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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
L&F DISTRIBUTORS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1999

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)
L&F DISTRIBUTORS, LLC

3900 N MCCOLL ROAD
MCALLEN, TX 78501

2b Employer Identification Number (EIN)
74-2200646

2c Plan Sponsor's telephone number
956-687-7751

2d Business code (see instructions)
424800

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.	10/15/2020	MARY LAMANTIA
	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**	1161
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)**	951
a(2) Total number of active participants at the end of the plan year	**6a(2)**	916
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	258
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1175
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	1175
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	900
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	101
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
L&F DISTRIBUTORS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
L&F DISTRIBUTORS, LLC

D Employer Identification Number (EIN)
74-2200646

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 AND ANNUITY

(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	506668-01	212	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

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

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

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

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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	1181000
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. Specify nature of costs ▶	6d	

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	1133796		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	16943		
	(4) Transferred from separate account	7c(4)	17437897		
	(5) Other (specify below)	7c(5)	28494		
	▶ LOAN PAYMENTS, FORFEITURES				
	(6) Total additions			7c(6)	18617130
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	18617130
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	27984		
	(2) Administration charge made by carrier	7e(2)	227		
	(3) Transferred to separate account	7e(3)	17407919		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	17436130
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1181000

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
L&F DISTRIBUTORS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
L&F DISTRIBUTORS, LLC

D Employer Identification Number (EIN)
74-2200646

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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(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)

PENSIONMARK FINANCIAL GROUP LLC

24 E COTA ST STE 200
SANTA BARBARA, CA 93101

(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	16592	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	567	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
L&F DISTRIBUTORS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
L&F DISTRIBUTORS, LLC

D Employer Identification Number (EIN)
74-2200646

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADV TRST 2060 X		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	93040
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADV TRST 2055 X		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	735102
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADV TRST 2035 X		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2578883
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADV TRST 2020 X		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2218116
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADV TRST MAT X		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	639089
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADV TRST 2045 X		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1831262
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM RETIREMENT ADV TRST		
b Name of sponsor of entity listed in (a):	PUTNAM INVESTMENTS CIT		
c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1203306

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1713830

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1557520

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM RETIREMENT ADV TRST

b Name of sponsor of entity listed in (a): PUTNAM INVESTMENTS CIT

c EIN-PN 26-0788428-268	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3215653

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPERATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN 06-0974148-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
L&F DISTRIBUTORS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
L&F DISTRIBUTORS, LLC

D Employer Identification Number (EIN)
74-2200646

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	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)	1207986	1170298
(9) Value of interest in common/collective trusts	1c(9)	711852	15785801
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	14195820	2062503
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	1181000
(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	16115658	20199602
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
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	16115658	20199602

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)	821860	
	(B) Participants	2a(1)(B)	1165890	
	(C) Others (including rollovers)	2a(1)(C)	48967	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2036717
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	62107	
	(F) Other	2b(1)(F)	16942	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		79049
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2179308	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2179308
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		1023609
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		115225
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		5433908
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1191087	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1191087
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		31941
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	45392	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	81544	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		126936
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1349964
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4083944
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: BURTON MCCUMBER & LONGORIA, LLP **(2)** EIN: 74-2609610

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	
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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

5c 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
L&F DISTRIBUTORS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
L&F DISTRIBUTORS, LLC

D Employer Identification Number (EIN)
74-2200646

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): 84-1455663 04-1590850

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_____

L&F Distributors 401(K) Plan

FINANCIAL STATEMENTS

AND

INDEPENDENT AUDITORS' REPORT

(WITH SUPPLEMENTAL INFORMATION)

December 31, 2019 and 2018

Independent Auditors' Report

To the Trustees and Plan Administration of
L&F Distributors 401(k) Plan

We were engaged to audit the accompanying financial statements of L&F Distributors 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Great-West Life & Annuity Insurance Company ("Great-West") and Massachusetts Mutual Life Insurance Company ("Mass Mutual"), the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that Great-West held the Plan's investment assets and executed investment transactions from July 18, 2019 to December 31, 2019, and that Mass Mutual held the Plan's investment assets and executed investment for the period January 1, 2019, to July 17, 2018. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2019, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements referred in the first paragraph.

