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
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/01/1997

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)
CERTILMAN BALIN ADLER & HYMAN, LLP

90 MERRICK AVE
EAST MEADOW, NY 11554

2b Employer Identification Number (EIN) 11-6188872

2c Plan Sponsor's telephone number 516-296-7089

2d Business code (see instructions) 541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2021	RICK BUSCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2021	BERNARD HYMAN
	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

CERTILMAN BALIN ADLER & HYMAN, LLP

90 MERRICK ROAD
EAST MEADOW, NY 11554

3b Administrator's EIN: 11-6188872

3c Administrator's telephone number: 516-296-7000

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**	190
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)**	151
a(2) Total number of active participants at the end of the plan year	**6a(2)**	137
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	44
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	181
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2K 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)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CERTILMAN BALIN ADLER & HYMAN, LLP

D Employer Identification Number (EIN)
11-6188872

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
JOHN HANCOCK NEW YORK

(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
13-3646501	86375	800297	182	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
100159	0

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

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

SIGNATURE SECURITIES GROUP CORP
900 STEWART AVENUE
SUITE 302
GARDEN CITY, NY 11530

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
100159			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	59673535

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER RULES OF INSURANCE COMPANY

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

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

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

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

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

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

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
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CERTILMAN BALIN ADLER & HYMAN, LLP

D Employer Identification Number (EIN)
11-6188872

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

JOHN HANCOCK NEW YORK
PO BOX 600
BUFFALO, NY 14201

13-3646501

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

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

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

ASSOCIATED PENSION CONSULTANTS, INC

111 EXPRESS STREET
PLAINVIEW, NY 11803

11-3271022

(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?
11	THIRD PARTY ADMINISTRATO	10821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CERTILMAN BALIN ADLER & HYMAN, LLP

D Employer Identification Number (EIN)
11-6188872

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2060 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	61713

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2055 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	798251

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2050 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	1291514

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2045 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	642798

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2040 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	1175706

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2035 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	4261714

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTI-INDEX 2030 PRESERV

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	1398683

a Name of MTIA, CCT, PSA, or 103-12 IE:	JH MULTI-INDEX 2025 PRESERV		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7447833
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH MULTI-INDEX INCOME PRESERV		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1337725
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH MULTI-INDEX 2020 PRESERV		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH MULTI-INDEX LS AGGRESSIVE		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	38701
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH MULTI-INDEX LS GROWTH		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	129400
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH MULTI-INDEX LS BALANCED		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	144009
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH MULTI-INDEX LS MODERATE		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11554
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH MULTI-INDEX LS CONSERV		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	204637
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2143379
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22193

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	396266
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INTERNATIONAL ST			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	457741
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DEVELOPING MARKETS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1809988
a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES GOLD TRUST ETF			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1335427
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2011009
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	780586
a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2748232
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5946881
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1092943
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	622554

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1598200

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 905001

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3273900

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38975

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51525

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1355610

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162723

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1151137

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HIGH YIELD BOND

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 721563

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1308081

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2152403

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 650455

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 936761

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 426945

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6628819

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CERTILMAN BALIN ADLER & HYMAN, LLP

D Employer Identification Number (EIN)
11-6188872

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	2071	45928
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1124798	877556
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	54364	80575
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	408918	546527
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	45459920	53044716
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	6071054	6628819

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	53121125	61224121
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	53121125	61224121

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)**	877556	
	(B) Participants	**2a(1)(B)**	1524644	
	(C) Others (including rollovers)	**2a(1)(C)**	763026	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		3165226
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	0	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	25483	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		25483
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		0
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		0
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		8400781
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		0
c Other income	**2c**		80575
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		11672065
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	3556413	
(2) To insurance carriers for the provision of benefits	**2e(2)**	0	
(3) Other	**2e(3)**		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		3556413
f Corrective distributions (see instructions)	**2f**		0
g Certain deemed distributions of participant loans (see instructions)	**2g**		0
h Interest expense	**2h**		0
i Administrative expenses: **(1)** Professional fees	**2i(1)**	0	
(2) Contract administrator fees	**2i(2)**	0	
(3) Investment advisory and management fees	**2i(3)**	0	
(4) Other	**2i(4)**	12656	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	**2i(5)**		12656
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		3569069
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		8102996
l Transfers of assets:			
(1) To this plan	**2l(1)**		
(2) From this plan	**2l(2)**		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: RAICH ENDE MALTER & CO. LLP **(2)** EIN: 11-2336434

