Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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
FELIX STORCH INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
FELIX STORCH INC

770 GARRISON AVE
BRONX, NY 10474

2b Employer Identification Number (EIN)
11-2197886

2c Plan Sponsor's telephone number
718-893-3900

2d Business code (see instructions)
423600

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.	09/29/2021	SALVATORE MIRRA
	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 PAYCHEX INC **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	229
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)**	205
a(2) Total number of active participants at the end of the plan year	**6a(2)**	192
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	37
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	230
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	230
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	174
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] 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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

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

A Name of plan
FELIX STORCH INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FELIX STORCH INC

D Employer Identification Number (EIN)
11-2197886

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

PAYCHEX SECURITIES CORPORATION
225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

(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)

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	14462	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

2020

This Form is Open to Public Inspection.

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

A Name of plan
FELIX STORCH INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FELIX STORCH INC

D Employer Identification Number (EIN)
11-2197886

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: FEDERATED HERMES CAPITAL PRESERVATI

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

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)
22-2712853-001	C	59414

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
FELIX STORCH INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FELIX STORCH INC

D Employer Identification Number (EIN)
11-2197886

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 reported 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	
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	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	88202	148266
(9) Value of interest in common/collective trusts	1c(9)	88134	59414
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5163765	6460407
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	5340101	6668087
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	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	5340101	6668087

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)	420212	
	(B) Participants	2a(1)(B)	597009	
	(C) Others (including rollovers)	2a(1)(C)	18215	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1035436
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)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	5043	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5043
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	212121	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		212121
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		266
(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)		545831
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1798697
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	456249	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		456249
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	14462	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14462
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		470711
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1327986
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SOBEL AND CO LLC **(2)** EIN: 22-1430039

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	

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

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
FELIX STORCH INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FELIX STORCH INC

D Employer Identification Number (EIN)
11-2197886

Part I Distributions

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

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

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

EIN(s): 16-1470238

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

FELIX STORCH INC 401(K)
PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2020 AND 2019



SOBEL & CO. LLC

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

FELIX STORCH INC 401(k) PROFIT SHARING PLAN AND TRUST

DECEMBER 31, 2020 AND 2019

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SOBELCO

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Felix Storch Inc 401(k) Profit Sharing Plan and Trust
Bronx, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Felix Storch Inc 401(k) Profit Sharing Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2020, 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 the 2020 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 on the 2020 financial statements.

Basis for Disclaimer of Opinion on the 2020 Financial Statements

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 3, which was certified by Mid Atlantic Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the 2020 financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion on the 2020 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2020 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements.

Proud Member of Alliott Global Alliance

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Other Matters—Report on Supplemental Schedule and Report on 2019 Financial Statement

The supplemental schedule, Schedule H - Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor's 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 is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2020 Financial Statements paragraph, we do not express an opinion on the supplemental schedule referred to above.

We have audited the accompanying statement of net assets available for benefits of Felix Storch Inc 401(k) Profit Sharing Plan and Trust as of December 31, 2019, and in our report dated October 13, 2020, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of Felix Storch Inc 401(k) Profit Sharing Plan and Trust as of December 31, 2019, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statements

The form and content of the information included in the 2020 financial statements and supplemental schedule, 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.

Sobel & Co., LLC

Certified Public Accountants

Livingston, New Jersey
September 23, 2021

SOBELCO

FELIX STORCH INC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2020	December 31, 2019
ASSETS		
Investments at fair value	$ 6,519,821	$ 5,251,899
RECEIVABLES:		
Notes receivable from participants	148,266	88,202
Employer contributions	12,088	5,159
Participant contributions	9,257	8,670
Other employer contributions	-	73,466
	169,611	175,497
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,689,432	$ 5,427,396

FELIX STORCH INC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2020	2019
Additions:		
Investment Income:		
Net appreciation in fair value of investments	$ 546,097	$ 530,717
Dividend income	212,121	182,757
Investment Income	758,218	713,474
Interest on notes receivable from participants	5,043	4,498
Contributions:		
Employer	353,675	345,888
Participants	597,596	590,980
Rollover	18,215	1,002
Total Contributions	969,486	937,870
Total Additions	1,732,747	1,655,842
Deductions:		
Benefits paid to participants	456,249	330,575
Administrative expenses	14,462	10,985
Total Deductions	470,711	341,560
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	1,262,036	1,314,282
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	5,427,396	4,113,114
End of year	$ 6,689,432	$ 5,427,396

NOTE 1 - PLAN DESCRIPTION:

The Felix Storch Inc 401(k) Profit Sharing Plan and Trust ("Plan") is administered by Felix Storch Inc ("Company", "Sponsor" or "Administrator"). The following is a brief description of the Plan provided for general information purposes only. More complete information is provided in the Summary Plan Description and Plan Document that are available from the Company.

