,363,769
	Vanguard International Growth Adm	Mutual Fund	N/A		1,471,154
	Fidelity Freedom® Index 2015 Instl Prem	Mutual Fund	N/A		1,417,486
	American Funds Income Portfolio R6	Mutual Fund	N/A		1,380,605
	Vanguard Real Estate Index Admiral	Mutual Fund	N/A		1,285,365
	Fidelity Freedom® Index Inc Instl Prem	Mutual Fund	N/A		1,263,563
	Vanguard Health Care Index Admiral Shares	Mutual Fund	N/A		1,256,980
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund	N/A		1,120,576
	Vanguard Total Intl Stock Index Admiral	Mutual Fund	N/A		1,042,523
	American Funds New Perspective R6	Mutual Fund	N/A		1,039,672
	Vanguard Energy Fund Admiral Shares	Mutual Fund	N/A		967,120
	Vanguard Explorer Adm	Mutual Fund	N/A		717,551
	New World Fund CL R6	Mutual Fund	N/A		665,931
	Franklin Small-Mid Cap Growth R6	Mutual Fund	N/A		652,626
	Vanguard Small-Cap Value Index Fund; Adm	Mutual Fund	N/A		638,944
	American Mutual Fund R6	Mutual Fund	N/A		629,843
	Fidelity Freedom® Index 2065 Instl Prm	Mutual Fund	N/A		570,245
	Vanguard Developed Markets Index Admiral	Mutual Fund	N/A		512,006
	Prudential High Yield Class Z	Mutual Fund	N/A		474,706
	Vanguard Utilities Index Admiral CL	Mutual Fund	N/A		451,763
	Vanguard Financials Index Admiral SHRS	Mutual Fund	N/A		399,144
	Capital World Bond Fund CL R6	Mutual Fund	N/A		318,664
*	Notes receivable from participants	Rates range from 4.25% to 8%	N/A		2,939,116
	Total			\$	192,181,318
*	Denots party-in-interest as defined by ERISA				

Resource Management Inc 401K Plan
EIN # 87-0499948, PLAN NUMBER 333
SCHEDULE H, LINE4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2022

