Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALLANA, BUICK & BERS, INC. 401(K) PLAN

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)
ALLANA, BUICK & BERS, INC.

990 COMMERCIAL STREET
PALO ALTO, CA 94303

2b Employer Identification Number (EIN) 77-0380827

2c Plan Sponsor's telephone number 650-543-5651

2d Business code (see instructions) 541330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2021	BARBARA WONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2021	JOHN KELLEHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

401(K) ADMINISTRATIVE COMMITTEE

990 COMMERCIAL STREET
PALO ALTO, CA 94303

3b Administrator's EIN
77-0380827

3c Administrator's telephone number
650-543-5651

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	208
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)**	173
a(2) Total number of active participants at the end of the plan year	**6a(2)**	158
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	41
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	199
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	199
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	145
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
ALLANA, BUICK & BERS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLANA, BUICK & BERS, INC.

D Employer Identification Number (EIN)
77-0380827

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-1590850	65935	MR 60922-1	208	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	871378
c	Additions: (1) Contributions deposited during the year	7c(1)	42955		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	9433		
	(4) Transferred from separate account	7c(4)	171666		
	(5) Other (specify below)	7c(5)	16716		
	▶ LOAN PAYMENTS, ROLLOVERS, ASSET TRANSFER				
	(6)Total additions			7c(6)	240770
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1112148
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	732577		
	(2) Administration charge made by carrier	7e(2)	1398		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	733975
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	378173

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
ALLANA, BUICK & BERS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLANA, BUICK & BERS, INC.

D Employer Identification Number (EIN)
77-0380827

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

GLOBAL RETIREMENT PARTNERS LLC

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	25733	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(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?
52 60 63 64 68 72 49	CONTRACT ADMINISTRATOR	19889	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CARLSON QUINN & ASSOCIATES

94-3210526

(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?
50 13	TPA	5750	Yes [X] No [ ]	Yes [ ] No [X]	7787	Yes [ ] No [X]

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

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

SERVICE PROVIDERS (SEE ATTACHED)

04-1590850

(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?
49 52 60 63 72	INVESTMENT PROVIDER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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
CARSLON QUINN	13 50	5750
(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.	
MASSACHUSETTS MUTUAL LIFE INSURANCE 04-1590850	EXPENSE REIMBURSEMENT TO THIRD PARTY	

(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

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

a Name: BPM LLP
b EIN: 81-4234542
c Position: AUDITOR
d Address: 10 ALMADEN BLVD
SUITE 1000
SAN JOSE, CA 95113
e Telephone: 408-961-6300

Explanation: REDUCE COST

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ALLANA, BUICK & BERS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLANA, BUICK & BERS, INC.

D Employer Identification Number (EIN)
77-0380827

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	50479	26855
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	152663	270902
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7876283	12066582
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	871378	378174
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8950803	12742513
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8950803	12742513

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)	233892	
	(B) Participants	2a(1)(B)	861122	
	(C) Others (including rollovers)	2a(1)(C)	82474	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1177488
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	15762	
	(F) Other	2b(1)(F)	9433	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25195
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1601901
c Other income	2c		19194
d Total income. Add all **income** amounts in column (b) and enter total	2d		2823778
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1196314	
(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)		1196314
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	5750	
(2) Contract administrator fees	2i(2)	19889	
(3) Investment advisory and management fees	2i(3)	25733	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		51372
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1247686
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1576092
l Transfers of assets:			
(1) To this plan	2l(1)		2215618
(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: YULISHANA **(2)** EIN: 85-0711727

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**			

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
ALLANA, BUICK & BERS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLANA, BUICK & BERS, INC.

D Employer Identification Number (EIN)
77-0380827

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-1590850

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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_____

yulishana
BENEFIT PLAN ASSURANCE

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Allana Buick & Bers, Inc. 401(k) Plan
Palo Alto, CA

We were engaged to audit the accompanying financial statements of Allana Buick & Bers, Inc. 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility on the 2020 Financial Statements

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.

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 audit procedures with respect to the information referred to in Note 3 which was certified by Reliance Trust Company and Great-West Life & Annuity Life Insurance Company, the custodians 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 custodians hold the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodians as of December 31, 2020 and for the year then ended, that the information provided to the Plan administrator by the custodians 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 paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2020 financial statements.

Other Matter – Supplemental Schedule

The supplemental 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 paragraph, we do not express an opinion on the supplemental schedule.

