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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
EAST MANAGEMENT SERVICES 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/14/2011

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)
EAST MANAGEMENT SERVICES, LP

7777 NW BEACON SQUARE BLVD.
BOCA RATON, FL 33487

2b Employer Identification Number (EIN)
27-4461439

2c Plan Sponsor's telephone number
561-826-3620

2d Business code (see instructions)
551112

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.	10/12/2020	GARY HAGERMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	780
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)**	584
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	624
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	138
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	762
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	762
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	597
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2J 2K 2S 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
EAST MANAGEMENT SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST MANAGEMENT SERVICES, LP

D Employer Identification Number (EIN)
27-4461439

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	501578-01	86	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
315	0

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

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

JOHN SOFRANKO
UBS FINANCIAL SVCS INS AGCY INC
200 GEORGETOWNE DR STE 600
SEWICKLEY, PA 15143

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
252			3

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

ERIC WERNER
UBS FINANCIAL SVCS INS AGCY INC
200 GEORGETOWNE DR STE 600
SEWICKLEY, PA 15143

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
63			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	584964
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	730554
c	Additions: (1) Contributions deposited during the year	7c(1)	79060		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	6246		
	(4) Transferred from separate account	7c(4)	74201		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	159507
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	890061
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2454		
	(2) Administration charge made by carrier	7e(2)	576		
	(3) Transferred to separate account	7e(3)	302067		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	305097
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	584964

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
EAST MANAGEMENT SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST MANAGEMENT SERVICES, LP

D Employer Identification Number (EIN)
27-4461439

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

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

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

UBS FINANCIAL SERVICES INC

315 DEADERICK ST
NASHVILLE, TN 37238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	55827	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UBS FINANCIAL SVCS INS AGCY INC

1000 HARBOR BLVD 8TH FL
WEEHAWKEN, NJ 07087

(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?
55	BROKER/ADVISER	0	Yes [X] No [ ]	Yes [ ] No [X]	17876	Yes [ ] No [X]

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

DUNBAR BENDER & ZAPF INC.

437 GRANT STREET
STE 1100
PITTSBURGH, PA 15219

25-1650062

(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?
13	CONTRACT ADMIN	13887	Yes [X] No [ ]	Yes [ ] No [X]	2500	Yes [ ] No [X]

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)

ADVISED ASSETS GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	8418	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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
UBS FINANCIAL SVCS INS AGCY INC	55	17876

(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.
GREAT-WEST LIFE & ANNUITY INSURANE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DUNBAR BENDER & ZAPF, INC.	13	2500

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
EAST MANAGEMENT SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST MANAGEMENT SERVICES, LP

D Employer Identification Number (EIN)
27-4461439

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1458218	114724
(2) Participant contributions	1b(2)	682	103
(3) Other	1b(3)	1750	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22517218	33147491
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	730554	584964
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	24708422	33847282
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	24708422	33847282

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)	1487716	
	(B) Participants	2a(1)(B)	2888947	
	(C) Others (including rollovers)	2a(1)(C)	371747	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4748410
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)	6246	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6246
	(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)	1128183	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1128183
	(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)		4761103
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10643942
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1496664	
(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)		1496664
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)	8418	
(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)		8418
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1505082
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9138860
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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: H2R CPA **(2)** EIN: 25-1031723

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		97
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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
EAST MANAGEMENT SERVICES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EAST MANAGEMENT SERVICES, LP

D Employer Identification Number (EIN)
27-4461439

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): 84-0467907

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

FINANCIAL REPORT

EAST MANAGEMENT SERVICES

401(k) PLAN

YEARS ENDED DECEMBER 31, 2019 AND 2018

EAST MANAGEMENT SERVICES
401(k) PLAN
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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are not presented because they are not applicable.