(a) Identity of issuer, borrower, lessor, or similar	(b) Description of investment including maturity date, rate	(c) No. of shares or unit	(d) Current Value
Mutual funds of registered investment companies:	of interest, collateral, par or maturity value		
* American Fund	AMERICAN FUNDS AMERICAN BALANCED R6	- \$	12,593,701.23
* American Fund	AMERICAN FUNDS AMERICAN MUTUAL R6	- \$	629,843.09
* American Fund	AMERICAN FUNDS BOND FUND OF AMER R6	- \$	2,899,627.64
* American Fund	AMERICAN FUNDS CAPITAL WORLD BOND R6	- \$	318,664.21
* American Fund	AMERICAN FUNDS GROWTH AND INCOME PORTFOLIO CLASS R-6	- \$	9,893,010.43
* American Fund	AMERICAN FUNDS GROWTH PORTFOLIO R6	- \$	3,232,141.23
* American Fund	AMERICAN FUNDS INCOME PORTFOLIO R6	- \$	1,380,605.06
* American Fund	AMERICAN FUNDS NEW PERSPECTIVE R6	- \$	1,039,671.69
* American Fund	AMERICAN FUNDS NEW WORLD R6	- \$	665,930.34
* American Fund	AMERICAN FUNDS WASHINGTON MUTUAL R6	- \$	2,363,768.79
* Columbia Trust	AMERIPRSE TR COLL INVT TR STABLE CAP FD A	- \$	6,515,301.19
* Fidelity	FIDELITY 500 INDEX FUND	- \$	10,152,724.67
* Fidelity	FIDELITY FREEDOM INDEX 2015	- \$	1,417,485.96
* Fidelity	FIDELITY FREEDOM INDEX 2020	- \$	7,280,843.72
* Fidelity	FIDELITY FREEDOM INDEX 2025	- \$	11,892,934.82
* Fidelity	FIDELITY FREEDOM INDEX 2030	- \$	15,599,213.67
* Fidelity	FIDELITY FREEDOM INDEX 2035	- \$	16,209,503.72
* Fidelity	FIDELITY FREEDOM INDEX 2040	- \$	14,906,994.74
* Fidelity	FIDELITY FREEDOM INDEX 2045	- \$	15,864,551.84
* Fidelity	FIDELITY FREEDOM INDEX 2050	- \$	13,101,100.28
* Fidelity	FIDELITY FREEDOM INDEX 2055	- \$	9,111,300.96
* Fidelity	FIDELITY FREEDOM INDEX 2060	- \$	4,055,672.05
* Fidelity	FIDELITY FREEDOM INDEX 2065	- \$	570,245.28
* Fidelity	FIDELITY FREEDOM INDEX INC	- \$	1,263,563.45
* Fidelity	FRANKLIN SMALL-MID CAP GROWTH R6	- \$	652,625.75
* Prudential	PRUDENTIAL HIGH-YIELD Z	- \$	474,706.25
* T Rowe Price	T. ROWE PRICE BLUE CHIP GROWTH	- \$	3,080,609.24
* VANGUARD	VANGUARD DEVELOPED MARKETS IDX ADMIRAL	- \$	512,005.79
* VANGUARD	VANGUARD ENERGY INDEX ADM	- \$	967,120.37
* VANGUARD	VANGUARD EXPLORER ADM	- \$	717,550.87
* VANGUARD	VANGUARD FINANCIALS INDEX ADM	- \$	399,144.45
* VANGUARD	VANGUARD HEALTH CARE INDEX ADM	- \$	1,256,980.56
* VANGUARD	VANGUARD INFORMATION TECHNOLOGY IDX ADM	- \$	3,085,160.74
* VANGUARD	VANGUARD INTERNATIONAL GROWTH ADM	- \$	1,471,153.69
* VANGUARD	VANGUARD MID CAP INDEX ADM	- \$	2,400,362.82
* VANGUARD	VANGUARD MID-CAP VALUE INDEX ADMIRAL	- \$	1,120,575.84
* VANGUARD	VANGUARD SMALL CAP INDEX ADM	- \$	2,524,085.27
* VANGUARD	VANGUARD SMALL CAP VALUE INDEX ADMIRAL	- \$	638,943.60
* VANGUARD	VANGUARD SPECIALIZED FD VANGUARD REAL ESTATE INDEX ADMIRAL	- \$	1,285,365.59
* VANGUARD	VANGUARD TOTAL INTL STOCK INDEX ADMIRAL	- \$	1,042,523.04
* VANGUARD	VANGUARD TOTAL STOCK MKT IDX ADM	- \$	4,203,125.56
* VANGUARD	VANGUARD UTILITIES INDEX ADM	- \$	451,762.87
			\$ 189,242,202.36
* Fixed Annuities	Interest-bearing cash	- \$	58,791.42
			\$ 58,791.42
PLAN TOTAL			<u>\$ 189,300,993.78</u>

Multiple Employer Plan Participating Employer Information

Plan Name: Resource Management, Inc. 401(k) Plan

Plan Name	EIN	Percent of Total Contributions	Aggregate Account Balance
DASH	94-3155152	0.11%	\$41,599
Dental Select	87-0482115	0.14%	\$51,995
DLH, Inc.	91-1576336	0.35%	\$131,101
Eagle Leather	91-1951288	0.13%	\$50,845
Economic Development Corporation of Utah	74-2502619	0.59%	\$224,097
Edison47, Inc.	47-3104932	0.55%	\$209,573
Emerald Management & Consulting	46-3625442	0.16%	\$61,102
Empower Physical Therapy, Inc	82-5320141	0.65%	\$246,549
Ethos Services	46-3521329	0.34%	\$129,815
Express Employment Services	87-0681971	0.02%	\$5,957
Ezra Lee Design + Build	27-1926756	0.93%	\$354,945
Form Med Spa	81-2573952	0.19%	\$70,977
Fugate Industrial Sales, Inc	87-0235200	0.13%	\$48,497
goBE	46-1407573	0.03%	\$10,652
Goodman Real Estate	91-1516376	3.37%	\$1,281,823
Gran, Inc.	91-1692888	0.63%	\$237,891
Graw Beauty Inc	87-4541369	0.06%	\$24,671
Hansch's Ace Hardware	20-0983876	0.14%	\$55,042
Harrison Eurosports, LLC	26-4787485	0.29%	\$110,877
Harrison Group	20-8948895	0.14%	\$51,626
Hillside Tire & Service	87-0483593	0.06%	\$24,096
HISA	86-1940818	0.12%	\$46,389
Hoopes Vision Correction Center	87-0639748	1.47%	\$560,195
House of Hope	87-0255206	0.44%	\$165,583
Image Studios 360 Franchise, LLC	47-3552990	0.18%	\$67,310
Indigo Real Estate Services	91-1743992	2.48%	\$943,767
Insight Technology, Inc	58-2263028	0.13%	\$50,761
Intermountain Lock & Security Supply	87-0283190	4.53%	\$1,721,914
Jed R. Bindrup MD PC	87-0547521	0.16%	\$59,372
Jensen Therapy Associates	87-0631534	0.76%	\$290,192
Junction True Value	91-0929467	0.32%	\$120,051
Keystone Enterprise Services, LLC	20-8239818	0.04%	\$16,921
Latitude Property Management	83-4491145	0.31%	\$119,223
LBISAT, LLC	80-0107569	0.09%	\$35,571
Letterpress Software	87-0633885	0.03%	\$10,108
Lexicon Travel Technologies	81-4278538	0.12%	\$44,607
Liberty Restoration	20-3915379	0.03%	\$13,059
Macdonald Center	80-0950267	0.14%	\$52,584