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

5c 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
CERTILMAN BALIN ADLER & HYMAN, LLP SALARY REDUCTION & BONUS DEFERRAL PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CERTILMAN BALIN ADLER & HYMAN, LLP

D Employer Identification Number (EIN)
11-6188872

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): 13-3646501

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_____

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

Financial Statements
December 31, 2020 and 2019

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

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December 31, 2020 and 2019

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RAICH ENDE MALTER & CO. LLP
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Independent Auditors' Report

To the Trustees
Certilman Balin Adler & Hyman, LLP
Salary Reduction & Bonus Deferral Plan
East Meadow, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Certilman Balin Adler & Hyman, LLP Salary Reduction & Bonus Deferral Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company of New York, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds substantially all of the Plan's investment assets and executes substantially all of the Plan's investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, Line 4(i) - 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 referred to above.

Report on Form and Content in Compliance With Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the information certified by the custodian, 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 Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Raich Ende Malter & Co. LLP

RAICH ENDE MALTER & CO. LLP
Melville, New York
September 27, 2021

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2020	***2019***
Assets		
Investments - at fair value	**$ 59,673,535**	$ 51,530,974
Receivables		
Employer contributions	**877,556**	1,124,798
Notes receivable from participants	**534,125**	408,918
Other receivable	**80,575**	54,364
Total receivables	**1,492,256**	1,588,080
Cash	**45,928**	2,071
Net Assets Available for Benefits	**$ 61,211,719**	$ 53,121,125

See accompanying notes to financial statements.

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

Additions to Net Assets Attributed to	
Investment Income	
Net appreciation in fair value of investments	$ 8,400,781
Interest Income on Notes Receivable from Participants	25,483
Contributions	
Employer	877,556
Participants	1,524,644
Rollovers	763,026
	3,165,226
Other Income	80,575
Total Additions	11,672,065
Deductions from Net Assets Attributed to	
Benefits paid to participants	3,556,413
Administrative expenses	12,656
Deemed distributions of notes receivable from participants	12,402
Total Deductions	3,581,471
Net Increase in Net Assets Available for Benefits	8,090,594
Net Assets Available for Benefits - beginning	53,121,125
Net Assets Available for Benefits - end	$ 61,211,719

See accompanying notes to financial statements.

1 - Description of Plan

The following description of the Certilman Balin Adler & Hyman, LLP Salary Reduction & Bonus Deferral Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") was signed into law. The CARES Act contains several provisions that temporarily impact 401(k) type plans, such as the waiver of required minimum distributions for 2020. The Plan allows eligible individuals to receive COVID-19 relief available under the CARES Act in the form of coronavirus-related distributions and a delay in the due date for repayments for outstanding plan loans occurring during the period beginning on March 27, 2020, and ending on December 31, 2020, for one year as provided. The Plan has not been formally amended to incorporate these provisions into the Plan. The deadline for adopting these amendments is December 31, 2022.

a. ***General*** - The Plan is a 401(k) defined contribution plan covering all eligible, permanent employees of Certilman Balin Adler & Hyman, LLP (the "Company" and the "Plan Sponsor") as defined in the Plan, who have completed six months of service. Leased employees, if any, are not eligible to participate in the Plan. Eligible participants may enter the Plan on the first day of a calendar quarter. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

b. ***Contributions*** - Plan contributions consist of compensation reduction elections of participants (401(k) contributions), employer discretionary matching contributions, employer discretionary profit-sharing contributions, and rollovers. Under the terms of the Plan, the Company may determine to match up to 100% of the employee elective deferrals. For the year ended December 31, 2020, the Company elected not to match employee deferrals.

   Employer discretionary profit-sharing contributions are determined annually by the Company. Each participant is considered to be his or her own employee group for the purpose of allocating employer discretionary profit-sharing contributions. Contribution amounts are calculated based on a discretionary percentage of each participant's considered compensation. For the year ended December 31, 2020, the Company made discretionary profit-sharing contributions totaling $877,556.