Other Matter – 2019 Financial Statement

The financial statement of the Plan as of December 31, 2019, was audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974, the Plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by the custodians of the Plan. Their report, dated August 19, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the 2019 financial statement and (b) the form and content of the information included in the 2019 financial statement other than that derived from the information certified by the custodians, was 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.

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

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 custodians, 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.



San Jose, California

September 23, 2021

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
ALLANA, BUICK & BERS, INC. 401(K) PLAN

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)
ALLANA, BUICK & BERS, INC.

990 COMMERCIAL STREET

PALO ALTO CA 94303

2b Employer Identification Number (EIN) 77-0380827

2c Plan Sponsor's telephone number 650-543-5651

2d Business code (see instructions) 541330

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	Barbara Wong	10/4/2021	BARBARA WONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	John Kelleher	10/4/21	JOHN KELLEHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

401(K) ADMINISTRATIVE COMMITTEE

990 COMMERCIAL STREET

PALO ALTO CA 94303

3b Administrator's EIN: 77-0380827

3c Administrator's telephone number: 650-543-5651

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	208
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)**	173
a(2) Total number of active participants at the end of the plan year	**6a(2)**	158
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	41
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	199
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	199
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	145
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

yulishana

BENEFIT PLAN ASSURANCE

Allana Buick & Bers, Inc. 401(k) Plan

Financial Statements
and Supplemental Schedule

December 31, 2020 and 2019
and For the Year Ended December 31, 2020

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BENEFIT PLAN ASSURANCE

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Allana Buick & Bers, Inc. 401(k) Plan
Palo Alto, CA

We were engaged to audit the accompanying financial statements of Allana Buick & Bers, Inc. 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility on the 2020 Financial Statements

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.

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 audit procedures with respect to the information referred to in Note 3 which was certified by Reliance Trust Company and Great-West Life & Annuity Life Insurance Company, the custodians 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 custodians hold the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodians as of December 31, 2020 and for the year then ended, that the information provided to the Plan administrator by the custodians 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 paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2020 financial statements.

Other Matter – Supplemental Schedule

The supplemental 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 paragraph, we do not express an opinion on the supplemental schedule.

Other Matter – 2019 Financial Statement

The financial statement of the Plan as of December 31, 2019, was audited by a predecessor auditor. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974, the Plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by the custodians of the Plan. Their report, dated August 19, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the 2019 financial statement and (b) the form and content of the information included in the 2019 financial statement other than that derived from the information certified by the custodians, was 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.

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

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 custodians, 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.



San Jose, California

September 23, 2021

Allana Buick & Bers, Inc. 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

ASSETS	2020	2019
Investments, at fair value:		
Money market fund	$ 26,855	$ 50,479
Mutual funds	12,066,582	7,876,283
Total investments, at fair value	12,093,437	7,926,762
Guaranteed interest account, at contract value	378,174	871,378
Total investments	12,471,611	8,798,140
Receivables:		
Notes receivable from participants	270,902	152,663
Other receivable (see note 1)	196,386	-
Total receivables	467,288	152,663
NET ASSETS AVAILABLE FOR BENEFITS	$ 12,938,899	$ 8,950,803

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

Allana Buick & Bers, Inc. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

ADDITIONS TO NET ASSETS		
Contributions		
Participant deferrals	$	861,122
Participant rollovers		76,052
Employer matching contributions		233,892
Other employer contributions		6,422
Total contributions		1,177,488
Investment income		
Dividend and interest income		607,389
Net appreciation in fair value of investments		1,003,945
Total investment income		1,611,334
Interest income on notes receivable from participants		15,762
Other income		19,194
Total additions to net assets		2,823,778
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants		1,196,314
Administrative expenses		51,372
Total deductions from net assets		1,247,686
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE TRANSFERS		1,576,092
Transfers from another plan (see Note 1)		2,412,004
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR		8,950,803
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$	12,938,899

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

Allana Buick & Bers, Inc. 401(k) Plan
Notes to Financial Statements
December 31, 2020 and 2019

1. DESCRIPTION OF THE PLAN

The following description of Allana Buick & Bers, Inc. 401(k) Plan ("Plan") provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution savings plan sponsored by Allana Buick & Bers, Inc (the "Company"). The Plan was established in 1998 and is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Plan administration

The Company has designated the 401(k) Administrative Committee ("Committee") as the administrator of the Plan and, as such, the Committee carries out the duties imposed by ERISA. The Committee has delegated certain responsibilities for the operation and administration of the Plan to a third-party administrator. Custodial services are provided by Reliance Trust Company ("RTC") and Great-West Life & Annuity Insurance Company ("Great-West"), as attorney-in-fact for Massachusetts Mutual Life Insurance Company ("MassMutual"). An affiliate of MassMutual provides recordkeeping services to the Plan.