General:
The Plan is a defined-contribution plan covering eligible employees of the Company as defined below. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Eligibility:
Employees, excluding employees covered by a collective bargaining agreement, nonresident aliens, or employees from an asset or stock acquisition, merger, or similar transaction, are eligible to become participants in the Plan on the date following attainment of 3 months of service and age 21. Participants can enter the Plan immediately upon meeting the age and service requirements.

Contributions:
Participants may make voluntary pretax contributions to the Plan up to 96% of their eligible compensation, up to the annual Internal Revenue Service ("IRS") dollar limit of $19,500 in 2020 and $19,000 in 2019. The Plan does not allow Roth contributions. The Plan accepts rollover contributions from other qualified retirement plans in accordance with ERISA, except for rollovers of after-tax contributions. Participants who have attained age 50 before the end of the Plan Year are eligible to make catch-up contributions in accordance with, and subject to, IRC statutory limits of $6,500 in 2020 and $6,000 in 2019.

The Company makes a basic matching safe harbor contribution of an amount equal to participants' elective contribution that does not exceed 3% of compensation for the Plan Year, plus 50% of participants' elective deferrals that exceed 3% of the compensation for the Plan Year but does not exceed 5% of compensation for the Plan Year. Additional profit-sharing amounts may be contributed at the option of the Company for employees with one year of eligible service, defined as 1,000 hours, who are employed on the last day of the Plan year. For the years ended December 31, 2020 and 2019, there were no profit-sharing contributions made by the Company.

Investment Options:
Upon enrollment in the Plan, participants may direct their employee and Company contributions by percentages into any of the investment options available. A separate account is maintained for each participant and dividends earned by each fund are reinvested in that fund. Participants may change their investment options daily.

NOTE 1 - PLAN DESCRIPTION: (Continued)

Participant Accounts:
Each participant's account is credited with the participant's contribution and allocation of: (a) the Company's contribution; (b) Plan earnings, gains or losses; and (c) charged with an allocation of administrative expenses. Allocations are based on a participant's compensation or account balances, as defined in the Plan Document.

The Plan permits participants to self-direct the investments of their accounts in a variety of investment options. All participants have elected to self-direct their accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:
Participants are immediately vested in their elective contributions and basic matching safe harbor contributions plus actual earnings thereon. Vesting in the Company's profit-sharing contributions is based on years of continuous service. A participant is 100% vested in the Company's profit-sharing contributions after two years of service.

Notes Receivable from Participants:
Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount of the lesser of one-half of their vested account balances or $50,000 (reduced by the highest value of any outstanding loan balance in the preceding 12 months), whichever is less. Each loan is secured by 50% of the participant's vested balance in the participant's account. Only one loan per participant can be outstanding at a time. Loans have a maximum term of not more than 54 months, unless the loan is used to acquire the borrower's principal residence, in which case the Plan Administrator may extend the repayment period. The interest rate is defined as the prime rate plus 1% and will remain fixed throughout the duration of the loan. Principal and interest payments must be made through after-tax payroll deductions or by another payment method in accordance with procedures provided by the Plan Administrator, and there is no penalty for early repayment of loan balances. If a participant terminated prior to repayment of the loan balance, the remaining balance on the loan is considered to be a deemed distribution to the participant. At December 31, 2020 and 2019, notes receivable from participants amounted to $148,266 and $88,202, respectively.

Forfeitures:
Forfeitures resulting from the nonvested portions of participants' accounts who terminate prior to being fully vested, generally, are first used to pay administrative expenses and then used to reduce employer contributions. The balance in the forfeiture account at December 31, 2020 and 2019, was $7,578 and $7,317, respectively. Forfeitures of $795 and $310 were used to offset administrative fees or employer contributions for the year ended December 31, 2020 and 2019, respectively.

NOTE 1 - PLAN DESCRIPTION: (Continued)

Payment of Benefits:
After retirement, death, or disability, participants are entitled to receive a lump-sum distribution, monthly installments or partial withdrawals. Participants have the option to leave amounts in the Plan up to the mandatory distribution date, which is defined as April 1st following the calendar year of attaining the age of 70½. If the participants are still employed by the age of 70½, the mandatory distribution date generally is April 1 following the termination date of employment. Effective January 1, 2020, the required minimum distribution age was increased to 72 under the SECURE Act. Unless otherwise designated, if the participant is married, his/her spouse is the beneficiary or, if single, the participant's estate is the beneficiary. Effective April 2020, the Plan adopted the CARES Act to allow increases of distributions up to $100,000 for participants under the age of 59½ and suspended the requirement for participants to take required minimum distributions for the 2020 plan year.