   All investments are participant-directed. Participants direct the investment of current contributions into a variety of pooled separate accounts and a collective investment trust as offered through John Hancock Life Insurance Company. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

c. ***Participant Accounts*** - Each participant's account is credited with the participant's contributions and the Company's contribution to the Plan on behalf of the participant; allocations of earnings or losses are based upon actual performance of each participant's investment elections. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. ***Vesting*** - Participants are immediately vested in their elective contributions, the rollover portion of their account balances, and the earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus earnings thereon is based on years of credited service, defined as 1,000 hours in a calendar year, according to a vesting schedule of 20% per year of credited service, beginning with the second full year of service. A participant is 100% vested in the employer discretionary contribution and earnings thereon upon attainment of the earlier of six years of credited service, normal retirement age, disability, or death.

e. ***Notes Receivable from Participants*** - Participants may borrow from their Plan accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 reduced by the participant's highest outstanding note balance to the Plan during the one-year period ending on the day before the date on which the note is made, or 50% of their vested account balances less current outstanding note balances. All notes, other than those used to purchase a principal residence, must be repaid within five years. Notes used to purchase a principal residence can currently have terms of up to 30 years. The notes are secured by the vested balance in the participant's account. The interest rate on each note is set at prime plus 1% at inception. At December 31, 2020, outstanding notes bear interest ranging from 4.25% to 6.50%, and mature at various dates through July 2037.

Most loans mature through September 2025, with the exception of two loans used to purchase principal residences, which mature in April 2028 and July 2037, respectively. Each loan is being repaid in either bi-weekly or semi-monthly equal installments, depending on the participant's pay frequency, and is self-amortizing. Upon termination of employment, remaining balances due on such notes become immediately due. Should such amounts remain outstanding for more than 90 days from termination, the remaining balance will be a deemed distribution, subject to taxes and penalties, as applicable.

In accordance with the CARES Act, the maximum participant loan limit was temporarily increased to the lesser of $100,000 or 100% of the participant's vested account balance for qualified participants and participants were given the option to suspend loan repayments for up to one year.

f. ***Payment of Benefits*** - Participants may elect to receive distribution of their benefits upon retirement, in the event of death or disability, in the event of immediate and heavy financial hardship, or upon termination of employment. Normal retirement age is the later of attainment of age 60 or the participant's fifth anniversary of participation in the Plan. Participants who have vested benefits in excess of $5,000 and are eligible to receive benefits, may elect to receive either a lump-sum amount equal to the participant's vested interest in his or her account or installment payments over a period of years that does not exceed the life expectancy of the participant or, if applicable, the beneficiary. If, at the time of termination, the participant's vested account balance does not exceed $5,000, the participant may be paid a lump-sum distribution of his or her benefits at the discretion of the Plan's trustees.

In accordance with the CARES Act, qualified participants were permitted to request penalty-free distributions of up to $100,000 for qualifying coronavirus-related reasons. These reasons include the participant or the participant's spouse or dependent being diagnosed with COVID-19 and adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced, or being unable to work due to lack of childcare due to COVID-19. The Plan made approximately $150,000 of CARES Act distributions during the plan year ended December 31, 2020

g. ***Plan Costs*** - The Plan provides for direct transactional charges, such as for benefit payments or loan transactions, to be directly charged to the participant involved. Investment-related expenses are included in *net appreciation in fair value of investments* in the accompanying statement of changes in net assets available for benefits.

h. ***Forfeitures*** - Forfeitures by participants, as defined in the Plan, may be used by the Plan for the payment of Plan expenses or to reduce employer contributions to the Plan. During 2020, employer contributions receivable was reduced by $45,928 of forfeited nonvested accounts, which funds are included in *cash* in the accompanying statements of net assets available for benefits and will be utilized to fund the employer 2020 contribution. At December 31, 2020, all previously forfeited funds had been utilized for such purposes.

2 - Summary of Significant Accounting Policies

a. ***Basis of Accounting*** - The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

b. ***Investment Valuation and Income Recognition*** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and the custodian. See Note 4 for a discussion of fair value measurements.

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

c. ***Payments of Benefits*** - Benefits are recorded when paid.

d. ***Estimates*** - The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

e. ***Notes Receivable from Participants*** - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant's loan balance is reduced and a deemed distribution is recorded. During the year ended December 31, 2020, a loan in the amount of $12,402 was recorded as *deemed distributions* in the accompanying statement of changes in net assets available for benefits.

f. ***Other Income*** - Other income includes $80,575 of Plan expense reimbursements from John Hancock Life Insurance Company ("the Custodian") pursuant to a Plan Expense Reduction Agreement (the "Agreement"), of which $80,575 is reported as *other receivable* at December 31, 2020, and was subsequently allocated to participants.