Other Matter – Supplemental Schedules

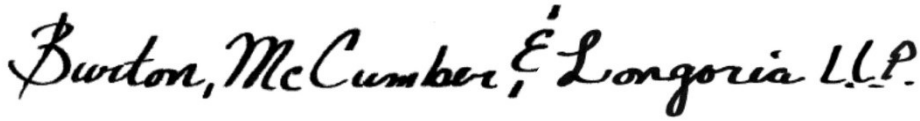
The supplemental schedule Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at Year End) as of December 31, 2019 is required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and 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 schedule referred to above.

Other Matter – 2018 Financial Statements

The financial statements of the Plan as of December 31, 2018, were audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Mass Mutual, the trustee of the Plan. Their report, dated October 15, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion in the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2019 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.



Brownsville, Texas
October 14, 2020

FINANCIAL STATEMENTS

L&F DISTRIBUTORS 401(k)
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2019	2018
ASSETS		
Investments		
Mutual funds at fair value	$ 2,062,503	$ 14,196,587
Common/collective trusts at net asset value	15,785,801	711,085
Fixed annuities at contract value	1,181,000	-
Total investments	19,029,304	14,907,672
Receivables		
Employer contributions	13,353	37,287
Participant contributions	20,226	54,012
Notes receivable from participants	1,170,298	1,080,734
Total receivables	1,203,877	1,172,033
Total assets	20,233,181	16,079,705
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,233,181	$ 16,079,705

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

L&F DISTRIBUTORS 401(k)
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2019

Additions to net assets attributed to:		
Investment income		
Net appreciation in value of investments	$	3,199,064
Dividend income		136,020
Total investment gain		3,335,084
Interest income on notes receivable from participants		62,107
Other income		45,708
Contributions:		
Employer match		797,926
Participant deferrals		1,132,104
Particpant rollovers		48,967
Total contributions		1,978,997
Total additions to net assets		5,421,896
Deductions from net assets attributed to:		
Benefits paid to participants		1,223,028
Administrative expenses		45,392
Total deductions from net assets		1,268,420
Net increase to net assets available for benefits		4,153,476
Net assets available for benefits at:		
Beginning of year		16,079,705
End of year	$	20,233,181

The accompanying notes are an integral part of this financial statement.

L&F DISTRIBUTORS 401(k)
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

NOTE A - DESCRIPTION OF PLAN

The following is a brief description of the L&F Distributors 401(k) Plan (the "Plan") is provided for general information purposes only. The Plan is sponsored by L&F Distributors, LLC (the "Company"). Participants should refer to the Plan Documents for more information. The Company's corporate office is located in McAllen, Texas.

The purpose of the Plan is to encourage the Company's employees to save and invest, systematically, a portion of their current compensation so they and their families may have a source of additional income upon their retirement, or in the event of death.

1. General

The Plan is a defined contribution plan available to all employees of the Company who have attained the age of 18 and have completed one year of service with a minimum of 1,000 hours. All employees of the Company are eligible to participate in the Plan, except those employees receiving wages in excess of certain amounts established by law. Eligible employees may enter the Plan semi-annually on January 1 and July 1 coinciding with the date they satisfy the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

2. Contributions

Participants may contribute up to 75% of pre-tax annual compensation, as defined by the Plan. Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code (the "IRC") as defined in the Plan Documents. Eligible participants may make a rollover contribution to the Plan. The amount rolled over will be invested at the participant's direction of investment option.

Participants who are eligible to make salary deferral contributions under the Plan and who have attained the age of 50 before the close of the year may make catch-up contributions in accordance with, and subject to the limitations imposed by the IRC.

The Plan provides for the company to contribute an amount equal to 100% of the first 3% of base compensation that a participant contributes to the plan. Employee non-vested forfeitures may be used to reduce future employer ER contributions or to pay plan expenses. See forfeitures Note A-8.

Participants may change their contribution percentage at the beginning of each quarter during the Plan year. In addition, a participant may discontinue salary reduction contributions at any time during the Plan year.

3. Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Employer's contributions, (b) forfeitures and (c) Plan earnings (losses) and charged with distributions and an allocation of administrative expenses, if any. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A - DESCRIPTION OF PLAN – Continued

4. Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contribution portion of accounts, plus actual earnings thereon is as follows:

Years of Service	Vested Percentage
After 1 year	20%
2 yrs	40%
3 yrs	60%
4 yrs	80%
5 yrs	100%

In the event of disability or death, the participant will become fully vested.

5. Investment Options

Participants may direct their salary deferral contributions and employer contributions to selected investments as made available to them per the plan document. Participants may change their investment options in the designated funds at any time. All investments are participant-directed.

6. Payment of Benefits and Distributions

Normal retirement age is when a participant attains their 65th birthday.

Distributions upon death of the participant prior to receiving any benefits shall be made pursuant to the election of the participant or beneficiary. Distributions upon terminations are forced out for participants with vested balance under $1,000 or may be made immediately at the participant's election for vested balances over $1,000. Distributions may be made in cash or property in the form of lump sums or installments.

Hardship distributions are available in the case of immediate and heavy financial needs from any participant deferral accounts that are 100% vested.

7. Administrative Expenses

Employees of the Company perform certain administrative functions with no compensation from the Plan. In accordance with Plan provisions, the Company pays costs relating to asset charges and recordkeeping. Participants pay certain investment administrative expenses through their account balances. Certain expenses of maintaining the Plan are paid by the Employer and are therefore excluded from theses financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees for administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account. Expenses paid directly by participants totaled $45,392 and $60,886 for the years ended December 31, 2019 and 2018, respectively.

NOTE A - DESCRIPTION OF PLAN – Continued

8. Forfeitures

For any Plan year, forfeitures can be applied to non-elective contributions, matching contributions and to pay reasonable plan expenses. The balance in forfeiture accounts totaled $39,771 and $16,499 for the year ended December 31, 2019 and 2018, respectively.

9. Top-heavy Status

A "top-heavy" Plan benefits "key-employees" such as certain owners or officers. A Plan will reach "top-heavy" status when 60% of the contributions or benefits have been allocated to these key-employees. In the event that the Plan becomes "top-heavy", the employer will be required to contribute a minimum allocation to each "non-key" employee equal to the lesser of the percent that key employees receive or 3% of employee compensation. The Plan is currently not "top-heavy."

10. Notes Receivable from Participants

Participants may borrow from their vested fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Only one loan outstanding is allowed per participant at a time. The loans are secured by the balance in the participant's account and bear interest at reasonable rates established at Prime + 1%. The principal and interest are paid through regular payroll deductions. The maximum loan length allowed is five years. If the participant will be using the loan to purchase a principal residence, the loan length has maximum of ten years.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded at the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. At December 31, 2019 and 2018, no allowance for credit losses have been recorded. If a participant does not make loan repayments and the Plan administrator considers the loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is deemed as a benefit payment based on the terms of the Plan document.

11. Reclassification

Certain amounts in the prior year's presentation have been reclassified to conform to the current year's presentation. These reclassifications have no effect on previously reported changes in net asset.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

NOTE B - SUMMARY OF ACCOUNTING POLICIES – Continued

2. Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

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

3. Payments of Benefits

Benefits are recorded when paid.

4. Estimates

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

5. Contributions

Contributions from the Company and participants are accrued, as they become obligations of the Company, as determined by the Plan's administrator, and in the period in which they are deducted, in accordance with salary deferral arrangements.

6. Notes Receivables 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.

7. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. Fair value is a market-based measurement, not an entity-specific measurement. For some assets and liabilities, observable market transactions or market information might be available. For other assets and liabilities, observable market transactions and market information might not be available. However, the objective of a fair value measurement in both cases is the same – to estimate the price at which an orderly transaction to sell the asset or to transfer the liability would take place between market participants at the measurement date under current market conditions (exit price).

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

NOTE B - SUMMARY OF ACCOUNTING POLICIES – Continued

7. Fair Value Measurements - Continued

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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 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.
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.

In May 2015, the Financial Accounting Standards Board (FASB) issued ASU 2015-07, which removes the requirement for reporting entities to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are measured at fair value using the net asset value per share practical expedient.

In July 2015, the FASB issued ASU 2015-12, which permits a reporting entity to measure, present and disclose fully benefit-responsive contacts at contract value. ASU 2015-12 also eliminates the requirement for plans to disclose (1) individual investments that represent five percent or more of net assets available for benefits, and (2) the net appreciation or depreciation by general type.