H2R cpa
Business Solutions, Family Approach

INDEPENDENT AUDITORS' REPORT

October 8, 2020

To the Plan Administrator
East Management Services 401(k) Plan
Boca Raton, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the East Management Services 401(k) Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Great-West Trust Co., LLC, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2019 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

H2R CPA

H2R CPA
Pittsburgh, Pennsylvania

EAST MANAGEMENT SERVICES 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019	2018
INVESTMENTS AT FAIR VALUE:		
Mutual funds	$ 33,147,491	$ 22,517,218
Fixed annuities	584,964	730,554
TOTAL INVESTMENTS AT FAIR VALUE	33,732,455	23,247,772
RECEIVABLES:		
Employer contributions receivable	114,724	1,458,218
Employer qualified non-elective contributions receivable	-	1,750
Employee contributions receivable	103	682
TOTAL RECEIVABLES	114,827	1,460,650
NET ASSETS AVAILABLE FOR BENEFITS	$ 33,847,282	$ 24,708,422

The accompanying notes are an integral part of the financial statements

EAST MANAGEMENT SERVICES 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

ADDITIONS:		
Investment Earnings:		
Mutual funds		
Realized and unrealized gains	$ 4,761,103	
Dividends	1,128,183	
		$ 5,889,286
Interest on fixed annuities		6,246
Total Investment Earnings		5,895,532
Contributions:		
Employee	2,888,947	
Employer	1,487,716	
Rollover	371,311	
Qualified non-elective	436	
Total Contributions		4,748,410
TOTAL ADDITIONS		10,643,942
DEDUCTIONS:		
Distributions to participants	1,496,664	
Administrative expenses	8,418	
TOTAL DEDUCTIONS		1,505,082
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		9,138,860
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR		24,708,422
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR		$ 33,847,282

The accompanying notes are an integral part of the financial statements

EAST MANAGEMENT SERVICES 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

Note A - Description of Plan:

General - The East Management Services 401(k) Plan (the Plan), as amended and restated July 1, 2017 with amendments through July 1, 2020, is a defined contribution plan covering eligible employees of the following (the Company):

East Management Services, L.P.	Impact Sports Performance, LLC
Black River Entertainment, LLC	Pegula Sports & Entertainment, LLC
Hockey Western New York, LLC	GRMR Oil & Gas, LLC
Western New York Arena, LLC	Western New York Lacrosse, LLC
HARBORcenter Development, LLC	Topshelf Management of Florida, LLC
HARBORcenter Operating, LLC	Rochester Hockey, LLC
Topshelf Management, LLC	Rochester Arena, LLC
Intermission Management, LLC	Rochester Lacrosse, LLC

The Plan document is the governing instrument and should be referred to for a full description of the Plan and its provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility - Employees that have attained the age of 21 and have completed 500 hours of service in a 6 consecutive month period, or after 1 year of service, are eligible to make before-tax contributions, rollover contributions and after-tax Roth 401(k) contributions. In addition, employees are eligible to receive matching and discretionary contributions, provided under the terms of the Plan as described below. Residents of Puerto Rico, employees covered by a collective bargaining agreement, leased employees, non-resident aliens with no U.S. source income, and seasonal/part-time employees under age 21 and who have not completed 1,000 hours of service in a 12 consecutive month period, are not eligible to participate in the Plan.

Contributions **–** Upon meeting the eligibility requirements, an employee may opt-into the Plan and elect to contribute before-tax or after-tax earnings in an amount up to 90% of his or her compensation. The sum of before-tax and after-tax Roth 401(k) contributions are subject to annual limitations prescribed by the Internal Revenue Code (IRC).

Employees may also elect to make catch-up contributions provided they have reached age 50 by the end of the current calendar year.

Eligible compensation is defined as the taxable compensation paid excluding reimbursements or other expense allowances, fringe benefits, moving expenses, deferred compensation, and payments in lieu of wages for qualified military service and welfare benefits. Eligible compensation is subject to annual limitations prescribed by the IRC.

The Company has elected to make safe harbor matching contributions to all participants of the Plan equal to 100% of the first 4% of eligible compensation contributed to the Plan by a participant. These contributions satisfy certain IRC requirements and eliminate the need to perform certain non-discrimination annual tests.

Although none were made in 2019 and 2018, the Company may make a discretionary matching contribution in the amount of 4% of the participant's eligible compensation provided the employee is employed at December 31.

Note A - Description of Plan (continued):

Participants may direct their own contributions, as well as the Company's matching and discretionary contributions, into any of a number of separate mutual funds or a fixed annuity fund maintained by Great-West Trust Company, LLC.