Upon termination, vested benefits can be rolled over to another qualified plan or an individual retirement account ("IRA") or distributed in a lump-sum payment or partial withdrawals. If the vested balance is $5,000 or less, any amount exceeding $1,000 will be distributed to an IRA or annuity for the participant's benefit. If the participant's vested balance is $1,000 or less, the participant will receive a lump-sum distribution without consent.

Hardship withdrawals are subject to approval by the Plan Administrator and also subject to income tax withholding and penalties.

In-service Withdrawals:
Participants attaining the age of 59½ may request a withdrawal of all or part of the vested portion of their account.

Retirement:
The Plan's normal retirement age is 65. There is no early retirement provision under the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting:
The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates:
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Investment Valuation and Income Recognition:
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment adviser and Trustee. See Note 4 for a discussion of fair value measurements.

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

Notes Receivable from Participants:
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan Document. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Other Employer Contributions Receivable:
Corrective contributions are presented as other employer contributions receivable. During the Plan Years 2007 to 2019, deferral contributions were not withheld for compensations such as bonus, vacation pay, sick pay, overtime pay, and dental premium pay. These missed contributions are recorded as other employer contributions receivable with a corresponding increase in contributions. Employer-matching contributions corrected totaled $32,302 and qualified nonelective contributions ("QNEC") corrected totaled $41,164. These contributions were all paid and corrected during 2020.

Benefit Payments:
Benefits are recorded when paid.

Administrative Expenses and Participant Transaction Fees:
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants, investment fees, and certain Plan administration fees not covered by the Company are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Mutual Fund Fees:
Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. Allowable fees under Section 12b-1 of the Investment Company Act of 1940 are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity and, thus, not separately identifiable as an expense.

Subsequent Events:
The Company has evaluated its subsequent events and transactions occurring after December 31, 2020 through September 23, 2021, the date that the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN TRUSTEE (UNAUDITED):

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's *Rules and Regulations for Reporting and Disclosure* under ERISA. Accordingly, Mid Atlantic Trust Company, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for plan benefits as of December 31, 2020, and the supplemental Schedule H - Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020, and the related investment activity reflected in the statements of changes in net assets available for plan benefits for the year ended December 31, 2020.

NOTE 4 - FAIR VALUE MEASUREMENTS:

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

The three levels of the fair value hierarchy are described below:

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.

NOTE 4 - FAIR VALUE MEASUREMENTS: (Continued)

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1 input).

Common/Collective Trust: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. (Other inputs)

NOTE 4 - FAIR VALUE MEASUREMENTS: (Continued)

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,460,407	$ -	$ -	$ 6,460,407
Investments measured at net asset value (a)	-	-	-	59,414
Investments at Fair Value	$ 6,460,407	$ -	$ -	$ 6,519,821

Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 5,163,765	$ -	$ -	$ 5,163,765
Investments measured at net asset value (a)		-	-	88,134
Investments at Fair Value	$ 5,163,765	$ -	$ -	$ 5,251,899

(a) – Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 4 - FAIR VALUE MEASUREMENTS: (Continued)

Fair Value of Investments in Entities that Use NAV:
The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2020 and 2019, respectively.

Fair Value of Investments in Entities that Use NAV

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if currently available)	Redemption Notice Period
Common Collective Trust	$59,414	N/A	Daily	Daily

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency (if currently available)	Redemption Notice Period
Common Collective Trust	$88,134	N/A	Daily	Daily

NOTE 5 - RELATED-PARTY TRANSACTIONS:

Administrative expenses are paid to Paychex, Inc., third-party administrator, who acts as the recordkeeper of the Plan. These transactions qualify as party-in-interest transactions.

Notes receivable from Plan participants qualify as party-in-interest transactions.

NOTE 6 - PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, participants will become 100% vested and entitled to their full account balance, including all Company contributions, as of the termination date. Any unallocated assets of the Plan shall be allocated to participants' accounts and distributed in such a manner as the Plan Document describes.

NOTE 7 - TAX STATUS:

The Plan is a prototype plan and has obtained an opinion letter, dated April 10, 2014, in which the Internal Revenue Service ("IRS") stated that the prototype plan document was in compliance with applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the 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 positions taken by the Plan and concluded that, as of December 31, 2020 and 2019, 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 has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any periods in progress.