Plan Name	EIN	Percent of Total Contributions	Aggregate Account Balance
MaHK Advertising	86-3363362	2.15%	\$817,946
Martin Garage Doors of Nevada	45-4128279	0.26%	\$98,771
Matrix Real Estate, LLC	27-1407472	0.24%	\$89,433
MDM Utah, LLC	81-1613128	1.07%	\$406,022
Meadow Gold Employee's Credit Union	87-0253571	0.00%	\$-
Medical Group of Alaska	47-3568350	2.83%	\$1,074,557
Millcreek Cabinet & Design	87-0518308	0.07%	\$25,920
Monarch Recovery	87-3070151	0.00%	\$-
Motos America, Inc	39-2060052	0.41%	\$155,211
Mountain View Steel Detail, Inc.	87-0482868	0.18%	\$67,922
Neuroversion, Inc.	81-3907096	0.88%	\$333,637
Night Vision Lighting & Electric	87-0651996	0.04%	\$13,806
North Monsen Company	87-0259323	0.06%	\$23,687
Northpointe Surgical Center, LLC	46-1487986	0.49%	\$185,922
Northshore Senior Center	91-1184432	0.18%	\$69,053
Northwest Select Real Estate	26-4284251	0.11%	\$40,397
NuTerra Property Management	26-1736813	0.14%	\$51,382
Office Furniture Solutions	71-1051807	0.23%	\$89,262
OneRedmond	46-0535220	0.20%	\$75,636
Packetfabric, Inc.	84-2861672	4.09%	\$1,553,518
Palladium Real Estate	27-4950889	0.77%	\$291,352
Pan Pacific Properties, Inc	91-1574271	0.24%	\$91,161
Pathwise, Inc.	81-4948038	0.13%	\$48,666
Perfect Circle	27-1052519	0.03%	\$13,113
Phase II Center for Womens Health	87-0583479	0.01%	\$4,562
Physicians Surgery Center	68-0591196	0.07%	\$26,344
PMG Management, LLC	87-3290571	0.01%	\$5,201
Poma Fertility	45-5175545	1.40%	\$530,904
Prodigy Property Management LLC	46-2382934	0.73%	\$277,779
Provider Healthcare, LLC	46-3663241	0.02%	\$8,081
Puget Sound Collections	91-1278690	0.13%	\$50,143
Redmond Ridge ROA	91-2024472	0.06%	\$21,337
Redmond Signature Dentistry	91-1875786	0.51%	\$192,089
Redwood Resources, LLC and Redwood Communities	85-4312424	1.84%	\$700,525
Regenerative RX	47-3913161	0.11%	\$41,880
Reproductive Care Associates	87-0558673	1.12%	\$424,773
Resource Management Inc.	87-0499948	1.42%	\$539,207
Revel Media Group, Inc	27-1555286	0.45%	\$169,829
Riverwoods Surgery Center	87-0709428	0.60%	\$226,484
Rocky Mountain Eye Care Associates, LLC	87-0544230	0.80%	\$305,534
Rocky Mountain Oils	20-1441083	0.30%	\$114,472