During 2019, the Company acquired the Conley Design Group, Inc. ("CDG"). Effective October 3, 2019, all active CDG full-time employees were immediately eligible to participate in the plan. In connection with the acquisition, during 2020, assets of approximately $2,216,000 from another qualified plan, sponsored by CDG, were transferred to the Plan during the year ended December 31, 2020. During 2021, assets of approximately $196,000 were deposited into the Plan. This amount is recorded as a receivable in the statement of net assets available for benefits as of December 31, 2020.

Eligibility

The plan covers substantially all employees except union employees covered by a collective bargaining agreement, certain nonresident aliens and those individuals not reported on the payroll records of the Company as a common law employee. Eligible full-time employees, who are at least age 21, may participate in the Plan after completing three months of service, as defined in the plan document. Temporary and part-time employees are eligible to participate, subject to the above requirements, after completing 1,000 hours during a plan year, as defined in the plan document.

Contributions

Each year, participants may contribute up to 100% of their eligible pre-tax or after-tax (as Roth contributions) compensation, as defined by the Plan document, up to the maximum annual amount allowed by the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participants direct the investment of contributions to their respective accounts into the investment options offered by the Plan.

The Company is also allowed to make discretionary matching contributions and profit-sharing contributions to the Plan. During the year ended December 31, 2020, the Company made matching contributions equal to 50% up to a maximum of 3% of a participant's deferred eligible compensation. During, 2020, the Company made approximately $234,000 in matching contributions and did not make any profit-sharing contributions to the Plan.

Participant accounts

Each participant's account is credited with the participant's contributions and allocations of any Company contributions and Plan earnings. Accounts are charged with an allocation of investment losses, if any, and administrative expenses, if not paid by the Company. Allocations are based on participant earnings or account balances, as defined in the plan documents. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Participants direct the investment of their account into various investment options offered by the Plan.

Vesting

Participants are immediately 100% vested in their elective contributions plus earnings thereon. Participants vest in the Company's contributions ratably over four years of credited service, as defined in the plan document. Participants become immediately 100% vested in their account balance in the event of death or disability.

Forfeitures

As of December 31, 2020 and 2019, total forfeitures included with Plan assets were approximately $27,000 and $50,000, respectively. During the year ended December 31, 2020, forfeitures of approximately $38,000 were used to offset the Company's contributions.

Notes receivable from participants

Participants may borrow from their account a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Notes receivable from participants ("participant loans") are issued by the Plan and secured by the balance in the participant's account. Participant loans must be repaid within five years, unless the participant's loan is used to acquire a primary residence, in which case the repayment period may be longer. Participant loans bear a rate of interest of prime plus 1%. Principal and interest are generally paid ratably through payroll deductions with payments made each pay period. Outstanding participant loans at December 31, 2020 bear interest an annual rate from 4.25% to 6.50% and mature at various dates.

Payment of benefits

Distributions and withdrawals are payable upon retirement, termination, financial hardship, disability, or death. Upon termination, participants vested account balance of less than $5,000 may be automatically rolled over into an individual retirement account, preselected by the Company. If a participant's vested account balance is greater than $5,000, the participant may consent to either a distribution from the Plan or postpone payment to a later date and remain in the Plan, as described in the plan document.

Pursuant to the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") that was signed into law on March 27, 2020, participants were permitted to request up to $100,000 in coronavirus-related distributions, with repayment terms of up to three years. The ability to request coronavirus-related distributions under the CARES Act ceased as of December 31, 2020.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting and financial statement presentation

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

Use of estimates

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

Investment valuation

The Plan's investments are reported at fair value and contract value. Great-West certifies the contract value of the Plan's investment in the Guaranteed Interest Account, which is a fully benefit-responsive contract. RTC certifies the fair value of all other investments.