NOTE 8 - RISKS AND UNCERTAINTIES:

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

The Plan could be adversely affected by the ongoing pandemic. The spreading of a novel strain of the coronavirus ("COVID-19") is continuing to impact financial markets. While the Plan does not expect that the virus will have a material adverse effect on investment performance or Plan operations at this time, the Plan is unable to predict the impact that the COVID-19 virus may have due to various uncertainties, including the severity of the disease, the duration of the outbreak, and additional actions that may be taken by governmental authorities.

NOTE 9 - CONCENTRATION:

As of December 31, 2020 and 2019, the Plan held two investments that represented 45% and 48%, respectively, of net assets available for benefits.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

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

	2020	2019
Net assets available for benefits per financial statements	$ 6,689,432	$ 5,427,396
Employer contributions receivable	(12,088)	(37,461)
Participant contributions receivable	(9,257)	(49,834)
Net Assets Available for Benefits per Form 5500	$ 6,668,087	$ 5,340,101

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

	Year Ended December 31,	
	2020	2019
Changes in net assets available for benefits per financial statements	$ 1,262,036	$ 1,314,282
Changes in employer contributions receivable	25,373	(37,461)
Changes in participant contributions receivable	40,577	(49,834)
Changes in Net Assets Available for Benefits per Form 5500	$ 1,327,986	$ 1,226,987

NOTE 11 - EMPLOYER CORRECTIVE PLAN CONTRIBUTION:

Bonuses are declared periodically through the year and during some of the bonus pay periods, the Paychex template incorrectly did not withhold 401(k) deferrals based on the Participant elections. As such, certain bonuses paid during the 2007, 2009, 2010, 2011, 2012, 2013, 2014 , 2015, 2016, 2017, 2018, and 2019 Plan Years Paychex failed to withhold 401(k) deferral contributions on bonuses and where applicable failed to sufficiently fund the matching contributions. During the 2014 Plan Year, there was also an incorrect template for one pay period in which 401(k) deferrals were not withheld on the dental premiums contribution to the Section 125, and matching contributions were not made thereon. For two pay periods in 2016, Paychex did not withhold 401(k) deferrals on overtime pay and for a few pay periods in 2014, 2015 and 2016, Paychex did not withhold 401(k) deferrals on vacation or sick pay.

These transactions are considered operational Plan failures necessitating corrective action by the Employer. In January 2020, the Plan submitted to the Internal Revenue Service a Voluntary Compliance Program ("VCP") Application under Revenue Procedure 2019-19 for the 2007 through 2016 Plan Years. The 2017-2019 Plan Years were eligible for self-correction under Section 9 of Revenue Procedure 2019-19. On April 30, 2020, the Internal Revenue Service issued a Compliance Statement agreeing with the corrective measures proposed by the Plan Sponsor for the Plan's operational errors.

The Plan Sponsor made corrective contributions to the Plan on behalf of those Participants who elected to have a percentage of their compensation withheld during the impacted Plan Years to be deposited in the Plan as 401(k) contributions. The corrective contributions, which shall include QNEC contributions for missed deferrals and applicable matching contributions thereon, were calculated for each of the applicable years.

For the delinquency that occurred from 2007 through the 2016 Plan Years, corrective contributions, including lost earnings, were made to the Plan subsequent to December 31, 2019, totaling $4,399, which is included in other employer contributions receivable as of December 31, 2019, on the statements of net assets available for benefits. In addition, for the delinquency that occurred from 2018 through the 2019 Plan Years, corrective contributions, including lost earnings, were made to the Plan subsequent to December 31, 2019, totaling $69,067, which is included in other employer contributions receivable as of December 31, 2019, on the statements of net assets available for benefits.