Plan Name	EIN	Percent of Total Contributions	Aggregate Account Balance
RSC International	27-2893233	0.16%	\$61,083
S A International, Inc	23-2552296	0.47%	\$179,835
Salt Lake Film Society	87-0677001	0.14%	\$52,797
Salt Lake Home Builders Association	87-0203085	0.00%	\$271
Snoqualmie Ridge ROA	91-1909244	0.10%	\$39,654
Solar Window & Door, Inc.	87-0484116	0.07%	\$25,562
Sound Pain Alliance	45-5093624	1.21%	\$460,575
South End Ace Hardware	84-6334882	0.00%	\$176
Southern Utah Women's Health Center	87-0462208	0.46%	\$175,533
Southtowne Mitsubishi	87-3282987	0.43%	\$163,348
Southwest Children's Clinic	87-0685287	0.36%	\$137,847
Spinal Interventions, PLLC	65-1229319	0.44%	\$166,276
Strategic Value Group	38-3707729	0.17%	\$64,451
Superior Grinding & Sales, Inc.	87-0478414	0.10%	\$38,021
Swirl Woodcraft, Inc.	84-1375636	0.08%	\$31,230
SWPDO	84-1327385	0.68%	\$257,303
Taylor Built Homes, LLC/Arcadia Vacation Resort	81-3681972	0.08%	\$29,705
The Gardens at Juanita Bay	91-0630507	0.00%	\$-
The Safety Team, LLC	87-0598958	1.17%	\$445,826
Three Points Center & Academy	46-2244849	0.42%	\$159,941
Timberlane Partners II LLC	32-0433444	0.42%	\$160,295
Timpview ASC	87-2314348	0.34%	\$130,879
Tooele Dental Associates	87-0668894	0.03%	\$10,790
Tooele Valley Imaging, LLC	27-0983614	0.01%	\$3,583
Travel Services, Inc	87-0680200	0.01%	\$2,806
TS Electric, Inc.	87-0450180	0.41%	\$154,080
Utah Tire Holdings DBA Hillside Tire & Services	87-2632832	1.32%	\$502,980
Valley Women's Health	26-1566307	5.01%	\$1,902,782
Vector Engineering, Inc.	20-0942400	0.17%	\$65,196
Vector Structural Engineering	80-0028183	2.52%	\$959,016
Vector Structural Engineering of AZ	81-5047429	0.53%	\$201,542
Vector Structural Engineering of SC	47-4322793	0.07%	\$27,676
WA Multi-Family Housing Association	90-0077585	0.28%	\$104,707
Wasatch Infusion	27-1211810	0.08%	\$28,614
Water Design, Inc.	87-0622007	0.45%	\$169,180
Wazee Street Capital Management	27-3713829	0.30%	\$113,400
Western States Crane Consulting, LLC	45-3856202	0.02%	\$8,586
Whipporwill, LLC	45-5589142	0.15%	\$55,567
WHW Engineering, LLC	87-0423194	0.43%	\$165,038
World Trade Center Utah	20-3755734	0.15%	\$58,216
XMission, LLC	87-0522774	0.52%	\$198,180

Plan Name	EIN	Percent of Total Contributions	Aggregate Account Balance
Zo Financial - Resource Management, Inc. 401(k) Plan	85-0588816	0.26%	\$99,639

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
		2022
		This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning		and ending	
A Name of plan	B Three-digit plan number (PN) ►		
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

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

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

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
---	-----------	--	--

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

Expenses

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

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a			

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
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 _____.			

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Resource Management, Inc. 401(k) Plan

EIN: 87-0499948

Plan Sponsor's Name Resource Management, Inc.

PN: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Fund	AMERICAN FUNDS AMERICAN BALANCED R6	0	12,593,701
	American Fund	AMERICAN FUNDS AMERICAN MUTUAL R6	0	629,843
	American Fund	AMERICAN FUNDS BOND FUND OF AMER R6	0	2,899,628
	American Fund	AMERICAN FUNDS CAPITAL WORLD BOND R6	0	318,664
	American Fund	AMERICAN FUNDS GROWTH AND INCOME PORTFOLIO CLASS R-6	0	9,893,010
	American Fund	AMERICAN FUNDS GROWTH PORTFOLIO R6	0	3,232,141
	American Fund	AMERICAN FUNDS INCOME PORTFOLIO R6	0	1,380,605

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Resource Management, Inc. 401(k) Plan

EIN: 87-0499948

Plan Sponsor's Name Resource Management, Inc.