Contract value is the relevant measurement for assets invested in fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 8.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Income recognition

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

Notes receivable from participants

Participant loans are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant loans is recorded on an accrual basis. Delinquent notes receivable are reclassified as distributions upon the occurrence of a distributable event based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

Certain administrative expenses of the Plan were paid directly by the Company for the year ended December 31, 2020. The Plan is not expected the reimburse the Company. Investment fees, which may vary according to the individual investment options selected, are paid out of the assets of the Plan.

Subsequent events

The Plan has evaluated subsequent events through September 23, 2021, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS

The Plan administrator 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. As permitted under such election, the following information was certified as complete and accurate by RTC and Great-West, the custodians, and was not subjected to any auditing procedures performed by the independent auditors:

- Investments and notes receivable from participants reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019.
- Net appreciation in fair value of investments, dividend and interest income, and interest income on notes receivable from participants reflected on the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.
- Investments reflected on the Schedule of Assets (Held at End of Year).

4. FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy are described as follows:

- Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities the Plan has the ability to access.
- Level 2 - inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; 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 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

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

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 26,855	$ -	$ -	$ 26,855
Mutual funds	$ 12,066,582	$ -	$ -	$ 12,066,582
	$ 12,093,437	$ -	$ -	$ 12,093,437

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Money market fund	$ 50,479	$ -	$ -	$ 50,479
Mutual funds	$ 7,876,283	$ -	$ -	$ 7,876,283
	$ 7,926,762	$ -	$ -	$ 7,926,762

5. RISKS AND UNCERTANTIES

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 financial statements.

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. The COVID-19 pandemic has also led to extreme volatility in financial markets and has affected, and may continue to affect, the market price of Plan assets. While the potential economic impact brought by, and the duration of, COVID-19 may be difficult to assess or predict, a widespread pandemic could result in significant disruption of global financial markets. The extent to which COVID-19 impacts the financial markets will depend on future developments that are highly uncertain and cannot be predicted.

6. INCOME TAX STATUS

The Plan has adopted a volume submitter plan that has received an opinion letter from the Internal Revenue Service (“IRS”) dated March 31, 2014. The Plan has been amended since the receipt of the letter from the IRS, however the Plan administrator believes the Plan has been operated in accordance with the provisions of the IRC and its associated trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined by ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the Company, and certain others. Certain Plan investments are managed by MassMutual. Also, the Company pays certain fees and expenses on behalf of the Plan. These transactions, including fee offset agreements, qualify as party-in-interest transactions.

8. GUARANTEED INTEREST ACCOUNT

The Plan has an investment in the MassMutual Guaranteed Interest Account (GIA), which invests in fully-benefit responsive investment contracts. The contract maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIA issuer is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan. This contract is a single group annuity contract with a fixed rate of interest; therefore, the average yields are equal to the credit rate.

Because the GIA is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIA. Contract value, as reported to the Plan by MassMutual, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contact value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer and is reset on a semiannual basis and will never be less than the guaranteed minimum interest rate.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan document (including complete or partial Plan termination or merger with another Plan, (2) changes to the Plan's prohibition on competing investments options or deletion of equity was provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring. The GIA does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

9. 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. Participants would become fully vested in their account balances in the event the Plan is terminated.

10. RECONCILIATION TO FORM 5500

The following is a reconciliation of the net assets available for benefits reported in the financial statements and the net assets reported on the form 5500 as of December 31:

	2020
Net assets available for benefits, per the financial statements	$ 12,938,899
Other receivable at year end (transfer of assets from another plan)	(196,386)
Net assets available for benefits, per form 5500	$ 12,742,513

The following is a reconciliation of the transfer of assets from another plan reported in the financial statements and the amount reported on the Form 5500 for the year ended December 31:

	2020
Transfers from another plan, per the financial statements	$ 2,412,004
Other receivable at year end	(196,386)
Transfers from another plan, per form 5500	$ 2,215,618