Participant Accounts - Each participant's account is credited with the employee's contribution, the Company's safe harbor matching contribution, Plan earnings, administrative fees and a proportionate allocation, as defined in the Plan, of the Company's discretionary profit sharing contribution, if applicable. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are fully vested in the value of their contributions and the Company's safe harbor matching contributions plus actual earnings thereon at all times. Participants vest in the value of the Company's discretionary contributions ratably over five years.

Forfeitures - The Plan permits the Company to first reduce administrative expenses with forfeitures, which represent the unvested portion of accounts for participants who terminated employment with the Company, and then any remaining amounts can be used to reduce employer contributions. At December 31, 2019 and 2018, forfeited non-vested accounts totaled approximately $19,500 and $21,800, respectively. In 2019, no forfeitures were used to reduce administrative expenses. Forfeitures of approximately $32,000 were used to reduce administrative expenses in 2018.

Benefit Payments - Individual accounts can be distributed upon the death, disability, retirement or termination of employment of the Plan participant. If the participant's account balance is greater than $5,000, the participant has the option to remain in the Plan or to receive a distribution of their account balance in the form of either a lump-sum distribution, individual retirement account or various annuity payments. If the participant's account balance is $5,000 or less, the account will automatically be distributed in the form of one lump sum payment. In the event of an immediate and heavy financial burden, the Plan also permits a hardship withdrawal of a participant's deferral contributions, including any applicable taxes and penalties, up to an amount required to alleviate the hardship.

Note B - Summary of Significant Accounting Policies:

The financial statements of the Plan have been prepared on the accrual basis and in conformity with accounting principles generally accepted in the United States of America. The following are the significant accounting policies followed by the Plan:

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from these estimates.

Contribution Revenue - Employee contributions and company matching contributions are recognized as additions to Plan assets in the year designated by the employee. Employer discretionary profit sharing contributions are recognized as additions to Plan assets in the year designated by the employer.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value (Notes D and E). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis, and dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses on mutual funds includes the Plan's gains and losses on mutual funds bought and sold as well as held during the year.

Note B - Summary of Significant Accounting Policies (continued):

Benefit Payments - Benefits are recorded when paid.

Expenses - A portion of the expenses of maintaining the Plan are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees relating to certain participant selected managed account services are paid by the Plan.

Subsequent Events - Management has evaluated subsequent events through October 8, 2020, the date the financial statements were available to be issued and disclosed such events in Note J.

Note C - Tax Status:

The Internal Revenue Service has determined by a letter dated March 31, 2014 that the prototype plan used to set the guidelines of the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), as amended, and the regulations thereunder, and the Plan is thereby tax-exempt within the meaning of Section 501(a) of the IRC. Although the Plan has been amended, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note D - Investments (Unaudited):

The investments are held by Great-West Trust Company, LLC, the Trustee. Participants may direct their investments into mutual funds or a fixed annuity fund. The Trustee of the Plan's assets has certified the unaudited investment assets of the Plan at December 31, 2019 and 2018, as well as to the unaudited investment income or loss, including interest, dividends, expenses, and realized and unrealized gains and losses for the year ended December 31, 2019 and the information contained in the supplemental Schedule of Assets (Held at End of Year), in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Investments in the fixed annuity fund and mutual funds are recorded at fair value as described in Note E. Changes in the market value of mutual funds are recorded as gains or losses.

The statements of net assets available for benefits present the fair value of all investment contracts. The statement of changes in net assets available for benefits is prepared on the fair value basis as there are no investments held at December 31, 2019 in fully-benefit responsive investments which are required to be reported at contract value.

The Plan invests in a variety of mutual funds and a fixed annuity fund. The investment strategies of these mutual funds vary among growth, income and equity objectives. A prospectus describing each mutual fund is available from the plan administrator. The investment strategy of the fixed annuity fund is to seek consistent returns to support a competitive credited rate.