PN: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Fund	AMERICAN FUNDS NEW PERSPECTIVE R6	0	1,039,672
	American Fund	AMERICAN FUNDS NEW WORLD R6	0	665,930
	American Fund	AMERICAN FUNDS WASHINGTON MUTUAL R6	0	2,363,769
	Columbia Trust	AMERIPRSE TR COLL INVT TR STABLE CAP FD A	0	6,515,301
	Fidelity	FIDELITY 500 INDEX FUND	0	10,152,725
	Fidelity	FIDELITY FREEDOM INDEX 2015	0	1,417,486
	Fidelity	FIDELITY FREEDOM INDEX 2020	0	7,280,844

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Resource Management, Inc. 401(k) Plan

EIN: 87-0499948

Plan Sponsor's Name Resource Management, Inc.

PN: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Fidelity	FIDELITY FREEDOM INDEX 2025	0	11,892,935
	Fidelity	FIDELITY FREEDOM INDEX 2030	0	15,599,214
	Fidelity	FIDELITY FREEDOM INDEX 2035	0	16,209,504
	Fidelity	FIDELITY FREEDOM INDEX 2040	0	14,906,995
	Fidelity	FIDELITY FREEDOM INDEX 2045	0	15,864,552
	Fidelity	FIDELITY FREEDOM INDEX 2050	0	13,101,100
	Fidelity	FIDELITY FREEDOM INDEX 2055	0	9,111,301

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Resource Management, Inc. 401(k) Plan

EIN: 87-0499948

Plan Sponsor's Name Resource Management, Inc.

PN: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Fidelity	FIDELITY FREEDOM INDEX 2060	0	4,055,672
	Fidelity	FIDELITY FREEDOM INDEX 2065	0	570,245
	Fidelity	FIDELITY FREEDOM INDEX INC	0	1,263,563
	Fidelity	FRANKLIN SMALL-MID CAP GROWTH R6	0	652,626
	Prudential	PRUDENTIAL HIGH-YIELD Z	0	474,706
	T Rowe Price	T. ROWE PRICE BLUE CHIP GROWTH	0	3,080,609
	VANGUARD	VANGUARD DEVELOPED MARKETS IDX ADMIRAL	0	512,006

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Resource Management, Inc. 401(k) Plan

EIN: 87-0499948

Plan Sponsor's Name Resource Management, Inc.

PN: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD	VANGUARD ENERGY INDEX ADM	0	967,120
	VANGUARD	VANGUARD EXPLORER ADM	0	717,551
	VANGUARD	VANGUARD FINANCIALS INDEX ADM	0	399,144
	VANGUARD	VANGUARD HEALTH CARE INDEX ADM	0	1,256,981
	VANGUARD	VANGUARD INFORMATION TECHNOLOGY IDX ADM	0	3,085,161
	VANGUARD	VANGUARD INTERNATIONAL GROWTH ADM	0	1,471,154
	VANGUARD	VANGUARD MID CAP INDEX ADM	0	2,400,363

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Resource Management, Inc. 401(k) Plan

EIN: 87-0499948

Plan Sponsor's Name Resource Management, Inc.

PN: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD	VANGUARD MID-CAP VALUE INDEX ADMIRAL	0	1,120,576
	VANGUARD	VANGUARD SMALL CAP INDEX ADM	0	2,524,085
	VANGUARD	VANGUARD SMALL CAP VALUE INDEX ADMIRAL	0	638,944
	VANGUARD	VANGUARD SPECIALIZED FD VANGUARD REAL ESTATE INDEX ADMIRAL	0	1,285,366
	VANGUARD	VANGUARD TOTAL INTL STOCK INDEX ADMIRAL	0	1,042,523
	VANGUARD	VANGUARD TOTAL STOCK MKT IDX ADM	0	4,203,126
	VANGUARD	VANGUARD UTILITIES INDEX ADM	0	451,763

Plan Name	Resource Management, Inc. 401(k) Plan	EIN:	87-0499948
Plan Sponsor's Name	Resource Management, Inc.	PN:	333