SUPPLEMENTAL SCHEDULE

Allana Buick & Bers, Inc. 401(k) Plan
EIN: 77-0380827; Plan: 001
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Premier U.S. Govt Money Market (Barings)(U)	Money Market Fund	**	$ 26,855
	MFS Government Securities Fund	Mutual Fund	**	101,830
	Amer Funds Balanced Fund	Mutual Fund	**	139,455
	T. Rowe Price Retirement 2015 Fund	Mutual Fund	**	12,670
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	**	1,576,796
	T. Rowe Price Retirement 2025 Fund	Mutual Fund	**	2,611,761
	T. Rowe Price Retirement 2030 Fund	Mutual Fund	**	361,833
	T. Rowe Price Retirement 2035 Fund	Mutual Fund	**	2,158,573
	T. Rowe Price Retirement 2040 Fund	Mutual Fund	**	1,148,282
	T. Rowe Price Retirement 2045 Fund	Mutual Fund	**	731,986
	T. Rowe Price Retirement 2050 Fund	Mutual Fund	**	627,961
	T. Rowe Price Retirement 2055 Fund	Mutual Fund	**	312,579
	Calvert Equity Fund	Mutual Fund	**	67,050
	Alger Capital Appreciation Fund	Mutual Fund	**	207,425
	Invesco Discovery Fund	Mutual Fund	**	107,601
	MFS International Intrinsic Value Fund	Mutual Fund	**	247,198
	Invesco Developing Markets Fund	Mutual Fund	**	63,866
	PIMCO Commodity Real Return Strategy Fund	Mutual Fund	**	5,952
	Victory Sycamore Small Company Opportunity Fund	Mutual Fund	**	22,659
	Hartford Midcap Fund	Mutual Fund	**	18,579
	BlackRock iShares Mid-Cap Index Fund	Mutual Fund	**	169,988
	BlackRock iShares SP 500 Index Fund	Mutual Fund	**	608,528
	BlackRock iShares Small Cap Index Fund	Mutual Fund	**	155,552
	BlackRock iShares Total International Index Fund	Mutual Fund	**	58,136
	BlackRock iShares US Aggregate Bond Index Fund	Mutual Fund	**	50,832
	Invesco Real Estate Fund	Mutual Fund	**	71,437
	Hartford Dividend & Growth Fund	Mutual Fund	**	131,995
	PIMCO Total Return Fund	Mutual Fund	**	296,058
				12,093,437
*	Guaranteed Interest Account	Fully benefit-responsive investment contract		378,174
*	Notes Receivable from Participants (participant loans)	Interest rates 4.25% to 6.50%	-0-	270,902

* Indicated party-in-interest to the Plan
** Cost information not provided as all investments are participant directed

Allana Buick & Bers, Inc. 401(k) Plan

4/8/2021

MR 60922 - 1

5500 Schedule C Service Provider Information for the period of: 01/01/2020 - 12/31/2020

The following information may be required for the preparation of Schedule C (Service Provider Information (Form 5500)) for the plan year indicated above.
Some of the information provided in this report may be information that was furnished to MassMutual via the Plan Year End Plan Census or if information is not provided it is anticipated that this information can be supplied from your own records.

Part I Service Provider Information

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

Yes **X 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.

Name **EIN**

2. Information on Other Service Providers Receiving Direct or Indirect Compensation

(a) Name and EIN or address of Service Provider

Name / (b) Service Codes	(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?
Global Retirement Partners LLC			471411118			
27	Investment Advisor	25733.34	N	N	0.00	N
Massachusetts Mutual Life Insurance Company			041590850			
52 60 62 63 64 68 72	Contract Administrator	19889.34	Y	Y	0.00	Y
Carlson, Quinn & Associates			943210526			
13	Third Party Administrator	0.00	Y	N	7787.16	N
Carlson Quinn			943210526			
50	TPA	5750.00	N	N	0.00	N

Alger			132665689			
52	Investment Provider	0.00	Y	N	0.00	Y
Calvert			521233223			
52	Investment Provider	0.00	Y	N	0.00	Y
Invesco			222725700			
52	Investment Provider	0.00	Y	N	0.00	Y
Invesco			223849391			
52	Investment Provider	0.00	Y	N	0.00	Y
Invesco			760343427			
52	Investment Provider	0.00	Y	N	0.00	Y
Invesco			936305075			
52	Investment Provider	0.00	Y	N	0.00	Y
Victory			316364605			
52	Investment Provider	0.00	Y	N	0.00	Y
BlackRock			223483675			
52	Investment Provider	0.00	Y	N	0.00	Y
BlackRock			510318674			