3 - Information Certified by the Custodian (Unaudited)

Certain information related to investments at fair value, cash and notes receivable from participants held at December 31, 2020 and 2019, disclosed in the accompanying financial statements and supplemental schedule, net appreciation in fair value of investments and interest income on notes receivable from participants for the year ended December 31, 2020 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Custodian of the Plan.

4 - Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; 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 used must maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Pooled Separate Accounts - Valued on a per-unit basis, which is calculated based upon the net asset value ("NAV") of the underlying investment or the fair value of other investments held and adjusted for an annual expense charge, as defined.

Collective Investment Trust - Valued at the NAV per share of the investment. The NAV, as provided by the custodian, is based on the fair value of the underlying investments held by the fund, less its liabilities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of 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 investment assets at fair value as of December 31, 2020 and 2019:

	Level 1	*Level 2*	*Level 3*	*Total*
December 31, 2020				
Pooled separate accounts	$ -	$ 53,044,716	$ -	$ 53,044,716
Collective investment trust	-	6,628,819	-	6,628,819
Total Investments at Fair Value	$ -	$ 59,673,535	$ -	$ 59,673,535
December 31, 2019				
Pooled separate accounts	$ -	$ 45,459,920	$ -	$ 45,459,920
Collective investment trust	-	6,071,054	-	6,071,054
Total Investments at Fair Value	$ -	$ 51,530,974	$ -	$ 51,530,974

The redemption notice period for pooled separate accounts reported as Level 2 investments is 30 days. Once eligible for redemption, these pooled separate accounts can be redeemed on a daily basis. There are no unfunded commitments or other redemption restrictions.

The Plan's policy is to recognize transfers amongst levels as of the date of the event or change in circumstances that caused the transfer. There were no transfers amongst levels for the years ended December 31, 2020 and 2019, respectively.

The following describes the investment strategies for Level 2 investments held by the Plan for the years ended December 31, 2020 and 2019:

John Hancock Stable Value Fund

The Plan's investment in this collective investment trust is entirely invested in John Hancock Stable Value Fund Collective Investment Trust (the "Stable Value Fund"). This fund seeks to preserve capital and provide stability or principal while earning current income that exceeds money market rates over the long term. The fund will invest primarily in diversified fixed income mutual funds and separately managed bond accounts run by investment subsidiaries of John Hancock Life Insurance Company and, in book value stabilizing agreements offered by high quality financial institutions.

Asset Allocation - Target Date Funds

JH Mutli-Index Income Preservation Portfolio - These portfolios seek high total return until their respective target retirement dates. To pursue these goals, each portfolio, which is a fund of funds, invests, under normal market conditions, substantially all of its assets in underlying funds using an asset allocation strategy designed for an investor's expected retirement date.

JH Multi-Index 2020, 2025, 2030, 2035, 2040, 2045, 2050, 2055, 2060 Preservation Portfolio - These portfolios seek high total return until their respective target retirement dates. To pursue these goals, each portfolio, which is a fund of funds, invests, under normal market conditions, substantially all of its assets in underlying funds using an asset allocation strategy designed for an investor's expected retirement date. *(JH Multi-Index 2020 is no longer an available investment option as of December 31, 2020).*

Aggressive Growth Funds

Invesco Developing Markets - This fund seeks to achieve capital appreciation. The fund mainly invests in common stocks of issuers in developing and emerging markets throughout the world. The fund invests at least 80% of its net assets in equity securities of issuers whose principal activities are in a developing market.

Science & Technology Fund - This fund seeks to achieve long-term growth of capital by investing in equity securities of technology companies. Current income is incidental to the portfolio's objective.

Real Estate Securities Fund - The investment seeks to achieve a combination of long-term capital appreciation and current income. The fund invests at least 80% of net assets in equity securities of real estate investment trusts and real estate companies, including common stock, preferred stock, and securities convertible into common stock. It may invest up to 10% of assets in securities of foreign real estate companies.