FELIX STORCH INC 401(k) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2020

EIN: 11-2197886
Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
	Federated Capital Preservation	Common Collective Trust	$ 59,414
	JPMorgan Small Cap Growth Fund	Mutual Fund	234,199
	MFS Core Equity Fund	Mutual Fund	68,143
	Nationwide Mid Cap Market Index Fund	Mutual Fund	177,656
	T. Rowe Price Blue Chip Growth Fund	Mutual Fund	255,605
	American Funds Washington Mutual Investors Fund	Mutual Fund	2
	Columbia Overseas Value Fund	Mutual Fund	257,199
	Eaton Vance Global Macro Absolute Return	Mutual Fund	56,599
	Western Asset Core Plus Bond Fund	Mutual Fund	124,253
	American Funds 2055 Target Date Retirement Fund	Mutual Fund	152,131
	American Funds 2010 Target Date Retirement Fund	Mutual Fund	156,979
	American Funds 2050 Target Date Retirement Fund	Mutual Fund	583,482
	American Funds 2045 Target Date Retirement Fund	Mutual Fund	306,786
	American Funds 2040 Target Date Retirement Fund	Mutual Fund	310,725
	American Funds 2035 Target Date Retirement Fund	Mutual Fund	241,283
	American Funds 2030 Target Date Retirement Fund	Mutual Fund	77,743
	American Funds 2025 Target Date Retirement Fund	Mutual Fund	346,185
	American Funds 2020 Target Date Retirement Fund	Mutual Fund	1,283,072
	American Funds 2015 Target Date Retirement Fund	Mutual Fund	1,710,901
	American Funds 2060 Target Date Retirement Fund	Mutual Fund	117,464
	Total Mutual Funds		6,460,407
	Total Investments		6,519,821
*	Notes Receivable from Participants	4.25% - 6.50% through April 2028	148,266
			$ 6,668,087

* *Denotes party-in-interest*

FELIX STORCH INC 401(K)
PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2020 AND 2019



SOBEL & CO. LLC

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

FELIX STORCH INC 401(k) PROFIT SHARING PLAN AND TRUST

DECEMBER 31, 2020 AND 2019

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Felix Storch Inc 401(k) Profit Sharing Plan and Trust
Bronx, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Felix Storch Inc 401(k) Profit Sharing Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2020, 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 the 2020 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 on the 2020 financial statements.

Basis for Disclaimer of Opinion on the 2020 Financial Statements

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 3, which was certified by Mid Atlantic Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the 2020 financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion on the 2020 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2020 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements.

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Other Matters—Report on Supplemental Schedule and Report on 2019 Financial Statement

The supplemental schedule, Schedule H - Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor's 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 is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2020 Financial Statements paragraph, we do not express an opinion on the supplemental schedule referred to above.

We have audited the accompanying statement of net assets available for benefits of Felix Storch Inc 401(k) Profit Sharing Plan and Trust as of December 31, 2019, and in our report dated October 13, 2020, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of Felix Storch Inc 401(k) Profit Sharing Plan and Trust as of December 31, 2019, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statements

The form and content of the information included in the 2020 financial statements and supplemental schedule, 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.

Sobel & Co., LLC

Certified Public Accountants

Livingston, New Jersey
September 23, 2021

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FELIX STORCH INC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2020	December 31, 2019
ASSETS		
Investments at fair value	$ 6,519,821	$ 5,251,899
RECEIVABLES:		
Notes receivable from participants	148,266	88,202
Employer contributions	12,088	5,159
Participant contributions	9,257	8,670
Other employer contributions	-	73,466
	169,611	175,497
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,689,432	$ 5,427,396

FELIX STORCH INC 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2020	2019
Additions:		
Investment Income:		
Net appreciation in fair value of investments	$ 546,097	$ 530,717
Dividend income	212,121	182,757
Investment Income	758,218	713,474
Interest on notes receivable from participants	5,043	4,498
Contributions:		
Employer	353,675	345,888
Participants	597,596	590,980
Rollover	18,215	1,002
Total Contributions	969,486	937,870
Total Additions	1,732,747	1,655,842
Deductions:		
Benefits paid to participants	456,249	330,575
Administrative expenses	14,462	10,985
Total Deductions	470,711	341,560
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	1,262,036	1,314,282
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	5,427,396	4,113,114
End of year	$ 6,689,432	$ 5,427,396

NOTE 1 - PLAN DESCRIPTION:

The Felix Storch Inc 401(k) Profit Sharing Plan and Trust ("Plan") is administered by Felix Storch Inc ("Company", "Sponsor" or "Administrator"). The following is a brief description of the Plan provided for general information purposes only. More complete information is provided in the Summary Plan Description and Plan Document that are available from the Company.

General:
The Plan is a defined-contribution plan covering eligible employees of the Company as defined below. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Eligibility:
Employees, excluding employees covered by a collective bargaining agreement, nonresident aliens, or employees from an asset or stock acquisition, merger, or similar transaction, are eligible to become participants in the Plan on the date following attainment of 3 months of service and age 21. Participants can enter the Plan immediately upon meeting the age and service requirements.

Contributions:
Participants may make voluntary pretax contributions to the Plan up to 96% of their eligible compensation, up to the annual Internal Revenue Service ("IRS") dollar limit of $19,500 in 2020 and $19,000 in 2019. The Plan does not allow Roth contributions. The Plan accepts rollover contributions from other qualified retirement plans in accordance with ERISA, except for rollovers of after-tax contributions. Participants who have attained age 50 before the end of the Plan Year are eligible to make catch-up contributions in accordance with, and subject to, IRC statutory limits of $6,500 in 2020 and $6,000 in 2019.