52	Investment Provider	0.00	Y	N	0.00	Y
JP Morgan			133963293			
52	Investment Provider	0.00	Y	N	0.00	Y
PIMCO Funds			952632339			
52	Investment Provider	0.00	Y	N	0.00	Y
The Hartford			222937447			
52	Investment Provider	0.00	Y	N	0.00	Y
T. Rowe Price			521151266			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			946050854			
52	Investment Provider	0.00	Y	N	0.00	Y
American Century			431646043			
52	Investment Provider	0.00	Y	N	0.00	Y
MFS Investment Management			043158862			
52	Investment Provider	0.00	Y	N	0.00	Y
NextCapital Advisors, Inc			472342699			
52 99	Investment Adviser	0.00	Y	N	0.00	Y

3. Sources of Indirect Information

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
Calvert	521233223	52	0.00

(d) Name and EIN of source of indirect compensation
Calvert Equity Fund 521233223

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
Invesco	222725700	52	0.00

(d) Name and EIN of source of indirect compensation
Invesco Discovery Fund 222725700

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
Invesco	760343427	52	0.00

(d) Name and EIN of source of indirect compensation
Invesco Real Estate Fund 760343427

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
The Hartford	222937447	52	0.00

(d) Name and EIN of source of indirect compensation
Hartford Midcap Fund 222937447

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
PIMCO Funds	952632339	52	0.00

(d) Name and EIN of source of indirect compensation
PIMCO Total Return Fund 952632339

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Name	EIN	(b) Service Codes	(c) Enter Amount of Indirect Compensation
Alger	132665689	52	0.00

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Alger Capital Appreciation Fund 132665689 Basis points * plan assets

Invesco 223849391

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Closed Invesco Oppenheimer Rea 223849391 Basis points * plan assets

JP Morgan 133963293

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
JP Morgan Mid Cap Value Fund 133963293 Basis points * plan assets

American Funds 946050854

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Amer Funds Balanced Fund 946050854 Basis points * plan assets

Invesco 936305075

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Invesco Developing Markets Fund 936305075 Basis points * plan assets

Victory 316364605

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Victory Sycamore Sm Co Oppty Fund 316364605 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock iShares Mid-Cap Ind Fd 510318674 Basis points * plan assets

American Century 431646043

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
American Century Value Fund 431646043 Basis points * plan assets

BlackRock 223483675

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock iShares Small Cap Ind Fd 223483675 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock iShares S&P 500 Index Fd 510318674 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock iShares US Agg Bd Ind Fd 510318674 Basis points * plan assets

The Hartford 222937447

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Hartford Dividend & Growth Fund 222937447 Basis points * plan assets

BlackRock 510318674

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock iShares Total Intl Ind Fd 510318674 Basis points * plan assets

PIMCO Funds 952632339

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

PIMCO Commodity Real Rtn Strat Fd 952632339 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2005 Fund 521151266 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2010 Fund 521151266 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2015 Fund 521151266 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2020 Fund 521151266 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2025 Fund 521151266 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2030 Fund 521151266 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2035 Fund 521151266 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2040 Fund 521151266 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2045 Fund 521151266 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2050 Fund 521151266 Basis points * plan assets

T. Rowe Price 521151266

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2055 Fund 521151266 Basis points * plan assets

MFS Investment Management 043158862

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MFS Government Securities Fund 043158862 Basis points * plan assets

MFS Investment Management 043158862

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
MFS International Intrinsic Val Fd 043158862 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Calvert Equity Fund 521233223 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Calvert Equity Fund 521233223 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Hartford Midcap Fund 222937447 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Hartford Midcap Fund 222937447 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Invesco Discovery Fund 222725700 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Amer Funds Balanced Fund 946050854 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Invesco Real Estate Fund 760343427 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Amer Funds Balanced Fund 946050854 Basis points * plan assets

NextCapital Advisors, Inc 472342699

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Basis points * plan assets

NextCapital Advisors, Inc 472342699

99 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Massachusetts Mutual Life Insurance Company 041590850 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
American Century Value Fund 431646043 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
American Century Value Fund 431646043 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
JP Morgan Mid Cap Value Fund 133963293 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
JP Morgan Mid Cap Value Fund 133963293 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Premier Core Bond Fd (Barings) 043277549 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Closed Invesco Oppenheimer Rea 223849391 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
MFS Government Securities Fund 043158862 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
MFS Government Securities Fund 043158862 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Premier Core Bond Fd (Barings) 043277549 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Alger Capital Appreciation Fund 132665689 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Invesco Developing Markets Fund 936305075 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Alger Capital Appreciation Fund 132665689 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock iShares Mid-Cap Ind Fd 510318674 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
PIMCO Commodity Real Rtn Strat Fd 952632339 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Victory Sycamore Sm Co Oppty Fund 316364605 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
PIMCO Commodity Real Rtn Strat Fd 952632339 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Victory Sycamore Sm Co Oppty Fund 316364605 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Sel Sm Cap Val Eq Fd (WlgnBrwHnly) 020769954 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock iShares S&P 500 Index Fd 510318674 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
BlackRock iShares Small Cap Ind Fd 223483675 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
MFS International Intrinsic Val Fd 043158862 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2005 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2010 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2015 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2020 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2025 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2030 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2035 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2040 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2045 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2050 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2055 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