Dodge & Cox International Stock - This fund seeks to achieve long-term growth of principal and income by investing at least 80% of its total assets in equity securities of non-U.S. companies, including common stocks, depositary receipts evidencing ownership of common stocks, preferred stocks, securities convertible into common stocks, and securities that carry the right to buy common stocks. The fund typically invests in medium-to-large well-established companies based on standards of the applicable market.

DFA U.S. Small Cap Fund - This fund seeks to achieve long-term capital appreciation. The fund, using a market capitalization weighted approach, purchases a broad and diverse group of readily marketable securities of U.S. small cap companies.

iShares Gold Trust ETF - The fund seeks to reflect generally the price of gold. The trust seeks to reflect such performance before payment of the Trust expenses and liabilities. The Trust is not actively managed. It does not engage in any activities designed to obtain a profit from, or to ameliorate losses caused by, changes in the price of gold.

Vanguard Small Cap Value Index - Seeks to track the performance of the CRSP U.S. Small Cap Value Index, a benchmark index that measures the investment return of small-capitalization value stocks. It attempts to replicate the target index by investing all, or substantially all, of its assets in the stocks that make up the index, holding each stock in approximately the same proportion as its weighting in the index.

Vanguard Small Cap Growth Index - Seeks to track the performance of the CRSP U.S. Small Cap Growth Index, a benchmark index that measures the investment return of small-capitalization growth stocks. It attempts to replicate the target index by investing all, or substantially all, of its assets in the stocks that make up the index, holding each stock in approximately the same proportion as its weighting in the index.

Vanguard Mid-Cap Value ETF - Seeks to track the performance of the CRSP US Mid Cap Value Index that measures the investment return of mid-capitalization value stocks.

Vanguard Mid-Cap Growth ETF - Seeks to track the performance of the CRSP US Mid Cap Growth index that measures the investment return of mid-capitalization growth stocks.

DFA International Value - Seeks long term capital appreciation by investing in international stocks.

Growth Funds

500 Index Fund - This fund seeks to achieve the approximate aggregate total return of a broad U.S. domestic equity market index. The fund normally invests at least 80% of its assets in floating rate loans, which often include debt securities of domestic and foreign issuers that are rated below investment grade at the time of purchase, or are of comparable quality, as determined by the sub-adviser, and other floating rate securities.

Blue Chip Growth Fund - This fund seeks to achieve long-term growth of capital by investing at least 80% of its assets in the common stocks of large- and medium-sized blue chip growth companies. Combined investments in convertible securities, preferred stocks, and debt securities are limited to 25% of total assets. It focuses on companies with leading market positions, seasoned management, and strong financial fundamental. The fund may sell securities for a variety of reasons, such as to secure gains, limit losses, or redeploy assets into more promising opportunities.

Capital World Growth & Income - This fund seeks to achieve long-term growth of capital while providing current income. The fund invests primarily in common stocks of well-established companies located around the world, many of which have the potential to pay dividends. Under normal market circumstances, the fund invests a significant portion of its assets in securities of issuers domiciled outside the United States. The fund may also invest in issuers in developing countries.

Vanguard Growth Index Fund - This fund seeks to track the performance of the CRSP U.S. Large Cap Growth Index, a benchmark index that measures the investment return of large-capitalization growth stocks. It attempts to replicate the target index by investing all, or substantially all, of its assets in the stocks that make up the index, holding each stock in approximately the same proportion as its weighting in the index.

Mutual Global Discovery - This fund seeks to achieve capital appreciation. The fund invests primarily in equity securities of U.S. and foreign companies that the investment manager believes are available at market prices

less than their value based on certain recognized or objective criteria. The fund expects to invest substantially and potentially up to 100% of its assets in foreign securities.

Invesco Diversified - This fund seeks to provide long-term growth of capital and, secondarily, current income.

Mid Cap Index Fund - This fund seeks to achieve the approximate aggregate total return of a mid-cap U.S. domestic equity market index.

Income Funds

Federated High Yield Bond - This fund seeks high current income, and pursues its investment strategy by investing primarily in a diversified portfolio of high yield corporate bonds, including debt securities issued by U.S. or foreign businesses.