The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate, but will no longer be required to be disaggregated and disclosed by general type. ASU 2015-12 also removes the requirements to disaggregate investments of employee benefit plans by nature, characteristics and risks and requires that these investments be grouped only by general type.

NOTE B - SUMMARY OF ACCOUNTING POLICIES – Continued

7. Fair Value Measurements - Continued

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Share Prices/Net Asset Values (NAVs) reported on the Plan Summary Reports for NAV mutual funds are generally obtained from a file feed from the National Securities Clearing Corporation, and/or directly from the fund house, or a secondary pricing source, such as Interactive Data Corporation (IDC).

Guaranteed Investments: The reported values for guaranteed investment options are reported daily based on the valuation method disclosed in the annuity contract,as calculated by the annuity provider. Plan sponsors should evaluate the general financial condition of the issuer of the annuity contract that is owned by the plan sponsor as a component of validating whether the calculated contract value of the guaranteed contract is an accurate value. All of these inputs are generally considered obtainable/observable through the review of existing contracts and readily available financial information on the Web sites of the issuing financial institutions. The Key Guaranteed Portfolio Fund is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Interest crediting rate is reset quarterly. The average yield earned by the plan for the benefit responsive fund can be derived by averaging the quarterly gross interest rates for the fund over the year. The average for 2019 is 1.20%.

Collective Trust Fund Accounts: Share Prices/NAV's reported on the Plan Summary Reports for Collective Trust Funds are generally obtained directly from the fund house or other investment provider. If available, an attempt is made to receive share prices from more than one source, and before the share price is entered into the recordkeeping system, a systematic comparison is performed and any difference in quoted share prices for the same fund is resolved by contacting the investment provider directly to ensure the correct share price is recorded. Variance reports are also reviewed showing percentage of share price changes from the prior day. The internal pricing analyst and management will review the overall movement of market indices and will apply judgement in determining whether any further research with investment providers will be pursued for share price variances from the prior day. Daily, after all research and validation has been performed, and variances have been resolved, share prices are closed and loaded to the recordkeeping system. Due to the various unique investments that may be allowed in a collective trust fund, and the various redemption restrictions that may be imposed, a plan sponsor should individually review the prospectus and operations of each of these types of investment options. Per US GAAP guidance, investments which use a net asset value per share (NAV) practical expedient for fair value measurement, as defined in ASC 820, should be removed from the leveling table and shown as a reconciling item. In general, the use of the practical expedient requires that the NAV is not publically available.

NOTE B - SUMMARY OF ACCOUNTING POLICIES – Continued

7. Fair Value Measurements - Continued

The following table sets forth the Plan's assets at fair value as of December 31,:

	Fair Value Measurements at December 31, 2019			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Measured on a recurring basis:				
Assets				
Investments				
Mutual funds (a)	$ -	$ -	$ -	$ 2,062,503
Guaranteed investments	-	1,181,000	-	1,181,000
Collective trust funds (a)	-	-	-	15,785,801
Total investments	$ -	$ 1,181,000	$ -	$ 19,029,304

	Fair Value Measurements at December 31, 2018			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Measured on a recurring basis:				
Assets				
Investments				
Mutual funds (a)	$ -	$ -	$ -	$ 14,196,587
Collective trust funds (a)	-	-	-	711,085
Total investments	$ -	$ -	$ -	$ 14,907,672

(a) These investments are valued using net asset value as a practical expedient, and therefore have not been classified in the fair value hierarchy.