The Company makes a basic matching safe harbor contribution of an amount equal to participants' elective contribution that does not exceed 3% of compensation for the Plan Year, plus 50% of participants' elective deferrals that exceed 3% of the compensation for the Plan Year but does not exceed 5% of compensation for the Plan Year. Additional profit-sharing amounts may be contributed at the option of the Company for employees with one year of eligible service, defined as 1,000 hours, who are employed on the last day of the Plan year. For the years ended December 31, 2020 and 2019, there were no profit-sharing contributions made by the Company.

Investment Options:
Upon enrollment in the Plan, participants may direct their employee and Company contributions by percentages into any of the investment options available. A separate account is maintained for each participant and dividends earned by each fund are reinvested in that fund. Participants may change their investment options daily.

NOTE 1 - PLAN DESCRIPTION: (Continued)

Participant Accounts:
Each participant's account is credited with the participant's contribution and allocation of: (a) the Company's contribution; (b) Plan earnings, gains or losses; and (c) charged with an allocation of administrative expenses. Allocations are based on a participant's compensation or account balances, as defined in the Plan Document.

The Plan permits participants to self-direct the investments of their accounts in a variety of investment options. All participants have elected to self-direct their accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:
Participants are immediately vested in their elective contributions and basic matching safe harbor contributions plus actual earnings thereon. Vesting in the Company's profit-sharing contributions is based on years of continuous service. A participant is 100% vested in the Company's profit-sharing contributions after two years of service.

Notes Receivable from Participants:
Participants may borrow from their accounts a minimum of $1,000 up to a maximum amount of the lesser of one-half of their vested account balances or $50,000 (reduced by the highest value of any outstanding loan balance in the preceding 12 months), whichever is less. Each loan is secured by 50% of the participant's vested balance in the participant's account. Only one loan per participant can be outstanding at a time. Loans have a maximum term of not more than 54 months, unless the loan is used to acquire the borrower's principal residence, in which case the Plan Administrator may extend the repayment period. The interest rate is defined as the prime rate plus 1% and will remain fixed throughout the duration of the loan. Principal and interest payments must be made through after-tax payroll deductions or by another payment method in accordance with procedures provided by the Plan Administrator, and there is no penalty for early repayment of loan balances. If a participant terminated prior to repayment of the loan balance, the remaining balance on the loan is considered to be a deemed distribution to the participant. At December 31, 2020 and 2019, notes receivable from participants amounted to $148,266 and $88,202, respectively.

Forfeitures:
Forfeitures resulting from the nonvested portions of participants' accounts who terminate prior to being fully vested, generally, are first used to pay administrative expenses and then used to reduce employer contributions. The balance in the forfeiture account at December 31, 2020 and 2019, was $7,578 and $7,317, respectively. Forfeitures of $795 and $310 were used to offset administrative fees or employer contributions for the year ended December 31, 2020 and 2019, respectively.

NOTE 1 - PLAN DESCRIPTION: (Continued)

Payment of Benefits:
After retirement, death, or disability, participants are entitled to receive a lump-sum distribution, monthly installments or partial withdrawals. Participants have the option to leave amounts in the Plan up to the mandatory distribution date, which is defined as April 1st following the calendar year of attaining the age of 70½. If the participants are still employed by the age of 70½, the mandatory distribution date generally is April 1 following the termination date of employment. Effective January 1, 2020, the required minimum distribution age was increased to 72 under the SECURE Act. Unless otherwise designated, if the participant is married, his/her spouse is the beneficiary or, if single, the participant's estate is the beneficiary. Effective April 2020, the Plan adopted the CARES Act to allow increases of distributions up to $100,000 for participants under the age of 59½ and suspended the requirement for participants to take required minimum distributions for the 2020 plan year.

Upon termination, vested benefits can be rolled over to another qualified plan or an individual retirement account ("IRA") or distributed in a lump-sum payment or partial withdrawals. If the vested balance is $5,000 or less, any amount exceeding $1,000 will be distributed to an IRA or annuity for the participant's benefit. If the participant's vested balance is $1,000 or less, the participant will receive a lump-sum distribution without consent.

Hardship withdrawals are subject to approval by the Plan Administrator and also subject to income tax withholding and penalties.

In-service Withdrawals:
Participants attaining the age of 59½ may request a withdrawal of all or part of the vested portion of their account.

Retirement:
The Plan's normal retirement age is 65. There is no early retirement provision under the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting:
The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates:
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Investment Valuation and Income Recognition:
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment adviser and Trustee. See Note 4 for a discussion of fair value measurements.