Templeton Global Bond Fund - This fund seeks to achieve current income with capital appreciation and growth of income. The fund invests at least 80% of its net assets in "bonds," which includes debt obligations of any maturity, such as bonds, notes, bills, and debentures. It invests predominantly in bonds issued by governments and government agencies located around the world. The fund may invest up to 25% of its assets in bonds that are rated below investment grade or, if unrated, determined by the investment manager to be of comparable quality.

Strategic Income Opportunities Fund - This fund seeks to maximize total return consisting of current income and capital appreciation through investing its assets in different bond sectors and fixed-income securities.

U.S. Government Securities - This fund seeks to provide a high level of current income consistent with prudent investment risk and preservation of capital. The fund normally invests in securities that are guaranteed or sponsored by the U.S. government, including bonds and other debt securities denominated in U.S. dollars. The fund may also invest in mortgage-backed securities issued by federal agencies and instrumentalities that are not backed by the full faith and credit of the U.S. government. The fund invests in debt securities with a wide range of maturities.

John Hancock Bond Fund - This fund seeks high level of current income consistent with prudent investment risk.

New Perspective Fund - This fund seeks to achieve long-term growth of capital.

PIMCO Real Return Bond Fund - This fund seeks maximum real return, consistent with preservation of real capital and prudent investment management.

Growth and Income Funds

American Balanced Fund - This fund seeks to achieve conservation of capital, current income, and long-term growth of capital and income by primarily investing in a broad range of securities, including common stocks and investment grade bonds. It also invests in securities issued and guaranteed by the U.S. government and by federal agencies and instrumentalities. The fund may invest a portion of its assets in common stocks, bonds, and other securities of issuers domiciled outside the U.S.

Asset Allocation - Lifestyle Funds

JH Multi-Index Lifestyle Growth Portfolio - This fund seeks long-term growth of capital by investing approximately 80% of the portfolio's assets in underlying portfolios that invest primarily in equity securities and approximately 20% of its assets in portfolios that invest primarily in fixed-income securities. Current income is also a consideration.

JH Multi-Index Lifestyle Conservative Portfolio - The fund seeks to achieve a high level of current income with some consideration given to growth of capital by investing approximately 80% of the portfolio's assets in underlying portfolios that invest primarily in fixed-income securities and 20% of its assets in underlying portfolios that invest primarily in equity securities.

JH Multi-Index Lifestyle Aggressive Portfolio - This fund seeks to achieve long-term growth of capital by investing 100% of its assets in underlying portfolios that invest primarily in equity securities.

JH Multi-Index Lifestyle Balanced Portfolio - The fund seeks to achieve a balance between a high level of current income and growth of capital, with a greater emphasis on growth of capital, by investing approximately 40% of the portfolio's assets in underlying portfolios that invest primarily in fixed-income securities and approximately 60% of its assets in underlying portfolios that invest primarily in equity securities.

JH Multi-Index Lifestyle Moderate Portfolio - This fund seeks to achieve a balance between a high level of current income and growth of capital, with a greater emphasis on income by investing approximately 60% of the portfolio's assets in underlying portfolios that invest primarily in fixed-income securities and 40% of its assets in portfolios that invest primarily in equity securities.

5 - Income Tax Status

The IRS determined and informed the Plan's third-party administrator by a letter dated March 16, 2010 that its prototype plan was designed in accordance with applicable sections of the Internal Revenue Code ("IRC") and is exempt from income taxes. This Plan was last amended and restated effective October 1, 2020. Plan management believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified, and the related trust continues to be tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; there are currently no audits for any tax periods in progress.

6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the plan document to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

7 - Party-in-Interest Transactions

The Company is the Plan sponsor and administrator. Certain trustees are partners or employees of the Company and, therefore, participants in the Plan. Plan investments include pooled separate accounts and a collective investment trust managed by the custodian or its affiliates and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in *net appreciation in fair value of investments,* as they are paid through revenue-sharing, rather than a direct payment. Fees for administration and Plan maintenance amounting to $12,656 for the year ended December 31, 2020 are included in *administrative expenses.*

8 - Risk and Uncertainties

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

The World Health Organization characterized the COVID-19 virus as a global pandemic on March 11, 2020. The duration and economic impact of this pandemic are uncertain. Currently, management is unable to quantify its potential effects on the operations and financial performance of the Plan for the purposes of recording a loss contingency.