NOTE C – INVESTMENTS CERTIFIED BY TRUSTEE

The Plan's assets are deposited in investment accounts at Great-West. The following information has been prepared and certified to as completed and accurate by Great-West at December 31, 2019 and Mass Mutual at December 31, 2018:

	2019	2018
Great-West		
Mutual funds		
Fidelity 500 Index	$ 589,520	$ -
MFS Intl Diversification R6	321,854	-
T. Rowe Price Blue Chip Growth I	285,181	-
Pioneer Bond Y	150,759	-
Fidelity Mid Cap Index	137,328	-
Great-West T. Rowe Price Mid Cap Gr Inst	111,261	-
Fidelity Small Cap Index	77,996	-
PIMCO Income Instl	71,531	-
Fidelity Real Estate Index Institutional	57,924	-
Fidelity Global ex US Index	51,340	-
MFS Value R6	48,660	-
Fidelity US Bond Index	45,047	-
American Century Mid Cap Value R6	41,436	-
Franklin Small Cap Value R6	35,693	-
Franklin Small Cap Growth R6	17,768	-
Putnam Dynamic Asset Alloc Growth R6	11,009	-
Putnam Dynamic Asset Allocation Bal R6	5,125	-
Putnam Dynamic Asset Allocation Con R6	3,071	-
Mutual funds, at fair value	$ 2,062,503	$ -
Mass Mutual Funds		
Mutual funds		
AF Growth Fund Amer R3	-	2,050,277
Blckrck Gl Alloctn A	-	1,529,160
Blckrck S&P 500 Index VI	-	1,497,313
JPMorgan Smart Retirement 2030 A	-	1,444,491
Oppenheimer Government Money Market	-	1,176,612
JPMorgan Smart Retirement 2020 A	-	989,929
MM S&P Mid Cap Index R4	-	923,487
MFS Value R3	-	923,233
AF Cap World G and I R3	-	679,583
Fidelity Advisor Total Bond M	-	639,498
BNY Mellon Sm Cap Stock Index A	-	571,236
Invesco Diversified Dividend A	-	489,642
Thronburg Intl Value R4	-	474,345

NOTE C – INVESTMENTS CERTIFIED BY TRUSTEE – Continued

	2019	2018
Mass Mutual Funds - Continued		
Mutual funds - Continued		
JPMorgan Smart Retirement Income A	-	375,519
Goldmansachs Gvinc A	-	291,588
BNY Mellon Intl Stk Index A	-	140,616
JPMorgan US Government Money Market	-	58
Mutual funds, at fair value	$ -	$ 14,240,052
Great-West		
Collective Trusts		
Putnam Retirement Advantage Trst 2030 X	3,215,653	-
Putnam Retirement Advantage Trst 2035 X	2,578,883	-
Putnam Retirement Advantage Trst 2020 X	2,218,116	-
Putnam Retirement Advantage Trst 2045 X	1,831,262	-
Putnam Retirement Advantage Trst 2025 X	1,713,830	-
Putnam Retirement Advantage Trst 2040 X	1,557,520	-
Putnam Retirement Advantage Trst 2050 X	1,203,306	-
Putnam Retirement Advantage Trst 2055 X	735,102	-
Putnam Retirement Advantage Trst Mat X	639,089	-
Putnam Retirement Advantage Trst 2060 X	93,041	-
Collective trusts, at net asset value	$ 15,785,801	$ -
Mass Mutual Funds		
Collective Trusts		
JPMorgan Smart Retirement 2040 A	-	646,057
JPMorgan Smart Retirement 2050 A	-	65,028
Collective trusts, at net asset value	$ -	$ 711,085
Great-West - Fixed Annuities, at contract value		
Key Guaranteed Portfolio Fund	$ 1,181,000	$ -
Participant Loans		
Loan Accounts	$ 1,170,298	$ 1,080,734
Grand Total	$ 20,199,602	$ 16,031,871

NOTE D - PLAN TERMINATION

The employer has the right under the Plan to change, amend or discontinue the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. The employer does not intend to terminate the Plan.

NOTE E - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Plan Administrator by a letter dated March 31, 2014, that the Plan is designed to be in accordance with applicable sections of the Internal Revenue Code (IRC) and, therefore, the Plan is tax-exempt.

Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The plan has been amended since receiving the determination letter. The Company believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Plan management evaluates tax positions taken by the Plan and recognized a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax position taken by the Plan and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any period in progress. The Plan's Form 5500 is subject to examination by the IRS for the years ending December 31, 2016 through December 31, 2019.

NOTE F - TERMINATED PARTICIPANTS

The vested amount due to terminated participants totaled $2,328,762 and $1,301,805 at December 31, 2019 and 2018, respectively.

NOTE G - PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons. The Plan also has notes receivable from participants, which also qualify as party-in-interest transactions. Other parties-in-interest include the Plan Sponsor (the Employer).