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

Notes Receivable from Participants:
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan Document. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Other Employer Contributions Receivable:
Corrective contributions are presented as other employer contributions receivable. During the Plan Years 2007 to 2019, deferral contributions were not withheld for compensations such as bonus, vacation pay, sick pay, overtime pay, and dental premium pay. These missed contributions are recorded as other employer contributions receivable with a corresponding increase in contributions. Employer-matching contributions corrected totaled $32,302 and qualified nonelective contributions ("QNEC") corrected totaled $41,164. These contributions were all paid and corrected during 2020.

Benefit Payments:
Benefits are recorded when paid.

Administrative Expenses and Participant Transaction Fees:
Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants, investment fees, and certain Plan administration fees not covered by the Company are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Mutual Fund Fees:
Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. Allowable fees under Section 12b-1 of the Investment Company Act of 1940 are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity and, thus, not separately identifiable as an expense.

Subsequent Events:
The Company has evaluated its subsequent events and transactions occurring after December 31, 2020 through September 23, 2021, the date that the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN TRUSTEE (UNAUDITED):

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's *Rules and Regulations for Reporting and Disclosure* under ERISA. Accordingly, Mid Atlantic Trust Company, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for plan benefits as of December 31, 2020, and the supplemental Schedule H - Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020, and the related investment activity reflected in the statements of changes in net assets available for plan benefits for the year ended December 31, 2020.

NOTE 4 - FAIR VALUE MEASUREMENTS:

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

The three levels of the fair value hierarchy are described below:

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.

NOTE 4 - FAIR VALUE MEASUREMENTS: (Continued)

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1 input).

Common/Collective Trust: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. (Other inputs)

NOTE 4 - FAIR VALUE MEASUREMENTS: (Continued)

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,460,407	$ -	$ -	$ 6,460,407
Investments measured at net asset value (a)	-	-	-	59,414
Investments at Fair Value	$ 6,460,407	$ -	$ -	$ 6,519,821

Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 5,163,765	$ -	$ -	$ 5,163,765
Investments measured at net asset value (a)		-	-	88,134
Investments at Fair Value	$ 5,163,765	$ -	$ -	$ 5,251,899

(a) – Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 4 - FAIR VALUE MEASUREMENTS: (Continued)

Fair Value of Investments in Entities that Use NAV:
The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2020 and 2019, respectively.

Fair Value of Investments in Entities that Use NAV

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if currently available)	Redemption Notice Period
Common Collective Trust	$59,414	N/A	Daily	Daily

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency (if currently available)	Redemption Notice Period
Common Collective Trust	$88,134	N/A	Daily	Daily

NOTE 5 - RELATED-PARTY TRANSACTIONS:

Administrative expenses are paid to Paychex, Inc., third-party administrator, who acts as the recordkeeper of the Plan. These transactions qualify as party-in-interest transactions.

Notes receivable from Plan participants qualify as party-in-interest transactions.

NOTE 6 - PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, participants will become 100% vested and entitled to their full account balance, including all Company contributions, as of the termination date. Any unallocated assets of the Plan shall be allocated to participants' accounts and distributed in such a manner as the Plan Document describes.

NOTE 7 - TAX STATUS:

The Plan is a prototype plan and has obtained an opinion letter, dated April 10, 2014, in which the Internal Revenue Service ("IRS") stated that the prototype plan document was in compliance with applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the 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 positions taken by the Plan and concluded that, as of December 31, 2020 and 2019, 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 has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any periods in progress.

NOTE 8 - RISKS AND UNCERTAINTIES:

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

The Plan could be adversely affected by the ongoing pandemic. The spreading of a novel strain of the coronavirus ("COVID-19") is continuing to impact financial markets. While the Plan does not expect that the virus will have a material adverse effect on investment performance or Plan operations at this time, the Plan is unable to predict the impact that the COVID-19 virus may have due to various uncertainties, including the severity of the disease, the duration of the outbreak, and additional actions that may be taken by governmental authorities.