9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of certain financial statement amounts to Schedule H of the Form 5500:

Line Item	*Financial Statements*	*Reconciling Items*	*Form 5500*
Statement of Net Assets Available for Benefits - 2020			
Notes receivable from participants	$ 534,125	$ 12,402	$ 546,527
Net assets available for benefits	61,211,719	12,402	61,224,121
Statement of Changes in Net Assets Available for Benefits - 2020			
Deemed distributions	$ (12,402)	$ 12,402	$ -
Net increase in net assets available for benefits	8,090,594	12,402	8,102,996

10 - Subsequent Events

The Company's management has evaluated subsequent events through September 27, 2021, the date the financial statements were available to be issued.

CERTILMAN BALIN ADLER & HYMAN, LLP
SALARY REDUCTION & BONUS DEFERRAL PLAN

Supplemental Information - Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) *Plan #002*

December 31, 2020 *EIN# 11-6188872*

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	*Description of investment including maturity date, rate of interest, collateral, par, or maturity value*	*Cost*	*Current Value*
	Pooled Separate Accounts:			
*	John Hancock Life Insurance Company of New York	JH Multi-Index 2025 Preserv	**	$ 7,447,833
*	John Hancock Life Insurance Company of New York	Vanguard Growth Index Fund	**	5,946,881
*	John Hancock Life Insurance Company of New York	JH Multi-Index 2035 Preserv	**	4,261,714
*	John Hancock Life Insurance Company of New York	500 Index Fund	**	3,273,900
*	John Hancock Life Insurance Company of New York	Science & Technology Fund	**	2,748,232
*	John Hancock Life Insurance Company of New York	PIMCO Real Return Fund	**	2,152,403
*	John Hancock Life Insurance Company of New York	Blue Chip Growth Fund	**	2,143,379
*	John Hancock Life Insurance Company of New York	Mid Cap Index Fund	**	2,011,009
*	John Hancock Life Insurance Company of New York	Invesco Opp Developing Mkt	**	1,809,988
*	John Hancock Life Insurance Company of New York	Vanguard Small Cap Growth Index	**	1,598,200
*	John Hancock Life Insurance Company of New York	JH Multi-Index 2030 Preserv	**	1,398,683
*	John Hancock Life Insurance Company of New York	Invesco Diversified Dividend	**	1,355,610
*	John Hancock Life Insurance Company of New York	JH Multi-Index Income Preserv	**	1,337,725
*	John Hancock Life Insurance Company of New York	iShares Gold Trust ETF	**	1,335,427
*	John Hancock Life Insurance Company of New York	John Hancock Bond Fund	**	1,308,081
*	John Hancock Life Insurance Company of New York	JH Multi-Index 2050 Preserv	**	1,291,514
*	John Hancock Life Insurance Company of New York	JH Multi-Index 2040 Preserv	**	1,175,706
*	John Hancock Life Insurance Company of New York	American Balanced Fund	**	1,151,137
*	John Hancock Life Insurance Company of New York	Vanguard Mid-Cap Growth ETF	**	1,092,943
*	John Hancock Life Insurance Company of New York	Templeton Global Bond Fund	**	936,761
*	John Hancock Life Insurance Company of New York	Vanguard Small Cap Value Index	**	905,001
*	John Hancock Life Insurance Company of New York	JH Multi-Index 2055 Preserv	**	798,251
*	John Hancock Life Insurance Company of New York	Real Est. Securities Fund	**	780,586
*	John Hancock Life Insurance Company of New York	Federated High Yield Bond	**	721,563
*	John Hancock Life Insurance Company of New York	Strategic Income Opp Fund	**	650,455
*	John Hancock Life Insurance Company of New York	JH Multi-Index 2045 Preserv	**	642,798
*	John Hancock Life Insurance Company of New York	Vanguard Mid-Cap Value ETF	**	622,554
*	John Hancock Life Insurance Company of New York	Dodge & Cox International St	**	457,741
*	John Hancock Life Insurance Company of New York	US Government Securities	**	426,945
*	John Hancock Life Insurance Company of New York	DFA U.S. Small Cap Fund	**	396,266
*	John Hancock Life Insurance Company of New York	JH Multi-Index LS Conserv	**	204,637
*	John Hancock Life Insurance Company of New York	New Perspective Fund	**	162,723
*	John Hancock Life Insurance Company of New York	JH Multi-Index LS Balanced	**	144,009
*	John Hancock Life Insurance Company of New York	JH Multi-Index LS Growth	**	129,400
*	John Hancock Life Insurance Company of New York	JH Multi-Index 2060 Preserv	**	61,713
*	John Hancock Life Insurance Company of New York	Mutual Global Discovery	**	51,525
*	John Hancock Life Insurance Company of New York	Capital World Growth & Income	**	38,975
*	John Hancock Life Insurance Company of New York	JH Multi-Index LS Aggressive	**	38,701
*	John Hancock Life Insurance Company of New York	DFA International Value	**	22,193
*	John Hancock Life Insurance Company of New York	JH Multi-Index LS Moderate	**	11,554
				53,044,716
	Collective Investment Trust:			
*	John Hancock Life Insurance Company of New York	John Hancock Stable Value Fund - at fair value	**	6,628,819
	Notes Receivable from Participants	Participant loans, collateralized by participant account balances, bearing interest of 4.25% to 6.50%, maturities to July 2037	-0-	534,125
				$ 60,207,660