Certain employees of the Employer provide administrative and support services for the Plan, for which these employees are compensated by the Plan. The Employer also engages third parties for other consulting and administrative services with regard to the Plan, the fees for which are paid by the employer.

The Plan invests in shares of mutual funds managed Great-West, which acts as the record-keeper for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE H – RISK 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, which such changes could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

NOTE I – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	December 31,	
	2019	2018
Net assets available for benefits - financial statements	$ 20,233,181	$ 16,079,705
Adjustments of:		
Loans deemed distributed	-	127,252
Participant deferrals receivable	(20,226)	(54,012)
Employer match contribution receivable	(13,353)	(37,287)
Net assets available for benefits - Form 5500	$ 20,199,602	$ 16,115,658

For the year ended December 31,	2019
Net increase in net assets available for benefits as presented in these financial statements	$ 4,153,476
Adjustments of:	
Net change in participant deferrals receivable	33,786
Net change in employer match contributoin receivable	23,934
Form 5500 prior period adjustment for deemed deemed distributed loans	(127,252)
Net increase in net assets available for benefits as presented on Form 5500	$ 4,083,944

NOTE J - SUBSEQUENT EVENTS

All subsequent events requiring recognition as of October 14, 2020 have been incorporated into these financial statements herein.

On March 1, 2020, the President of the United States declared a National Health Emergency due to the COVID-19 known as Coronavirus. Action taken by government include but are not limited to shelter in place orders, required social distancing, and on-going payments to employees during the periods of the shutdown. Because of this National Health Emergency, the ultimate effect on the Plan's Sponsor, participants, and other critical resources necessary to maintain the Plan is uncertain. Accordingly, these financial statements have not been adjusted for these uncertainties.

The United States and global markets experienced significant declines in value resulting from uncertainty caused by the world-wide coronavirus pandemic. The Plan's financial statements do not include adjustments to fair value that have resulted from these declines.

SUPPLEMENTAL INFORMATION

L&F DISTRIBUTORS 401(k)
SCHEDULE H, LINE 4(i) -
SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2019

Employer Identification: 74-2200646
Plan Number: 001

(a) (b) Identity of issue, borrower, lessor, or similar party		(c) Description of Investment	(e) Current Value
* Putnam	**	Putnam Retirement Advantage Trst 2030 X	$ 3,215,653
* Putnam	**	Putnam Retirement Advantage Trst 2035 X	2,578,883
* Putnam	**	Putnam Retirement Advantage Trst 2020 X	2,218,116
* Putnam	**	Putnam Retirement Advantage Trst 2045 X	1,831,262
* Putnam	**	Putnam Retirement Advantage Trst 2025 X	1,713,830
* Putnam	**	Putnam Retirement Advantage Trst 2040 X	1,557,520
* Putnam	**	Putnam Retirement Advantage Trst 2050 X	1,203,306
* Great-West Life & Annuity Insurance Co.	***	Key Guaranteed Portfolio Fund	1,181,000
* Putnam	**	Putnam Retirement Advantage Trst 2055 X	735,102
* Putnam	**	Putnam Retirement Advantage Trst Mat X	639,089
Fidelity Investments	**	Fidelity 500 Index	589,520
MFS Fund	**	MFS Intl Diversification R6	321,854
T. Rowe Price	**	T. Rowe Price Blue Chip Growth I	285,181
Pioneer	**	Pioneer Bond Y	150,759
Fidelity Investments	**	Fidelity Mid Cap Index	137,328
Great-West T. Rowe	**	Great-West T. Rowe Price Mid Cap Gr Inst	111,261
* Putnam	**	Putnam Retirement Advantage Trst 2060 X	93,041
Fidelity Investments	**	Fidelity Small Cap Index	77,996
PIMCO	**	PIMCO Income Instl	71,531
Fidelity Investments	**	Fidelity Real Estate Index Institutional	57,924
Fidelity Investments	**	Fidelity Global ex US Index	51,340
MFS Fund	**	MFS Value R6	48,660
Fidelity Investments	**	Fidelity US Bond Index	45,047
American Century Investments	**	American Century Mid Cap Value R6	41,436
Franklin Templeton	**	Franklin Small Cap Value R6	35,693
Franklin Templeton	**	Franklin Small Cap Growth R6	17,768
* Putnam	**	Putnam Dynamic Asset Alloc Growth R6	11,009
* Putnam	**	Putnam Dynamic Asset Allocation Bal R6	5,125
* Putnam	**	Putnam Dynamic Asset Allocation Con R6	3,071
* Participant Loans		Interest between 5.55% to 6.50%	1,170,298
			$ 20,199,602