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

Note D - Investments (Unaudited) (continued):

The following information is the reported fair value certified by the Trustee at December 31, 2019 and 2018:

	2019	2018
American Funds 2045 Trgt Date Retire R6	$ 3,275,779	$ 2,272,209
Parnassus Endeavor Institutional	2,705,202	1,945,045
American Funds 2030 Trgt Date Retire R6	2,667,233	1,679,967
American Funds 2040 Trgt Date Retire R6	2,654,204	1,712,610
American Funds 2035 Trgt Date Retire R6	2,376,542	1,931,713
American Funds 2050 Trgt Date Retire R6	2,072,380	1,284,363
iShares S&P 500 Index K	1,905,976	1,055,938
American Funds 2025 Trgt Date Retire R6	1,643,599	1,121,655
American Funds 2055 Trgt Date Retire R6	1,494,335	937,537
Vanguard Small Cap Index Adm	1,390,870	948,392
Invesco Diversified Dividend R5	1,159,904	834,850
Vanguard Developed Markets Index Admiral	1,096,264	651,944
Vanguard Mid Cap Index Fund –Admiral	1,051,809	896,634
American Funds 2020 Trgt Date Retire R6	960,527	727,014
T. Rowe Price International Discovery	928,121	676,138
Great-West T. Rowe Price Mid Cap Gr Inst	704,272	354,294
JPMorgan Core Plus Bond R6	659,546	460,574
Great-West Mid Cap Value Instl	633,053	453,203
Key Guaranteed Portfolio Fund	584,964	730,554
Morgan Stanley Inst Intl Advtg I	554,617	371,437
Federated Instl High Yield Bond Instl	505,457	388,252
DFA US Targeted Value I	411,092	351,375
American Funds 2060 Trgt Date Retire R6	304,747	140,466
Vanguard Energy Adm	292,865	225,546
American Funds American Balanced R6	268,986	176,499
Vanguard Total Bond Market Index Admiral	265,526	196,512
Western Asset Core Plus Bond IS	249,034	-
American Funds 2015 Trgt Date Retire R6	226,990	193,537
PIMCO Income Instl	213,018	142,464
American Funds 2010 Trgt Date Retire R6	162,099	157,093
Vanguard REIT Index Adm	149,673	129,520
Cohen & Steers Real Estate Securities I	123,463	30,740
AB Global Bond I	28,757	7,012
Carillon Scout Mid Cap I	11,551	62,685
	$ 33,732,455	$ 23,247,772

Note E - Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, "*Fair Value Measurements and Disclosures*," establishes a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs into three broad levels. Level 1 inputs are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access. Level 2 inputs are inputs other than quoted prices for similar assets in active markets or inputs that are observable for the asset, either directly or indirectly through market corroboration, for substantially the full term of the asset. Level 3 inputs are unobservable inputs developed by the plan sponsor based on the best information available about the assumptions market participants would use in pricing the asset. A financial asset's classification within the hierarchy is determined based on the lowest level 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.

The following is a description of the valuation methodology used in measuring Plan assets at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Mutual Funds - Determined based upon the net asset value of shares held by the Plan and normally calculated as of the close of business on the New York Stock Exchange. The mutual funds held by the Plan are deemed to be actively traded.

Fixed Annuity Fund – Determined based upon all contributions made by or on behalf of the participant to the fund, plus all interest credited to the fund on an annual effective basis pursuant to the guaranteed interest rate applicable, less any amounts transferred or distributed from the fund, less any applicable charges.

The following tables detail the assets' fair value measured as of December 31, 2019 and 2018:

	Level 1	Level 2	Level 3	Total
December 31, 2019:				
Mutual funds	$ 33,147,491	$ -	$ -	$ 33,147,491
Fixed Annuities	-	584,964	-	584,964
Total assets at fair value	$ 33,147,491	$ 584,964	$ -	$ 33,732,455
December 31, 2018:				
Mutual funds	$ 22,517,218	$ -	$ -	$ 22,517,218
Fixed Annuities	-	730,554	-	730,554
Total assets at fair value	$ 22,517,218	$ 730,554	$ -	$ 23,247,772

Note F - Party-in-Interest:

The Plan's assets invested in the fixed annuity fund is maintained by Great-West Trust Co., LLC. Transactions executed in this account are party-in-interest transactions.

Note G - Qualified Non-Elective Contribution Receivable:

For the Plan years ended December 31, 2019 and 2018, the Plan Administrator erroneously excluded certain employees from participating in the Plan. Following the identification of the improperly excluded employees, the Plan Administrator calculated the qualified non-elective contributions and missed earnings in accordance with Revenue Procedure 2015-28. The qualified non-elective contributions and missed earnings were remitted to the Plan during the 2018 and 2019 Plan years.