NOTE 9 - CONCENTRATION:

As of December 31, 2020 and 2019, the Plan held two investments that represented 45% and 48%, respectively, of net assets available for benefits.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

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

	2020	2019
Net assets available for benefits per financial statements	$ 6,689,432	$ 5,427,396
Employer contributions receivable	(12,088)	(37,461)
Participant contributions receivable	(9,257)	(49,834)
Net Assets Available for Benefits per Form 5500	$ 6,668,087	$ 5,340,101

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

	Year Ended December 31,	
	2020	2019
Changes in net assets available for benefits per financial statements	$ 1,262,036	$ 1,314,282
Changes in employer contributions receivable	25,373	(37,461)
Changes in participant contributions receivable	40,577	(49,834)
Changes in Net Assets Available for Benefits per Form 5500	$ 1,327,986	$ 1,226,987

NOTE 11 - EMPLOYER CORRECTIVE PLAN CONTRIBUTION:

Bonuses are declared periodically through the year and during some of the bonus pay periods, the Paychex template incorrectly did not withhold 401(k) deferrals based on the Participant elections. As such, certain bonuses paid during the 2007, 2009, 2010, 2011, 2012, 2013, 2014 , 2015, 2016, 2017, 2018, and 2019 Plan Years Paychex failed to withhold 401(k) deferral contributions on bonuses and where applicable failed to sufficiently fund the matching contributions. During the 2014 Plan Year, there was also an incorrect template for one pay period in which 401(k) deferrals were not withheld on the dental premiums contribution to the Section 125, and matching contributions were not made thereon. For two pay periods in 2016, Paychex did not withhold 401(k) deferrals on overtime pay and for a few pay periods in 2014, 2015 and 2016, Paychex did not withhold 401(k) deferrals on vacation or sick pay.

These transactions are considered operational Plan failures necessitating corrective action by the Employer. In January 2020, the Plan submitted to the Internal Revenue Service a Voluntary Compliance Program ("VCP") Application under Revenue Procedure 2019-19 for the 2007 through 2016 Plan Years. The 2017-2019 Plan Years were eligible for self-correction under Section 9 of Revenue Procedure 2019-19. On April 30, 2020, the Internal Revenue Service issued a Compliance Statement agreeing with the corrective measures proposed by the Plan Sponsor for the Plan's operational errors.

The Plan Sponsor made corrective contributions to the Plan on behalf of those Participants who elected to have a percentage of their compensation withheld during the impacted Plan Years to be deposited in the Plan as 401(k) contributions. The corrective contributions, which shall include QNEC contributions for missed deferrals and applicable matching contributions thereon, were calculated for each of the applicable years.

For the delinquency that occurred from 2007 through the 2016 Plan Years, corrective contributions, including lost earnings, were made to the Plan subsequent to December 31, 2019, totaling $4,399, which is included in other employer contributions receivable as of December 31, 2019, on the statements of net assets available for benefits. In addition, for the delinquency that occurred from 2018 through the 2019 Plan Years, corrective contributions, including lost earnings, were made to the Plan subsequent to December 31, 2019, totaling $69,067, which is included in other employer contributions receivable as of December 31, 2019, on the statements of net assets available for benefits.

FELIX STORCH INC 401(k) PROFIT SHARING PLAN AND TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2020

EIN: 11-2197886
Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
	Federated Capital Preservation	Common Collective Trust	$ 59,414
	JPMorgan Small Cap Growth Fund	Mutual Fund	234,199
	MFS Core Equity Fund	Mutual Fund	68,143
	Nationwide Mid Cap Market Index Fund	Mutual Fund	177,656
	T. Rowe Price Blue Chip Growth Fund	Mutual Fund	255,605
	American Funds Washington Mutual Investors Fund	Mutual Fund	2
	Columbia Overseas Value Fund	Mutual Fund	257,199
	Eaton Vance Global Macro Absolute Return	Mutual Fund	56,599
	Western Asset Core Plus Bond Fund	Mutual Fund	124,253
	American Funds 2055 Target Date Retirement Fund	Mutual Fund	152,131
	American Funds 2010 Target Date Retirement Fund	Mutual Fund	156,979
	American Funds 2050 Target Date Retirement Fund	Mutual Fund	583,482
	American Funds 2045 Target Date Retirement Fund	Mutual Fund	306,786
	American Funds 2040 Target Date Retirement Fund	Mutual Fund	310,725
	American Funds 2035 Target Date Retirement Fund	Mutual Fund	241,283
	American Funds 2030 Target Date Retirement Fund	Mutual Fund	77,743
	American Funds 2025 Target Date Retirement Fund	Mutual Fund	346,185
	American Funds 2020 Target Date Retirement Fund	Mutual Fund	1,283,072
	American Funds 2015 Target Date Retirement Fund	Mutual Fund	1,710,901
	American Funds 2060 Target Date Retirement Fund	Mutual Fund	117,464
	Total Mutual Funds		6,460,407
	Total Investments		6,519,821
*	Notes Receivable from Participants	4.25% - 6.50% through April 2028	148,266
			$ 6,668,087

* *Denotes party-in-interest*