[illegible]

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 2022 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information												
1a Name of plan _____ 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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%;"></td> </tr> <tr> <td>1c Effective date of plan</td> <td></td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td></td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td></td> </tr> <tr> <td colspan="2" style="background-color: #cccccc; height: 40px;"></td> </tr> </table>	1b Three-digit plan number (PN) ▶		1c Effective date of plan		2b Employer Identification Number (EIN)		2c Plan Sponsor's telephone number		2d Business code (see instructions)			
1b Three-digit plan number (PN) ▶													
1c Effective date of plan													
2b Employer Identification Number (EIN)													
2c Plan Sponsor's telephone number													
2d Business code (see instructions)													

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☐ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
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)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
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:	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☐ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

Attachment to 2022 Form 5500
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name Resource Management, Inc. 401(k) Plan

EIN: 87-0499948

Plan Sponsor's Name Resource Management, Inc.

PN: 333

Name of participating employer	EIN	Percent of Total Contributions	Aggregate Account balance
AA Spine & Pain Clinic, Inc.	92-0151789	0.78	295,935.00
AAA Fire Safety & Alarm/Alliance Fire & Safety	87-0624256	0.15	55,609.00
Advanced Orthopedics	47-2950693	0.74	281,903.00
Affirmx, LLC	45-2517409	0.20	77,396.00
Alaska Neurology Center, LLC	26-1300399	1.58	598,960.00
Alaska Roteq Corporation	92-0174490	0.44	165,853.00
Alliance Wealth Advisors	27-1017387	0.35	133,550.00
Allied Residential	91-1385920	3.52	1,337,287.00
Alpenglow Pain & Wellness	81-4590074	0.32	122,648.00
Alpine Pain Solutions	82-3154253	0.03	11,059.00
American Preparatory Schools	20-2512659	1.15	438,496.00
Anchorage Daily News	37-1869203	4.92	1,870,016.00
Apt CoWork, LLC	87-3277516	0.01	3,253.00
Aqua Balance, Inc.	87-0558204	0.58	219,918.00
Aquify Systems Corp	86-2810165	0.13	50,663.00
Argo Real Estate	27-1484920	1.69	640,609.00
Armco/Epic Asset Management	91-1230479	2.25	855,868.00
ATI of America	26-3660497	0.65	247,259.00
AUST Manufacturing	46-4387089	0.12	43,998.00
Avante Medical Center	80-0009639	0.23	88,378.00
Bailey's Furniture Outlet, Inc.	92-0146665	0.52	197,351.00
Balanced Body MD	46-3678383	0.07	28,003.00
Bastar & Associates	87-0530652	0.06	23,796.00
Big Cartel, LLC	20-1615057	1.37	519,959.00
Brim Properties	27-3557924	0.06	21,135.00
Brookside Animal Clinic	47-2035786	0.02	7,481.00
Camelback Fiduciary, LLC	81-4193193	0.39	147,274.00
Capital Management Advisors Co. Inc.	81-2687412	0.08	30,891.00
Cascade Pacific Real Estate	33-1022944	0.03	12,913.00
Cathedral Land Solutions, LLC	82-5349664	0.93	351,565.00
CE Medical Group & Apex Biologix	36-4609823	0.94	356,212.00
Cedar Psychiatry	84-2142825	0.90	343,122.00
CEM Maintenance, Inc.	87-0389710	1.03	389,520.00
Community Management Partners	86-1425330	0.31	118,548.00
Compassrock Real Estate	81-3982070	0.05	19,085.00
Contender Bicycles	87-0626182	0.30	115,044.00
Convenient Pmts, Rom & MainStreet Computer	27-3685152	1.49	567,955.00
Cook Inlet Soccer Club	94-3055547	0.01	3,456.00
Coral Desert Surgery Center	71-0875262	0.54	205,758.00
Corebridge	35-2369551	0.43	163,153.00
Cosmos Group	91-1399236	0.09	35,886.00
Cottonwood Title Insurance Agency	87-0665968	3.39	1,287,606.00
Credit Corp Solutions, Inc	99-0377105	2.22	843,785.00
Curbs Enterprise, Inc-	86-1284394	0.06	22,103.00
Custom Controls of Arizone, Inc-	03-0512728	0.09	33,725.00