Note H - Plan Termination:

Although there is not a present intent to do so, the Company has reserved the right to terminate or partially terminate the Plan. In the event of Plan termination, all participants will become fully vested in any funds which have been allocated to them.

Note I - Plan Amendments:

During 2018, the Plan was amended affecting certain eligibility and enrollment requirements, as well as, participating employers. In order to be eligible, employees that have attained the age of 21 must now complete 500 hours of service in a 6 consecutive month period, or, have 1 year of service. Participants must now opt-into the Plan as automatic enrollment is no longer a feature of the Plan. Participating employers now include Topshelf Management of Florida, LLC, Rochester Hockey, LLC, Rochester Arena, LLC, and Rochester Lacrosse, LLC.

During 2019, the Plan was retroactively amended to include taxable car allowances as eligible compensation, effective for the period January 1, 2014 through January 4, 2019, in order to conform to the operation of the Plan during the period. The Plan was also amended to allow for safe harbor matching contributions each payroll period, as opposed to annually.

Note J - Subsequent Events:

Subsequent to year-end, the Plan was amended eliminating the Company's safe harbor election in making matching contributions in an amount equal to 100% of the first 4% of eligible compensation contributed to the Plan by a participant. Such contributions will be matching contributions. Additionally, the Plan was amended to exclude employees of Hockey Western New York, LLC who are eligible for the National Hockey League Pension Plan from participation in the Plan. Also, the Plan was amended removing Impact Sports Performance, LLC and Topshelf Management of Florida, LLC and including JKLM Energy, LLC as participating employers.

Subsequent to year-end, the Plan adopted the distribution provision of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was signed into law on March 27, 2020. A CARES Act distribution allows the Plan's participants to take a COVID-19 related distribution up to $100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020.

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which could result in significant volatility in the investment markets, and could result in a substantial decline in the value of investments. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

SUPPLEMENTAL SCHEDULES

EAST MANAGEMENT SERVICES 401(k) PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN: 27-4461439
PLAN NUMBER 001
DECEMBER 31, 2019

	Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 97	$ -	$ 97	$ -	$ -

EAST MANAGEMENT SERVICES 401(k) PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 27-4461439
PLAN NUMBER 001
DECEMBER 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturing Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Funds 2045 Trgt Date Retire R6	Mutual Fund	**	$ 3,275,779
	Parnassus Endeavor Institutional	Mutual Fund	**	2,705,202
	American Funds 2030 Trgt Date Retire R6	Mutual Fund	**	2,667,233
	American Funds 2040 Trgt Date Retire R6	Mutual Fund	**	2,654,204
	American Funds 2035 Trgt Date Retire R6	Mutual Fund	**	2,376,542
	American Funds 2050 Trgt Date Retire R6	Mutual Fund	**	2,072,380
	iShares S&P 500 Index K	Mutual Fund	**	1,905,976
	American Funds 2025 Trgt Date Retire R6	Mutual Fund	**	1,643,599
	American Funds 2055 Trgt Date Retire R6	Mutual Fund	**	1,494,335
	Vanguard Small Cap Index Adm	Mutual Fund	**	1,390,870
	Invesco Diversified Dividend R5	Mutual Fund	**	1,159,904
	Vanguard Developed Markets Index Admiral	Mutual Fund	**	1,096,264
	Vanguard Mid Cap Index Fund - Admiral	Mutual Fund	**	1,051,809
	American Funds 2020 Trgt Date Retire R6	Mutual Fund	**	960,527
	T. Rowe Price International Discovery	Mutual Fund	**	928,121
	Great-West T. Rowe Price Mid Cap Gr Inst	Mutual Fund	**	704,272
	JPMorgan Core Plus Bond R6	Mutual Fund	**	659,546
	Great-West Mid Cap Value Instl	Mutual Fund	**	633,053
*	Key Guaranteed Portfolio Fund	Fixed Annuities	**	584,964
	Morgan Stanley Inst Intl Advtg I	Mutual Fund	**	554,617
	Federated Instl High Yield Bond Instl	Mutual Fund	**	505,457
	DFA US Targeted Value I	Mutual Fund	**	411,092
	American Funds 2060 Trgt Date Retire R6	Mutual Fund	**	304,747
	Vanguard Energy Adm	Mutual Fund	**	292,865
	American Funds American Balanced R6	Mutual Fund	**	268,986
	Vanguard Total Bond Market Index Admiral	Mutual Fund	**	265,526
	Western Asset Core Plus Bond IS	Mutual Fund	**	249,034
	American Funds 2015 Trgt Date Retire R6	Mutual Fund	**	226,990
	PIMCO Income Instl	Mutual Fund	**	213,018
	American Funds 2010 Trgt Date Retire R6	Mutual Fund	**	162,099
	Vanguard REIT Index Adm	Mutual Fund	**	149,673
	Cohen & Steers Real Estate Securities I	Mutual Fund	**	123,463
	AB Global Bond I	Mutual Fund	**	28,757
	Carillon Scout Mid Cap I	Mutual Fund	**	11,551
				$ 33,732,455