* Party-in-interest

** Participant directed, information is not applicable

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

Name of Plan:

► Certilman Balin Adler & Hyman, LLP Salary Reduction & Bonus Deferral Plan

Employer Identification Number:► 11-6188872

For plan year (beginning/ending):► 01/01/2020 / 12/31/2020 Plan number:► 002

(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
	Participant Loans	Participant loans, collateraized by participant		
		accounts balances, bearing interest of 4.25%		
		to 6.50% maturities to July 2037		546527
	John Hancock New York	JH Multi-Index 2060 Preserv		61713
	John Hancock New York	JH Multi-Index 2055 Preserv		798251
	John Hancock New York	JH Multi-Index 2050 Preserv		1291514
	John Hancock New York	JH Multi-Index 2045 Preserv		642798
	John Hancock New York	JH Multi-Index 2040 Preserv		1175706
	John Hancock New York	JH Multi-Index 2035 Preserv		4261714
	John Hancock New York	JH Multi-Index 2030 Preserv		1398683
	John Hancock New York	JH Multi-Index 2025 Preserv		7447833
	John Hancock New York	JH Multi-Index Income Preserv		1337725
	John Hancock New York	JH Multi-Index 2020 Preserv		0
	John Hancock New York	JH Multi-Index LS Aggressive		38701
	John Hancock New York	JH Multi-Index LS Growth		129400
	John Hancock New York	JH Multi-Index LS Balanced		144009
	John Hancock New York	JH Multi-Index LS Moderate		11554
	John Hancock New York	JH Multi-Index LS Conserv		204637
	John Hancock New York	Blue Chip Growth Fund		2143379
	John Hancock New York	DFA International Value		22193
	John Hancock New York	DFA U.S. Small Cap Fund		396266
	John Hancock New York	Dodge & Cox International St		457741
	John Hancock New York	Invesco Developing Markets		1809988
	John Hancock New York	iShares Gold Trust ETF		1335427
	John Hancock New York	Mid Cap Index Fund		2011009
	John Hancock New York	Real Est. Securities Fund		780586
	John Hancock New York	Science & Technology Fund		2748232
	John Hancock New York	Vanguard Growth Index Fund		5946881
	John Hancock New York	Vanguard Mid-Cap Growth ETF		1092943
	John Hancock New York	Vanguard Mid-Cap Value ETF		622554
	John Hancock New York	Vanguard Small Cap Grow Index		1598200
	John Hancock New York	Vanguard Small Cap Value Index		905001
	John Hancock New York	500 Index Fund		3273900
	John Hancock New York	Capital World Growth & Income		38975
	John Hancock New York	Mutual Global Discovery		51525
	John Hancock New York	Invesco Diversified Dividend		1355610
	John Hancock New York	New Perspective Fund		162723
	John Hancock New York	American Balanced Fund		1151137
	John Hancock New York	Federated High Yield Bond		721563
	John Hancock New York	John Hancock Bond Fund		1308081
	John Hancock New York	PIMCO Real Return		2152403
	John Hancock New York	Strategic Income Opp Fund		650455
	John Hancock New York	Templeton Global Bond Fund		936761
	John Hancock New York	US Government Securities		426945
	John Hancock New York	John Hancock Stable Val		6628819
	John Hancock New York	Cash Account (Forfeiture Account)		45928