MFS International Intrinsic Val Fd 043158862 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2005 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2010 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2015 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2020 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2025 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00

(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**

T. Rowe Price Retirement 2030 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00
(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2035 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00
(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2040 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00
(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2045 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00
(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2050 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

63 0.00
(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
T. Rowe Price Retirement 2055 Fund 521151266 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00
(d) Name and EIN of source of indirect compensation **(e) Describe the indirect compensation including any formula...**
Sel Sm Cap Val Eq Fd (WlgnBrwHnly) 020769954 Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

52 0.00

(d) Name and EIN of source of indirect compensation
Prem U.S. Govt Mny Mkt Fd (Barings) 043212059

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

60 0.00

(d) Name and EIN of source of indirect compensation
BlackRock iShares Total Intl Ind Fd 510318674

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation
Prem U.S. Govt Mny Mkt Fd (Barings) 043212059

(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Carlson, Quinn & Associates 943210526

13 7787.16

(d) Name and EIN of source of indirect compensation
Massachusetts Mutual Life Insurance Company 041590850

(e) Describe the indirect compensation including any formula...
Expense reimbursement to third party

Allana Buick & Bers, Inc. 401(k) Plan
EIN: 77-0380827; Plan: 001
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Premier U.S. Govt Money Market (Barings)(U)	Money Market Fund	**	$ 26,855
	MFS Government Securities Fund	Mutual Fund	**	101,830
	Amer Funds Balanced Fund	Mutual Fund	**	139,455
	T. Rowe Price Retirement 2015 Fund	Mutual Fund	**	12,670
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	**	1,576,796
	T. Rowe Price Retirement 2025 Fund	Mutual Fund	**	2,611,761
	T. Rowe Price Retirement 2030 Fund	Mutual Fund	**	361,833
	T. Rowe Price Retirement 2035 Fund	Mutual Fund	**	2,158,573
	T. Rowe Price Retirement 2040 Fund	Mutual Fund	**	1,148,282
	T. Rowe Price Retirement 2045 Fund	Mutual Fund	**	731,986
	T. Rowe Price Retirement 2050 Fund	Mutual Fund	**	627,961
	T. Rowe Price Retirement 2055 Fund	Mutual Fund	**	312,579
	Calvert Equity Fund	Mutual Fund	**	67,050
	Alger Capital Appreciation Fund	Mutual Fund	**	207,425
	Invesco Discovery Fund	Mutual Fund	**	107,601
	MFS International Intrinsic Value Fund	Mutual Fund	**	247,198
	Invesco Developing Markets Fund	Mutual Fund	**	63,866
	PIMCO Commodity Real Return Strategy Fund	Mutual Fund	**	5,952
	Victory Sycamore Small Company Opportunity Fund	Mutual Fund	**	22,659
	Hartford Midcap Fund	Mutual Fund	**	18,579
	BlackRock iShares Mid-Cap Index Fund	Mutual Fund	**	169,988
	BlackRock iShares SP 500 Index Fund	Mutual Fund	**	608,528
	BlackRock iShares Small Cap Index Fund	Mutual Fund	**	155,552
	BlackRock iShares Total International Index Fund	Mutual Fund	**	58,136
	BlackRock iShares US Aggregate Bond Index Fund	Mutual Fund	**	50,832
	Invesco Real Estate Fund	Mutual Fund	**	71,437
	Hartford Dividend & Growth Fund	Mutual Fund	**	131,995
	PIMCO Total Return Fund	Mutual Fund	**	296,058
				12,093,437
*	Guaranteed Interest Account	Fully benefit-responsive investment contract		378,174
*	Notes Receivable from Participants (participant loans)	Interest rates 4.25% to 6.50%	-0-	270,902

* Indicated party-in-interest to the Plan
** Cost information not provided as all investments are participant directed