* Represents investments with a party-in-interest

** Cost information is not required for participant-directed investments and, therefore, is not included.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► East Management Services 401(k) Plan

Employer Identification Number:► 27-4461439

For plan year (beginning/ending):► 01/01/2019/12/31/2019 Plan number:► 001

(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 Funds 2010 Trgt Date Retire R6	Mutual Fund	155,151	162,099
	American Funds 2015 Trgt Date Retire R6	Mutual Fund	219,490	226,990
	American Funds 2020 Trgt Date Retire R6	Mutual Fund	912,929	960,527
	American Funds 2025 Trgt Date Retire R6	Mutual Fund	1,538,716	1,643,599
	American Funds 2030 Trgt Date Retire R6	Mutual Fund	2,445,375	2,667,233
	American Funds 2035 Trgt Date Retire R6	Mutual Fund	2,164,592	2,376,542
	American Funds 2040 Trgt Date Retire R6	Mutual Fund	2,412,110	2,654,204
	American Funds 2045 Trgt Date Retire R6	Mutual Fund	2,963,722	3,275,778
	American Funds 2050 Trgt Date Retire R6	Mutual Fund	1,885,688	2,072,380
	American Funds 2055 Trgt Date Ret R6	Mutual Fund	1,359,343	1,494,335
	American Funds 2060 Target Date Ret R6	Mutual Fund	282,179	304,747
	Morgan Stanley Inst Intl Advtg I	Mutual Fund	495,125	554,617
	T. Rowe Price International Discovery	Mutual Fund	917,320	928,121
	Vanguard Developed Markets Index Admiral	Mutual Fund	1,047,144	1,096,264
	Cohen & Steers Real Estate Securities I	Mutual Fund	116,450	123,463
	Vanguard Energy Adm	Mutual Fund	319,314	292,865
	Vanguard Real Estate Index Admiral	Mutual Fund	135,555	149,673
	DFA US Targeted Value I	Mutual Fund	430,046	411,092
	Vanguard Small Cap Index Adm	Mutual Fund	1,216,713	1,390,870
	Great-West Mid Cap Value Instl	Mutual Fund	648,366	633,053
	Great-West T. Rowe Price Mid Cap Gr Inst	Mutual Fund	725,528	704,272
	Carillon Scout Mid Cap I	Mutual Fund	10,846	11,551
	Vanguard Mid Cap Index Fund - Admiral	Mutual Fund	894,202	1,051,809
	iShares S&P 500 Index K	Mutual Fund	1,577,479	1,905,976
	Invesco Diversified Dividend R5	Mutual Fund	1,108,404	1,159,904
	Parnassus Endeavor Institutional	Mutual Fund	2,567,419	2,705,201
	American Funds American Balanced R6	Mutual Fund	250,942	268,986
	AB Global Bond I	Mutual Fund	28,573	28,757
	Federated Instl High Yield Bond Instl	Mutual Fund	506,386	505,457
	JP Morgan Core Plus Bond R6	Mutual Fund	644,951	659,546
	Pimco Income Instl	Mutual Fund	214,952	213,018
	Vanguard Total Bond Market Index Admiral	Mutual Fund	257,939	265,526
	Western Asset Core Plus Bond IS	Mutual Fund	252,410	249,034
				33,147,491
	Cash/Forfeiture Account	Cash	18,949	19,509
*	Key Guaranteed Portfolio Fund	Fixed Annuities	553,379	565,455
				584,964
	Total			33,732,455