* Party in interest as defined by ERISA.
** Registered Investment Company/Mutual Fund
*** Fixed Income Account
(d) Cost information, by fund, is not applicable to self-directed participant accounts.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

L & F Distributors 401(K) Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PCCEX			3,019.98	3,068.54
1PAAEX			4,886.60	5,125.42
1PAEEX			10,300.23	11,009.01
1PTRX20			2,139,607.71	2,218,116.13
1PTRX25			1,640,366.45	1,713,830.12
1PTRX30			3,026,794.16	3,215,652.51
1PTRX35			2,398,472.86	2,578,883.44
1PTRX40			1,438,081.88	1,557,519.86
1PTRX45			1,682,170.85	1,831,262.14
1PTRX50			1,101,387.79	1,203,306.06
1PTRX55			671,023.80	735,101.60
1PTRX60			84,979.20	93,039.86
1PTRXMT			616,287.76	639,088.72
1FSGGX			47,906.89	51,340.30
1MDIZX			302,304.28	321,854.07
1FSRNX			58,557.12	57,923.88
1FSSNX			41,790.28	45,046.69
1FRCSX			36,143.02	35,692.68
1FSMLX			17,371.97	17,768.01
1AMDVX			39,705.30	41,435.98
1FSMDX			129,833.10	137,328.22
1MXYKX			112,997.48	111,260.70
1FXAIX			534,867.37	589,519.52
1MEIKX			46,429.53	48,659.89
1TBCIX			265,400.30	285,181.19
1FXNAX			78,732.67	77,996.41
1PIMIX			71,034.60	71,533.19
1PICYX			151,387.65	150,759.43
1KGPGW		1.200	1,135,135.47	1,141,229.40
			17,886,976.30	**18,989,532.97**
PARTICIPANT LOANS	VARIOUS	4.250-6.500	1,169,404.21	1,170,297.84
FORFEITURES			39,636.75	39,770.99

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 74-2200646

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

L & F Distributors 401(K) Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1PCCEX	Putnam Dynamic Asset Allocation Con R6
1PAEEX	Putnam Dynamic Asset Alloc Growth R6
1PTRX25	Putnam Retirement Advantage Trst 2025 X
1PTRX35	Putnam Retirement Advantage Trst 2035 X
1PTRX45	Putnam Retirement Advantage Trst 2045 X
1PTRX55	Putnam Retirement Advantage Trst 2055 X
1PTRXMT	Putnam Retirement Advantage Trst Mat X
1MDIZX	MFS Intl Diversification R6
1FSSNX	Fidelity Small Cap Index
1FSMLX	Franklin Small Cap Growth R6
1FSMDX	Fidelity Mid Cap Index
1FXAIX	Fidelity 500 Index
1TBCIX	T. Rowe Price Blue Chip Growth I
1PIMIX	PIMCO Income Instl
1KGPGW	Key Guaranteed Portfolio Fund
1PAAEX	Putnam Dynamic Asset Allocation Bal R6
1PTRX20	Putnam Retirement Advantage Trst 2020 X
1PTRX30	Putnam Retirement Advantage Trst 2030 X
1PTRX40	Putnam Retirement Advantage Trst 2040 X
1PTRX50	Putnam Retirement Advantage Trst 2050 X
1PTRX60	Putnam Retirement Advantage Trst 2060 X
1FSGGX	Fidelity Global ex US Index
1FSRNX	Fidelity Real Estate Index Institutional
1FRCSX	Franklin Small Cap Value R6
1AMDVX	American Century Mid Cap Value R6
1MXYKX	Great-West T. Rowe Price Mid Cap Gr Inst
1MEIKX	MFS Value R6
1FXNAX	Fidelity US Bond Index
1PICYX	Pioneer Bond Y

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year